



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants.

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



Frequently Asked Questions

What does jurisprudence mean?

Jurisprudence is the scientific study of the application of the principles of law or justice.

What is nursing jurisprudence?

Nursing Jurisprudence is the application and interpretation of the principles of law or legal rules as they relate to the:

- practice of nursing;
- obligations nurses have to their clients, and;
- relationships nurses have with other nurses and health care professionals.

Nursing jurisprudence is framed by federal and provincial legislation. This means LPNs in Nova Scotia must interpret their national Standards of Practice and Code of Ethics through existing provincial and federal legislation.

Why is jurisprudence education important to LPNs?

Jurisprudence is important for three reasons.

- First of all is jurisprudence contributes to the delivery of safe care. Increasing the awareness and understanding of how the law impacts nursing practice in Nova Scotia helps LPNs practice within the boundaries of legislation. This can ultimately lead to greater patient safety. Licensed practical nurses who are prepared with knowledge of their regulatory environments and processes relevant to health care understand concepts of safe nursing practice.
- Secondly, similarities and differences in provincial scope of practice can cause confusion. In every province/territory, health is governed primarily by provincial legislation. Although there are similarities in provincial/territorial legislation governing the practice of LPNs, there are also a number of differences including legislated scope of practice, the regulation of practice, and other provincial legislation affecting nursing practice. Therefore, LPNs must be knowledgeable about regulatory policy, relevant federal and provincial legislation and integrate it appropriately into their practice in Nova Scotia.
- Finally, inter-jurisdictional mobility for LPNs. Jurisprudence is timely given the increase in inter-jurisdictional mobility of LPNs and migration of Internationally Educated Nurses (IENs) to Canada and Nova Scotia. The more LPNs coming to Nova Scotia and Canada, the more important jurisprudence becomes.

Section 1: Self-Regulation

Objectives

Upon completion of Section 1, the applicant will be able to:

1. discuss the concepts associated with self-regulation;
2. explain the role of the College;
3. discuss concepts associated with the College's role in public protection, and;
4. identify key legislation governing the practice of practical nursing in Nova Scotia.

COMPETENCY SR-1: SELF-REGULATION

WHAT YOU NEED TO KNOW.	Self-Regulation is when an occupational group formally regulates the activities of its registrants. In Nova Scotia licensed practical nurses, registered nurses, and nurse practitioners are self-regulated.
WHY IT IS IMPORTANT.	Professions are granted the privilege to self-regulate because their specialized body of knowledge positions them to be most appropriate to develop standards for education and practice and to ensure these standards are met. There is an element of status achieved with self-regulation as it is viewed by others as the hallmark of a profession. Self-regulation is a privilege granted to LPNs as long as they continue to regulate themselves in the best interest of the public.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Self-Regulation Information Sheet• NSCN Website: Who We Are

What is the College's role in self-regulation?

The Nova Scotia College of Nursing (NSCN, or simply the College) has been created to manage the day to day activities of the regulation of all nurses (LPNs, RNs and NPs).

Who authorized LPNs to self-regulate?

The authority to self-regulate was granted to LPNs by the Nova Scotia government initially through law in 2002. The most recent nursing legislation, known as the [Nursing Act](#) came into effect in June of 2019 and in doing so, authorized the formation of NSCN and granted the College the powers to regulate all nurses.

Why do LPNs self-regulate?

LPNs self-regulate because the work they do is of such a nature that if it is carried out in a negligent or fraudulent way, the public is at risk. The goal of self-regulation is public protection by ensuring LPNs are prepared to provide safe care. Having tools and processes of self-regulation in place ensures only qualified practitioners are permitted to enter the profession and those in the profession are supported to deliver safe and competent care or services.

The 'self' in self-regulation means the nursing profession develops the tools and processes of regulation for itself (as opposed to a third-party developing the process on behalf of the nursing profession). The advantage to self-regulation is that regulatory processes accurately reflect the practice of the practitioners.

Self-regulation is about public protection?

Exactly. LPNs self-regulate so they can set the standard for safe nursing practice for the profession and the College regulates LPNs to make sure they meet and continue to meet their standards. The College's mandate is to regulate LPNs for the purpose of public safety in Nova Scotia based on principles regulations: promote good practice, prevent poor practice, and intervene when practice is unacceptable.

COMPETENCY SR-2: THE ROLE OF THE COLLEGE

WHAT YOU NEED TO KNOW.	The College regulates the practice of all nurses in Nova Scotia. Nurses registered in Nova Scotia are referred to as 'registrants'.
WHY IT IS IMPORTANT.	The College's mandate is public protection and it does this through the self regulatory process and by ensuring tools and processes are in place supporting nurses to deliver safe, competent, ethical and compassionate nursing services.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• NSCN Website: Who We Are• Nursing Act

How does the College meet its mandate of public protection?

The objects - or objectives - of the College are actions which represent public protection and in doing so, create a framework within which all College activities must fall. The College meets its mandate by ensuring all activities align with the objects. The privilege of self-regulation could be lost if it was believed the College was acting outside the objectives or not in the interest of public safety.

What are the 'Objects' and where are they found?

The objects are listed in the *Nursing Act* and include:

- serve and protect the public interest in the practice of the profession;
- subject to the public interest, preserve the integrity of the profession; and
- maintain public and registrants' confidence in the ability of the College to regulate the profession

What are Regulatory Functions?

Regulatory functions are the core business of the College. They represent broad categories of regulatory work describing how the College meets its mandate of public protection within the objectives.

The four regulatory functions are:

- developing registration, licensing and professional conduct processes;
- setting, monitoring and enforcing standards for practice and continuing competence;
- setting, monitoring and enforcing standards for who may enter the profession and PN education, and;
- approval of practical nurse education programs.

COMPETENCY SR-3: COLLEGE GOVERNANCE PROCESSES

WHAT YOU NEED TO KNOW.	The College is accountable to protect the public through the regulatory process. The Board of the College is responsible to make the decisions about nursing practice, and the nursing profession. The board relies on College staff to develop the tools and processes necessary to implement their decisions.
WHY IT IS IMPORTANT.	Self-regulation means the registrants of the profession set the standards – which includes practice, conduct, education and discipline – of the profession. LPNs (through their participation) on the Board make decisions such as setting standards of practice for all LPNs. LPN registrants engage in the self-regulation process through their participation on College committees, annual meetings, or by providing feedback on College documents, policies and guidelines.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• NSCN Website: Board• Nursing Act

What is the Role of the Board of Directors?

The Board of Directors, often referred to just simply as ‘the Board’, is responsible to ensure the College meets its mandate to serve and protect the public as outlined in the *Nursing Act* and *Regulations*.

What is the Nursing Act?

The *Nursing Act* is legislation defining the broad elements associated with nursing and the regulation of LPNs, RNs and NPs. The Act authorizes nurses to self-regulate. It also outlines the purpose, role, and function of the College, the role of the Board, various College regulatory functions, and defines the professional scope of practice of the LPN¹, RN and NP. The current Act achieved Royal Assent in April 2019 and was proclaimed into law in June 2019. Subsequent changes in the Act must be made by government.

What are By-Laws?

College by-laws are rules and procedures by which the College operates. The College has been granted the authority to develop by-laws by the *Nursing Act*. By-laws are developed, implemented and evaluated by the Board of Directors. Unlike the Act and Regulations where changes can only be made by government, revisions or modifications of the By-laws can be made by the Board in consultation with registrants and stakeholders.

How does the Board govern the College?

The Board use policy governance model to achieve its goals. All decisions made by the Board must align with the *Nursing Act*.

What is the structure of the Board?

The composition of the Board is set by the *Nursing Act*. The Board consists of a minimum of 10 persons, which includes both public representatives and nurses. At least one must be a licensed practical nurse and one a registered nurse. The number of public representatives on the Board must be not less than 33% and not more than 50% of the Board.

How are nurses selected to serve on the Board?

Nurses are either elected or appointed to serve on the Board for a three-year term. Nurses elected to the Board **represent the profession**, not individual nurses.

Why are there public members on the Board?

Public representation on the Board is very important because they offer a perspective different from nursing. It is critical to understand the public perspective when making decisions about practice and process, given the College’s mandate of public protection. Public representatives are appointed by the sitting government for a period of three years.

1 The scope of practice of the LPN is defined under the former *LPN Act*. the definition continues to apply under s.174(1) of the new *Nursing Act*.

COMPETENCY SR-4: COLLEGE COMMITTEES

WHAT YOU NEED TO KNOW.	Regulatory Committees are required by the <i>Nursing Act</i> and though membership on the committee may change over time, the committee itself endures. Others, known as Ad Hoc Committees, have an intermittent and specific function which are usually related to a project. Typically, the ad hoc committee dissolves when the project ends.
WHY IT IS IMPORTANT.	Committees carry out critical regulatory functions. Participation on a College Committee is an important self-regulatory activity.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• NSCN Website: Committees

What type of committees does the College have?

At any given time the College has a number of regulatory and ad hoc committees in various stages of function. However, there are seven standing committees, each with their own purpose and function:

- The Complaints Committee evaluates complaints about a nurses' practice and determines how to best manage the complaint.
- The Professional Conduct Committee evaluates complaints which cannot be resolved by the complaints committee.
- The Fitness to Practise Committee evaluates practice issues involving incapacity.
- The Registration and Licensing Committee evaluates issues related to licensure.
- The Registration and Licensing Review Committee evaluates appeals of applicants whose registration has been denied.
- The Reinstatement Committee evaluates requests for license reinstatement following suspension or revocation.
- The Practice Review Committee oversee the conduct of practice reviews.

Where do College committees get their mandate or authority?

The Board establishes committees as directed by the *Nursing Act*, Regulations or By-laws. All committee activities must align with the Colleges' mandate of public protection. Committees perform their duties under the direction of the Board.

COMPETENCY SR-5: REGISTRATION AND LICENSING

WHAT YOU NEED TO KNOW.	The College has established annual registration and licensing requirements. An active and valid license is required before an individual can engage in nursing practice, which includes classroom settings or employment orientation where there is no client contact. Licenses must be renewed by October 31st each year and there is no grace period.
WHY IT IS IMPORTANT.	Successful registration with the College means an individual has been deemed to have the necessary knowledge, skill and judgment to provide safe, competent, ethical and compassionate nursing services. Mandatory licensure protects the public and role of the practical nurse from unauthorized practitioners. Liability insurance is an element of licensure. Individuals without a license (even due to a temporary lapse) do not have liability insurance.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• NSCN Website: Registration• Nursing Act• Self-Reporting Criminal Offence

What is the difference between registration and license renewal?

Registration represents the process to obtain your first license in Nova Scotia. Every year, every nurse must renew their license by October 31st. Any renewals submitted after midnight October 31st are subject to a reinstatement fee.

What are the prerequisites for registration in Nova Scotia?

Registration requirements are set in the *Nursing Act*. Applicants are required to satisfy the following prerequisites:

- graduate from an approved practical nursing program or equivalent;
- successfully complete the Canadian Practical Nurse Registration Examination (CPNRE);
- have favourable responses to jurisdictional questions;
- successfully complete the Nova Scotia jurisprudence learning module and exam; and
- complete a criminal record check.

Applicants with unfavourable responses to jurisdictional questions or have a positive criminal record are required to provide additional information to the College as part of the registration process.

Applicants from other jurisdictions seeking initial registration in Nova Scotia are required to satisfy the above and have valid practice hours (or be a recent graduate), acknowledge the annual CCP participation requirement or complete other requirements.

What happens if I do not complete the mandatory requirements in the prescribed time frame?

You will not be eligible to renew your license until these requirements are met. There are no extensions.

Are there other annual mandatory licensure requirements?

Current LPNs (those already licensed) in Nova Scotia are required to accumulate 1000 LPN practice hours over a 5 year period *and* to participate in the Continuing Competence Program (also known as CCP) to be eligible to renew their license.

How are LPN practice hours accumulated?

Practice hours are accumulated in formal paid² positions (clinical, education, administrative) where LPN licensure is a requisite of the position *and* where nursing services are delivered through the use of the nursing process (assessment, planning, implementation and evaluation).

What are the types of licenses available in Nova Scotia?

There are 2 types of licenses in Nova Scotia for LPNs.

TYPE	DESCRIPTION	DESIGNATION
Practicing	Registrants who demonstrate that they meet all of the relevant licensing requirements for a designation will be issued a practising licence under the appropriate register. Practising licenses do not impose any conditions or restrictions on the registrant's ability to practise nursing.	LPN
Conditional	Registrants who do not meet all of the requirements for a practising licence, or have conditions and/or restrictions on their practice may be issued a conditional licence under the appropriate register if the CEO believes it is consistent with the objects of the College to do so.	LPN

Is the renewal process online or paper based?

Since 2014, the annual renewal process is completely online. Registrants access the [Registrant Portal](#) from the College's Website (www.nscn.ca) to complete their renewal using their registration number as their login ID³. No paper licenses will be issued. The College no longer sends out registration reminders. LPNs are responsible to know when their registration expires, how to initiate the registration process and comply with the annual mandatory renewal requirements, such as practice hours or CCP.

If there are no paper licenses, how will my employer know I am licensed?

Your employer can verify your registration status by using the [Search for a Nurse](#) function on the College's website (www.nscn.ca). Employers in Nova Scotia share the accountability of verifying a LPNs valid registration prior to commencing employment and annually.

What do I do if I forget to renew my license and practice without one?

Notify the College immediately. Please be aware practicing without a valid license, even temporarily, may be considered professional misconduct and could result in disciplinary action, a fine, or both.

Professional liability insurance is provided with annual registration and registrants who allow their registration to lapse, even temporarily, are without liability insurance.

Is the online renewal process automatic?

No. You have to access the [Registrant Portal](#) and initiate the process. Registration is not complete until all steps (including payment) of the process are completed. Payment can be made online or by cheque or money order through the mail. **If you choose to pay by cheque or money order, your license will not be renewed until payment has been received and processed.**

Even if you wish to pay for renewal fee by cheque/money order (by mail) or cash (in person), you still must complete your renewal portion via online portal.

² Hours accumulated during formal education programs designed for LPNs and some volunteer hours may be accepted.

³ Even if you wish to pay for renewal fee by cheque/money order (by mail) or cash (in person), you **still must** complete your renewal online and choose the payment method.

COMPETENCY SR-6: PROTECTED TITLE

WHAT YOU NEED TO KNOW.	A protected title is part of the contract between the government and the practical nursing profession. Through the <i>Nursing Act</i> the government grants the practical nursing profession exclusive rights to use the <i>LPN</i> , <i>RN</i> and <i>NP</i> title(s).
WHY IT IS IMPORTANT.	A protected title helps the College achieve its mandate of public safety because only qualified practitioners may use it. Members of the public know that when an individual is granted permission to use the LPN title it means they have met and, continue to meet the educational and practice requirements of an LPN meaning they are prepared to deliver safe, competent, ethical and compassionate nursing services. Individuals who unlawfully use titles relating to practical nursing are placing the public at risk and negatively impacting the practical nursing profession.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Nursing Act• Position Statement: Protected Title

When can I use the LPN title?

Once you have successfully met the registration and licensing requirements, you may use the title Licensed Practical Nurse. You may also use the designation LPN either alone or in combination with other words, letters or description. You are not entitled to receive a fee or remuneration for the practice of practical nursing unless you are licensed at the time the services were provided. The LPN designation may not be used if your license has lapsed, even temporarily. This means you are unable to work until your license has been renewed.

Is 'Nurse' a protected title in Nova Scotia?

Yes. Nurse is a protected title under the *Nursing Act*. It may not be used by a person unless the person is a registered nurse, nurse practitioner, licensed practical nurse or a student in a program approved by the Nova Scotia College of Nursing.

COMPETENCY SR-7: HOW THE COLLEGE SUPPORTS LPNS

WHAT YOU NEED TO KNOW.	The College supports LPNs by ensuring they have access to the most current information about their scope of practice, Standards of Practice and Code of Ethics. The College website is an active and comprehensive source for current and relevant LPN information. Every day, practice consultants provide in-person, group, phone or email advice for nurses and other stakeholders about professional practice issues.
WHY IT IS IMPORTANT.	Supporting nurses in their practice is another way the College meets its mandate to ensure clients receive safe nursing services from LPNs, RNs and NPs.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• NSCN Website: Practice Support Tools

What is the difference between a regulatory college, an association, and a union?

A regulatory college is the organization responsible for the day-to-day activities of a self-regulating profession. The role of the College is to protect the public through the development of standards, process and policy which define the practice of the profession. An association is responsible for promotion of the profession and the professionals within it. A union is an organization which supports employees within the employer-employee relationship.

What kind of practice support tools does the College develop to support LPNs?

Practice support tools include a variety of print, electronic and learning resources intended to provide you with practice advice and guidance. Regardless of the type of tool, their intended purpose is to help LPNs make practice decisions so they consistently meet their standard of practice.

Am I provided professional liability insurance with my annual registration?

Yes. A portion of your annual fee goes to provide you with professional liability insurance. This protects you from incidents arising from your work as a *Licensed Practical Nurse* in Canada. This insurance protects you from claims coming from actual or alleged negligence caused by the failure to render professional services. It includes coverage for legal defense costs and potential indemnification payments.

What is a Continuing Competence Program?

The CCP is a regulatory program and quality assurance mechanism supporting nurses to facilitate their continuing competence. Every nurse, every year in Nova Scotia required to successfully complete the CCP requirements as part of their annual licensure requirement, regardless of their employment status. CCPs are considered to be best practice; however, they are not new or unique to nursing. Most regulated health professions in Canada have a CCP. The competence program provides a level of assurance to the public that nurses are continuously meeting their professional practice standards, which supports the College to achieve its mandate of public protection. CCP has been an annual registration requirement for LPNs in Nova Scotia since 2010.

Eventually there will be a unified CCP for all nurses. However, until then, NSCN is hosting the legacy CCPs for LPNs and for RNs/NPs. While there is slight variation in these legacy programs, each has common components:

1. Required number of practice hours;
2. Self-reflection and/or self-assessment of individual competence;
3. Development of a learning plan to meet professional learning goals over the year;
4. Reflective evaluation of the impact the learning plan, and;
5. A process to confirm a nurse's participation in CCP.

What is included in the CCP?

The Continuing Competence Program consists of an annual self-assessment of your individual competence, the development and implementation of a professional learning plan and a reflective evaluation of your learning plan. The reflective evaluation is the most critical section as it is where you explain how your learning has positively impacted client outcomes.

The CCP also includes an audit process. Every year a number of LPNs are randomly selected and required to submit their learning plans to the College for review. The purpose of the audit is to ensure registrants are participating in CCP as required. LPNs who do not participate in CCP are not eligible for registration renewal and LPNs who do not comply with the CCP requirement, may ultimately have their license moved to inactive.

How does a CCP support LPNs and practical nurse practice?

Competence programs require the LPN to identify opportunities to broaden their knowledge base, increase their skill set and enhance their individual scope of practice throughout their nursing career.

How does a CCP help the practical nursing profession?

Every LPN in every practice setting is required to participate in the competence program every year they maintain an active practicing license, whether they are working as an LPN or not. Participation in CCP by every individual nurse boosts the professional contribution of practical nurses to the nursing profession and increases the visibility of the practical nurse profession.

COMPETENCY SR-8: LPN STANDARDS OF PRACTICE AND CODE OF ETHICS

WHAT YOU NEED TO KNOW.	The Standards of Practice and Code of Ethics are authoritative statements which define the minimum legal and professional expectations of LPN practice. The Standards and Code – in conjunction with other documents such as the Entry to Practice Competencies, the LPN Competency Profile and CCP, make up the framework of LPN practice in Nova Scotia.
WHY IT IS IMPORTANT.	The Standards and Code represent safe, competent, ethical and compassionate nursing care and service. The practice of every LPN in every practice setting must be consistent with the expectations outlined in these documents.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Standards of Practice for LPNs in Canada• Code of Ethics for LPNs in Canada• Standards and Code learning module

The Standards and Code are built on principles. What does this mean?

Principles are essential characteristics of the profession. The principles include: LPNs are self-regulating and accountable for providing safe, competent, compassionate and ethical care; LPNs are autonomous practitioners and work collaboratively with colleagues in health care to assess, plan, deliver and evaluate quality nursing services; LPN practice is client centered and includes individuals, families, groups and communities; LPN standards are broadly based to address variations in client needs, nurse competence, experience and environmental factors; LPN standards allow for growth in the profession to meet changing approaches, treatments and technologies within the health care system; LPN standards encourage leadership through self-awareness and reflection, commitment to individual and professional growth, and promotion of the best possible service to the public.

Under the Nova Scotia College of Nursing do LPNs, RNs and NPs share common Standards of Practice and Code of Ethics?

Currently, LPNs have their own Standards and Code, both of which are Pan-Canadian documents meaning they apply in a number of jurisdictions across the country. The RN standards apply to both RNs and NPs in Nova Scotia. NPs also have standards in addition to the RN standards. There is a common Pan-Canadian Code of Ethics for RNs and NPs, which has been adopted by many RN/NP jurisdictions.

How are the Standards of Practice and Code of Ethics related to self-regulation?

First, the standards and code were developed with LPNs and they were approved for use in Nova Scotia, by the College Board⁴. Secondly, there were created with input and feedback from LPN registrants. Finally, developing the Standards and Code is a requirement of the objects in the Nursing Act. The Standards and Code set the practice expectations for LPNs and in doing so create a framework for LPN practice in Nova Scotia.

Do the Standards and Code have other purposes?

The standards and code are utilized by educators to guide Practical Nursing curriculum and by employers and the public to illustrate what can be expected of LPNs. The standards and code are benchmarks of desired practice. They create an objective yardstick against which practice may be measured.

Are the Standards of Practice and Code of Ethics for LPNs similar in other provinces?

Yes. The Standards and Code that were adopted for use in Nova Scotia in 2013 have been adopted for use in a number of other provinces as well. Some provinces, due to their specific jurisdictional legislation, were unable to adopt the documents as is, but rely on these documents as reference. Even though they have not been adopted for use in every jurisdiction, they have been approved for use nationally by the Canadian Council for Practical Nurse Regulators (CCPNR) creating a Pan-Canadian framework for LPN practice across the country.

⁴ The current standards and code were initially adopted for use by the legacy organization (College of Licensed Practical Nurses of Nova Scotia), in 2013 under the former *LPN Act* (2006). They continue to apply under s.178 of the new *Nursing Act*.

How are the Standards of Practice and Code of Ethics different?

Although they are complimentary documents, the standards and code have the capacity to stand on their own. They are similar as they set practice expectations, guide curriculum and inform employers and the public, but they have some differences as well. For instance, the standards are typically actions, where the code represents decisions and decision making. The Code of Ethics represents the ethical values and responsibilities of the practical nursing profession, conveys the profession's commitment to society and guides ethical decision making.

What is the value of having national standards and code?

National documents help harmonize LPN practice across the country. Creating a Pan-Canadian Framework for LPN practice was an important and historic step for the practical nursing profession in Canada.

The Standards and Code are universal and paramount. What does this mean?

Universal means they apply to every LPN in every practice situation every time. It is mandatory for LPNs in Nova Scotia to practice according to their Standards and Code regardless of where they work or practice. Paramount means the standards and code supersede all other documents including policies of employers, special interest nursing groups, associations, or unions.

What if an individual's practice does not meet the Standards or Code?

Practice that is not consistent with the standards or code may be considered professional misconduct, conduct unbecoming, incompetence, or incapacity and as such, subject to disciplinary action.

What should an LPN do if they feel their practice is not up to the Standards or Code?

LPNs who have self-assessed an issue impacting their ability to provide safe, competent, ethical and compassionate nursing care or service should work with their employer or a College Practice Consultant to develop and implement an appropriate plan of action. Each LPN in Nova Scotia is accountable to self-assess their own competence and develop and implement a plan to address gaps in their knowledge or correct any deficits.

Is there a Standards of Practice and Code of Ethics Online Learning Module?

Yes. It takes about an hour to complete and it is free to all LPNs registered in Nova Scotia.

COMPETENCY SR-9: LEADERSHIP

WHAT YOU NEED TO KNOW.	Leadership is inherent in the role of every LPN. It is defined as the demonstration of professional behaviours during the provision of care or nursing services, for the purposes of positively influencing outcomes. Communication is the primary tool of a leader.
WHY IT IS IMPORTANT.	LPNs influence outcomes through active participation in the health care team. As leaders, LPNs are required to act and continue to act until the situation at hand has been resolved, addressed, managed or improved. Situations do not only apply to client care. For LPNs working in non-clinical or non-traditional roles a situation can be anything impacting client care, such as policy, staffing, resources or funding.
WHERE TO FIND MORE INFORMATION.	

Do I need to be in a formal leadership position to be a leader?

No. Every LPN in Nova Scotia is expected to demonstrate leadership in their practice as part of meeting their Standards of Practice and Code of Ethics. Quality care results when LPNs practice according to their standards and code and quality practice settings support safe and effective nursing practice. As an LPN in any role, you are expected to act as leader through your advocacy for, and contribution to the development and maintenance of quality practice environments.

What are three attributes of an LPN leader?

First, LPNs as leaders are expected to be confident in their knowledge to assess the situation at hand and articulate their findings to the team. Next, leaders must be willing to take action and step into situations and do their best to make things better for the client, no matter how uncomfortable or unpopular. Finally, LPNs are expected to reflect on their practice. Reflection helps shape future decisions by learning from previous practice. Reflection is an important component of leadership and is consistent with principles of the Colleges' Continuing Competence Program.

What does 'Communication is the primary tool of a leader' mean?

Leadership is the ability to positively influence client outcomes. Influencing outcomes is accomplished through intentional leadership conversations. The ability to communicate is critical to holding an intentional leadership conversation.

What is the difference between an everyday conversation and a leadership conversation?

Everyday conversations are focused on sending, receiving and understanding messages. They are important to the processes of communication, cooperation, collaboration, and consultation. Leadership conversations are different because they are conversations focused on the resolution of an *issue*. An intentional leadership conversation is a purposeful exchange between care providers where the sole intent is to attend to an issue related to the delivery of safe, competent, ethical and compassionate care. An intentional – sometimes called a *crucial* leadership conversation, is about taking action to improve the situation and is central to the role of a leader.

COMPETENCY SR-10: INTERPROFESSIONAL COLLABORATION

WHAT YOU NEED TO KNOW.	Leadership involves doing the right thing, at the right time, for the right client, to achieve the right outcomes. Licensed practical nurses, like all health care providers, rarely do these things in isolation. In circumstances where client needs are variable or changing, the LPN is obligated to collaborate with an appropriate care provider to determine the next best nursing action.
WHY IT IS IMPORTANT.	In Nova Scotia, LPNs work autonomously within a collaborative relationship with other care providers. This means they are expected to utilize their full knowledge base and scope of practice as <i>appropriate to the client</i> and in collaboration with others.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none"> • Regulated Health Professions Network Website • Nursing Scope of Practice Practice Guideline

What is interprofessional collaborative practice?

Interprofessional collaborative practice is client-centered care where the most appropriate health professional(s) provides the services required to meet their healthcare needs of the client.

It is based on 4 principles: focus on and engagement of clients – this means client become part of the care decision making team; population health and determinants of health are used to meet individual client needs; trust and respect is paramount to team function, and; communication is central to knowledge exchange.

How does interprofessional collaborative practice improve client outcomes?

Interprofessional collaborative practice values the expertise found in the shared and separate knowledge bases of health professionals. This leads to a collaborative and coordinated approach to client care. Increased care coordination has shown to positively impact client outcomes.

What is the LPNs role in interprofessional collaborative practice?

The LPN role will vary depending upon the practice context. But whatever the role, the LPN relies heavily on their leadership skills to ensure their active participation in the health care team.

What is active participation in the health care team?

Active participation is contributing to the discussions about the client’s plan of care, particularly: assessment findings; the client’s response to interventions, and; the client’s progress towards goals and outcomes.

There are regulated and unregulated registrants on the team. What is the difference?

There are 22 regulated health professions in Nova Scotia. The [Regulated Health Professions Network of Nova Scotia](#) has the most current list.

TERM	DEFINITION
Regulated Care Provider	Scope of practice is defined by government legislation and their practice is set by a regulatory body.
Unregulated Care Provider (UCP)	Have no government legislation outlining their scope of practice, instead are accountable to their employers to ensure their qualification, competence and conduct. Scope of employment is usually specified in a job description. Are accountable for their individual actions and decisions within their scope of employment.

Can LPNs collaborate or consult with any health care provider in Nova Scotia?

Yes. LPNs may collaborate and consult with any care provider who possesses the necessary knowledge, skill, and judgment to do so. When appropriate and possible, the LPNs' first collaborative partner should be the RN, however you are expected to know when and with whom you should seek consultation or advice.

What is the difference between collaboration and consultation?

TERM	DEFINITION
Collaboration	Two or more health care providers working together on a common issue to make a care decision. Collaboration is associated with <i>knowledge sharing</i> . LPNs are expected to collaborate with other health care providers as necessary, but especially when client outcomes are becoming more variable.
Consultation	One health care provider <i>seeks advice or guidance</i> from another qualified health care provider using a collaborative process. Consultation is an expectation for LPNs when client care needs are changing or when they exceed their individual or professional capacity.

COMPETENCY SR-11: DUTY OF CARE

WHAT YOU NEED TO KNOW.	Duty of care is the moral, ethical, and legal obligation requiring licensed practical nurses to adhere to a reasonable standard of care while providing, assigning, delegating, supervising, promoting, evaluating or advocating for care.
WHY IT IS IMPORTANT.	By virtue of their education and competencies, licensed practical nurses hold themselves out to the public as having specialized knowledge and skills. As such, society has expectations of LPNs to meet specific professional standards and have safe, competent, ethical and compassionate practice.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none"> • Duty to Provide Care Practice Guideline • Nursing Act

The duty of care begins when the nurse-client relationship is established. What does this mean?

The duty of care starts when you have accepted your work assignment, so it can arise *before* any interaction with clients. Once an assignment is accepted, you have the duty to commence, continue and be available for care until this duty is transferred, assumed or shared with another care provider with the knowledge, skill and judgment to do so.

Duty of care is the obligation to adhere to standard of care, so what is the duty to provide care?

It is the requirement for you to provide safe, competent, ethical and compassionate care to a client or group of clients within a defined period of time (which may be an entire shift or an assignment within a shift).

Can I refuse to provide care?

Typically, discontinuing care through refusal or withdrawal is only justified in circumstances where providing care poses a greater risk to a client than not providing care.

What about public health emergencies? I worry about the risk to myself or my family.

Society permits professions to self-regulate on the reasonable and legitimate expectation healthcare professionals, including LPNs, will respond in public health or other emergencies. Health care providers are expected to absorb a certain amount of risk while providing care during a public health emergency. There is no expectation for you to place yourself at an unnecessary risk and you are accountable to utilize appropriate safety precautions to protect yourself and others.

Are there any situations where I may refuse to provide or withdraw from care?

Yes. These situations include: unreasonable burden; lack of individual competence; lack of mental, physical or emotional well-being; morally or ethically opposed to care, or; physical danger (client or nurse). However, there are three very important things you should consider before discontinuing care.

	POINTS FOR CONSIDERATION	RATIONALE
1	Discontinuing care does not remove your accountability to ensure care is provided by an appropriate care provider.	You are accountable to provide care yourself until such time when accountability for care is transferred to an appropriate care provider.
2	You must communicate - verbally and in writing - your intent to discontinue care to your employer (or client if you are self-employed) and give the employer/client <i>reasonable time</i> to find an appropriate alternative care provider.	
3	You are expected to explore every reasonable option to ensure you have balanced your personal beliefs or safety with client care needs.	The decision to discontinue care must be based on a thorough assessment of <i>all</i> relevant factors and possible alternatives.

The *Ethical Decision Making Framework* on page 9 on the [LPN Code of Ethics](#) may be a helpful resource for these situations.

What should I do if I am assigned to care for a client or perform an intervention for which I do not have the competence?

Although there is no expectation you engage in practices which are beyond your level of competence, occasionally a work assignment exceeds your capacity. In these circumstances, you are expected to negotiate the work assignment based on your own individual scope of practice and competence, rather than refusing the assignment based on perceived lack of competence. Negotiation may include working with an identified mentor, practicing the skill before performing it or reviewing policies or a procedure book.

What is the Duty to Report?

Is the legal and ethical duty to report incompetent, unethical or impaired practice of any health care professional. The duty to report extends beyond health care professionals and also applies to certain client situations. Individual nurses have a duty to self-report if they are charged with or convicted of a criminal offence or become incapacitated.

Who do I report to?

There are three reporting options and each carries its own level of professional significance. The context and timing of the situation – which is the balance between the issue at hand, the impact on the client, and the urgency of the situation – will help you determine to whom you should report. Please note: Doing nothing is considered an action. Taking no action when action is warranted may be a violation of the Standards of Practice and Code of Ethics and, as such, may be considered professional misconduct.

	REPORTING ACTION	IMPACT ON CLIENT
1	Discuss the issue directly with the health care professional.	No client impact or at low risk for impact.
2	Report the issue to the employer.	No client impact, or minimal impact or medium risk for impact.
3	Report the issue directly to the college or regulatory authority.	Client outcomes altered as a result of action or high risk for impact or high risk for impact on profession.

What happens if I report a situation and it turns out I was wrong? Will there be repercussions from the College?

As long as you made the report in good faith, there will be no repercussions from the College.

COMPETENCY SR-12: PROFESSIONAL CONDUCT PROCESS

WHAT YOU NEED TO KNOW.	<p>The College is obligated to develop and implement processes to deal with the conduct of its registrants. The purpose of the professional conduct process is to address professional misconduct, conduct unbecoming, incompetence, and unless addressed by the fitness to practice committee, incapacity.</p> <p>The College works closely with LPNs and their employers, experiencing practice issues. The College ensures the necessary practice supports are available to help nurses make positive changes in their practice. Nurses who respond to remediation and developmental learning plans and correct practice issues may avoid the conduct process altogether.</p>
WHY IT IS IMPORTANT.	<p>The conduct process is a key element of self-regulation and another way in which the College meets its mandate of public protection.</p>
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none"> • NSCN Website: Conduct and Complaints • Nursing Act

What constitutes a formal complaint?

A formal complaint is a notice in writing to the College alleging professional misconduct, conduct unbecoming the profession, incompetence or incapacity of a LPN.

TERM	DEFINITION	EXAMPLE
Professional Misconduct	Disgraceful, dishonourable or unprofessional practice.	Falsifying document, theft, client abuse.
Conduct Unbecoming	A registrant's personal or private conduct brings discredit upon the licensed practical nursing profession.	Arrests.
Incompetence	Significant lack of knowledge, skill or judgement which renders an LPN unsafe to practise practical nursing.	No change in an LPNs' practice following remediation or a detailed learning plan.
Incapacity	A registrant suffers from a physical, mental or emotional condition, disorder or addiction which renders them unable to practise practical nursing safely.	Alzheimer's disease or substance use disorder.

When does the professional conduct process begin?

The professional conduct process initiates when the College receives a letter of complaint about a registrant or is notified that a registrant has resigned or been terminated from their employment because of allegations of misconduct, conduct unbecoming, incompetence or incapacity. The complainant (the person who laid the complaint) and the respondent (the LPN against whom the complaint is laid) are notified a complaint was received and the professional conduct process has begun.

If at any point during the professional conduct process, it is determined that a registrant's practice is putting the public at risk, the College will consider what conditions and restrictions may be necessary to protect the public. This can include a surrender of a registrant's license on a temporary basis.

Do all letters of complaint require investigation?

All letters of complaint require consideration by the College, but not necessarily an investigation.

What is the purpose of the investigation?

The purpose of the investigation is to gather as much information about the registrant complaint in a fair and impartial manner. The investigator may interview the complainant, respondent and other witnesses if necessary and create an Investigative Report summarizing the investigation. The report is shared with the committee, respondent and possibly the complainant. The depth, breadth and intensity of the process depending on the nature of the complaint and the amount of information received in the letter.

What does the Complaints Committee and Professional Conduct Committee do?

They review the summary of an investigation about a complaint. They hear the information gathered in the investigation.

Is there a difference between the two committees?

Yes. The Complaints Committee will hold a meeting with the attempt to address the complaint. In this meeting they may hear statements from the complainant, the respondent and review the summary of the investigation. The Complaints Committee has the authority to issue a disciplinary finding, however the respondent must consent to the disciplinary action. If consent is not obtained, the complaint is automatically sent to Professional Conduct Committee for a hearing, and the process begins again. (Hearings are more formalized.) The Professional Conduct Committee may also issue disciplinary findings, but they do not require consent of the respondent.

Why are some findings considered discipline and others not?

Findings where there is no evidence of professional misconduct, conduct unbecoming the profession, incompetence or incapacity are considered to be non-disciplinary.

NON-DISCIPLINARY FINDINGS	DEFINITION
Dismissal	There is no evidence to substantiate the complaint. Dismissed complaints are closed and no further action is required by the respondent and no further action is taken by the College.
Informal Resolution	Typically, the respondent, complainant and College work together to create a plan to resolve the issue at hand. Once the complaint is informally resolved, no further action is required.
Caution	The complaints committee has determined the registrant may have breached the standards of practice or code of ethics, <i>but</i> the violation does not constitute professional misconduct, conduct unbecoming the profession, incompetence or incapacity.

DISCIPLINARY FINDINGS	DEFINITION
Reprimand with consent (Complaints Committee)	There is evidence of professional misconduct, conduct unbecoming the profession, incompetence or incapacity. Reprimands generally have a remediation plan or conditions which require further action on the part of the respondent. Failure to comply with the plan or conditions results in additional action against the nurse. Regardless of the issuing committee, a reprimand is a formal disciplinary finding and as such becomes a permanent part of the respondent's record.
Reprimand without consent (Professional Conduct Committee)	
Consent Revocation (Professional Conduct Committee)	The respondent's license to practice practical nursing is revoked. A revocation often has conditions attached to it for the registrant to be eligible for reinstatement.

Can the Committee(s) issue other types of orders?

Yes. The Complaints or Professional Conduct Committee have the authority to issue *Other Orders*. These may be attached to any finding - disciplinary or otherwise – or may be an interim step to gather more data for the committee to review.

OTHER ORDERS	
Undergo a physical, mental or practice assessment	There are concerns about a registrant’s practice or their capacity to make sound decisions.
Required to submit intermittent assessment reports	As part of remediation plan, the registrant must provide the College updates.
Interim Suspension	The nature of the complaint is such that prohibiting the registrant’s ability to practice until a full investigation is complete is in the best interest of the public.

How does the College notify the public of a disciplinary finding about an LPN?

In Nova Scotia, the College is required to publish all disciplinary findings. The committee has a variety of options for the publication of its decisions; however the most common is the College website. Publication includes the name of respondent, general details of the issue and a summary of the decision. Publication of disciplinary actions is consistent with the College mandate of regulation of LPNs in the best interest of the public.

Section 2: Scope of Practice

Objectives

Upon completion of Section 2, the applicant will be able to:

1. discuss the concepts associated with scope of practice;
 - a. professional nursing practice;
 - b. contexts of practice;
 - c. assignment and delegation, and;
 - d. self-employment.

COMPETENCY SP-1: PROFESSIONAL NURSING PRACTICE

WHAT YOU NEED TO KNOW.	Professional practice is nursing practice consistent with the <i>Nursing Act</i> and Regulations, Standards of Practice, Code of Ethics, Continuing Competence Program (CCP) and other policies and documents developed by the College. These documents create a framework which defines professional practice for LPNs in Nova Scotia. LPNs are accountable to ensure their practice is consistent with the framework.
WHY IT IS IMPORTANT.	Professional practice ensures clients receive safe, competent, ethical, and compassionate nursing care or service from LPNs. The professional practice framework is another way the College meets its mandate to protect the public.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Nursing Scope of Practice Practice Guideline

What is the difference between accountability and responsibility?

Accountability is a continuous compulsory obligation to be responsible. There is no option not to be accountable. For instance, in Nova Scotia, LPNs are accountable for their actions at all times and cannot delegate the accountability for their actions to any other care provider. Responsibility, as a component of accountability, can be an intermittent process, whereby the attention is often focused on an accurate or timely completion of a task. Responsibility can be delegated or assigned.

What should I do if I do not understand some of the concepts of professional practice?

Every licensed practical nurse is responsible to understand and apply the concepts associated with professional practice as part of their Continuing Competence Program. If you have self-assessed a gap in your nursing knowledge, you are accountable to initiate a personal learning plan and take the necessary actions to mitigate, manage, or correct the deficits.

What if my practice does not meet the requirements for professional practice?

LPNs whose practice does not meet the minimum requirements of professional practice may be considered in violation of their standards or code and could be subject to a complaint or disciplinary action. Practice which is inconsistent with the professional practice framework may be considered professional misconduct, incompetence, or incapacity.

COMPETENCY SP-2: SCOPE OF PRACTICE

WHAT YOU NEED TO KNOW.	The professional scope of practice of the LPN refers to the designated role, functions and activities LPNs are educated and authorized to perform within the practice of practical nursing. The scope of practice is determined by the <i>Nursing Act</i> which sets the practice boundaries for all LPNs in Nova Scotia. The professional scope of practice can only be changed by a change in the legislation. LPNs, as leaders, are expected to advocate for optimized practice within the professional scope of practice.
WHY IT IS IMPORTANT.	It is vital LPNs understand the contextual nature of their professional scope of practice so they may provide safe, competent, ethical and compassionate nursing care or service.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none"> • Nursing Act • Nursing Scope of Practice Practice Guideline • Care Plan Practice Support Tools • Entry-Level Competencies Practice Support Tools

What are Entry Level Competencies (ELCs) {Formerly known as Entry to Practice requirements}?

The competencies expected of the entry-level licensed practical nurse in Canada. The competencies describe the knowledge, skill and judgment required of beginning practitioners.

What is individual scope of practice and scope of employment?

SCOPE OF PRACTICE	DESCRIPTION
Individual Scope of Practice	An individual LPN's practice based on their current practice context, education, experience, and competencies. The individual scope of practice can be expanded or minimized by changes in the practice context or employer policies. As LPNs move from employer to employer, their individual scope of practice changes and they are required to maximize their individual scope of practice over time.
Scope of Employment	The description of the LPN role within the employment setting. The scope of employment has great impact on the individual scope of practice. LPNs are expected to optimize their individual scope of practice within the employer policies and advocate for policy change to support optimized practice. Scope of employment changes from employment setting to employment setting and LPNs are accountable to know what is expected of them in their current role.
The individual scope of practice and scope of employment may not exceed the professional scope of practice.	

What is the professional scope of practice of the LPN in the provision of nursing services?

Nursing Services is the application of practical nursing knowledge in the nursing process which includes: assessment of clients; collaboration in the development of the nursing plan of care; implementation of the nursing plan of care, and; evaluation of the client. LPNs practice autonomously within a collaborative relationship with other care providers, but most frequently with the RN, to provide professional nursing services to individuals of all ages, groups (including families) and communities, in a variety of care settings. Nursing services are provided for the purposes of: promoting health; preventing illness; providing palliative and rehabilitative care, and; assisting clients to achieve an optimal state.

How is the professional scope of practice of practical nursing defined?

The practice of practical nursing is based on *core nursing knowledge* derived from the nursing arts and physical, biological and behavioural sciences. It involves the provision of nursing services: independently for clients with predictable outcomes; in consultation with appropriate care providers for clients whose outcomes are variable, or; under the guidance or direction of an RN or health care professional authorized to provide such guidance or direction for clients with unpredictable or complex outcomes.

What does collaborate in the development of the initial nursing care plan mean?

Development of initial, new or substantially changed nursing care plans is not an autonomous function for LPNs in any context in Nova Scotia. LPNs may only engage in this practice in collaboration with the RN. In clinical settings where the client is cared for by an interprofessional team, or the licensed practical nurse works in a setting where there is no RN, the LPN collaborates with the most appropriate care provider to develop the initial interprofessional plan of care. Self-employed LPNs collaborate with the client to develop the initial care plan.

What is the scope of practice of the RN Authorized to Prescribe?

An RN prescriber or RN Authorized to Prescribe is a registered nurse with an expanded scope of practice which enables them to prescribe medications and devices and order relevant screening or diagnostic tests within their specific area of prescribing competence and practice. RN prescribers have completed additional education and met additional registration requirements. They may only prescribe for clients with specific conditions and in practice settings as defined by their employer. RN Prescribers cannot prescribe controlled drugs and substances, methadone, investigational agents, or medical cannabis.

The RN prescribers are authorized to prescribe from a pre-approved list of medications developed by their employer. RN prescribers may not prescribe controlled drugs and substances, methadone, medical cannabis, or investigational agents.

The RN prescriber provides care independently within the health care team and is accountable for their prescribing actions and decisions. The RN prescriber may not be the most responsible health care provider for a client. The most responsible health care provider has the overall responsibility for directing and coordinating the care and management of the client. RN prescribers are expected to consult, collaborate, or refer the client to the most appropriate health care provider when the clients prescribing or care needs exceed their individual or professional scope of practice or competence.

Nurses are authorized to process a prescription or order written by an RN prescriber as they would for any other authorized prescriber.

COMPETENCY SP-3: CONTEXT OF PRACTICE

WHAT YOU NEED TO KNOW.	Context of practice is a three-factor framework which includes the needs of the client, a nurse's individual competence and the supports in the practice environment. Context is used to ensure clients are matched with most appropriate care provider with sufficient resources in the practice environment.
WHY IT IS IMPORTANT.	LPNs may have the necessary knowledge and skill to perform an intervention but the overall complexity of judgments required to implement the interventions (including education, surveillance, monitoring, follow-up assessment or support) are better suited for another care provider with a broader knowledge base (i.e., Registered Nurse, Nurse Practitioner or Physician). In other words, just because the LPN can perform a skill or intervention, does not mean the LPN is the right care provider to do so in every situation. Determination of the most appropriate care provider is always based on the needs of the client. Context is never static and as one factor (client need, nurse competency or practice supports) changes outcomes may change.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Nursing Act• Nursing Scope of Practice Practice Guideline• Care Plan Guidelines

What is autonomy?

Autonomy in nursing is defined as the professional ability to make nursing decisions and independently implement, assign or delegate nursing actions as a result of the nursing decisions.

Why must the LPN work in collaborative relationships?

The scope of practice as referred to in the *Nursing Act* states the development of the plan of care is a collaborative, not an autonomous function of the LPN. In nursing, LPNs and RNs must be clinically collaborative to develop the nursing care plan.

What does clinically collaborative mean?

This means there must be an established relationship between the LPN and RN in the clinical setting. The collaborative relationship is required because: LPNs are obligated to consult and collaborate with the RN in the development of the initial nursing care plan or where clients are not achieving outcomes as expected; fully autonomous practice for the LPN is limited to situations where clients have been deemed to have predictable problems and readily anticipated outcomes, and; even in practice settings where LPN practice is autonomous, the RN plays an important role in the overall evaluation of clients' existing nursing care plans.

What does 'autonomous practice within a collaborative relationship' mean?

LPNs are expected to work to their highest level of independence (see table on page 31) required to meet client needs *within the context* of relationships with other care providers. The level of independent practice will vary in relation to needs of the client.

Does this mean the LPN can only consult with the RN?

No. Licensed practical nurses can consult or collaborate with any care provider who has an *established relationship* with the client/agency and the capacity to provide consultation or direction. The nature and intensity of the established relationship is defined by the employer (e.g. on-call, supervisor or remote). An

established relationship is one where the appropriate healthcare professional is affiliated with an agency, has sufficient understanding of the needs of the clients and has agreed and been scheduled to provide consulting advise as necessary. When appropriate and possible, the LPNs' first collaborative partner should be the RN. However, when working in teams without an RN, LPNs are expected to know when and with whom they should consult or seek advice.

The LPNs' level of autonomous practice is based on the needs of the clients. What does this mean?

The greater the level of predictability of client outcomes, the greater the autonomy or independence of practice. On the other hand, the greater the complexity of client outcomes, the more the LPN is required to consult with the RN to make nursing decisions.

LEVEL OF PRACTICE	CONTEXT	RATIONAL FOR CONSULTATION
Independent	Where the client has <i>known problems with well-defined health challenges</i> and is achieving the outcomes as defined by the nursing care plan, the LPN relies on their core nursing knowledge base, practices independently within their individual scope of practice. The LPN is able to predict and manage the client's responses to the nursing interventions and uses the established plan of care to guide their practice.	The LPN is solely accountable for their decisions and client outcomes. Even so, collegial communication with RN colleagues is expected.
In Consultation	When <i>problems intensify or client outcomes</i> become more variable or less predictable, a broader nursing knowledge is required to interpret the relevance of these variances. The LPN, in consultation with the RN identifies the source of the variances. Together they modify the nursing care plan so new findings are appropriately addressed or managed.	The LPN is obligated to initiate consultation when the nature of variation(s) is not well understood. The reason is core nursing knowledge may not be comprehensive enough to support the LPN to independently predict or manage the outcomes of client with varying or complex needs. The LPN is accountable to know when and with whom they consult and the RN/LPN pair share accountability for their practice.
Under Guidance or Direction	When clients are <i>failing to achieve outcomes as expected or have developed unexpected or worsened problems</i> , the LPN practices under the direction or guidance of an RN to meet the care needs of the client. The RN and LPN are expected to work collaboratively when caring for these clients. The RN assumes the lead position for coordination of care by making decisions and changes to the nursing care plan to manage the new problems. The LPN may perform any required interventions (as long as competent) arising from the decisions made by the RN.	The LPN is obligated to consult because clients' responses to complex problems are often not predictable or easily managed. The relevance of these issues must be interpreted by a care provider whose knowledge base is in-depth and more comprehensive than the core nursing knowledge base of the LPN. As always, the LPN is accountable for their actions including knowing when, and with whom they must consult. The RN is accountable to make decisions associated with the management of the unexpected or worsened problem and the necessary changes to the nursing care plan. The RN/LPN pair is accountable for their individual practice decisions within the collegial working relationship and share accountability for client outcomes in relation to their actions.

What does predictability and complexity mean?

Predictability is the extent to which you can readily anticipate the outcome or the client's response to an intervention. Typically, the more which is known about a client and their responses, the more predictable their outcomes can be. Complexity is the extent to which outcomes cannot be readily anticipated. Typically, the more which is unknown (or yet to be determined) about a client and their responses to interventions, the more complex their outcomes can be.

What is the appropriate practice context to support highly autonomous LPN practice?

Highly autonomous LPN practice is supported in environments where: the client has a well-defined plan of care with established outcomes and is responding to interventions consistently and in a manner which can be readily predicted; the LPN has the necessary knowledge, skill and judgment (competence) to perform required interventions and accurately predict and manage the clients' responses to the intervention or the outcomes or their actions, and; the practice environment has sufficient resources in place (human, equipment and policy) to assist the LPN or support the client should it become necessary.

Is the scope of practice of an LPN and the new graduate awaiting to write the licensing exam⁵, the same?

Essentially the scopes are the same however there are two differences: New graduates will qualify for an LPN conditional license and must work collaboratively with, or under the guidance or direction of a Licensed Practical Nurse, Registered Nurse, Medical Practitioner or any health care provider authorized to provide such consultation. Additionally, newly graduated LPNs with this type of conditional license may not independently assume the role of the nurse in charge or be the only regulated nurse physically present in a practice area or unit.

⁵ Under the new *Nursing Act*, graduates of PN programs awaiting to write the CPNRE will qualify for a LPN conditional license.

COMPETENCY SP-4: ASSIGNMENT AND DELEGATION TO UNLICENSED CARE PROVIDERS

WHAT YOU NEED TO KNOW.	It is vital the LPN recognize their role in appropriate delegation. Delegation is not a passive process because certain elements (i.e. delegatee education, determination of competency, practice or client contexts supporting delegation, policy and employer supports) must be in place before the LPN can safely delegate to an unlicensed care provider.
WHY IT IS IMPORTANT.	LPNs always retain the accountability for the decision to delegate through assessment of the needs of the client, the competence of the individuals (this is done through guidance, mentorship and dialogue), risk-benefit, and the practice environment. LPNs also always retain the accountability for the evaluation of the outcome of the delegation.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none"> • <i>Assignment and Delegation Guidelines for RNs and LPNs</i>

What is the difference between assignment and delegation?

Assignment is transferring the accountability for an intervention to an individual whose scope of practice or scope of employment permits the performance of the intervention. Assignment describes the distribution of work each staff member is to accomplish. Delegation is transferring the responsibility to perform an intervention to a care provider (delegatee) who would not otherwise have the authority to perform it (i.e., the intervention is not within the scope of practice or scope of employment). The delegatee is responsible to perform the intervention and the delegator retains the accountability for the outcome of the intervention. For example, the unregulated care provider performs the dressing change, but the nurse is responsible to assess the client and the status of the wound.

What is supervision?

Supervision is the active process of directing, assigning, delegating, guiding and monitoring an individual's performance of an activity to influence its outcome. It entails initial direction, periodic inspection and corrective action when needed.

Can LPNs supervise unregulated care providers (UCPs)?

Yes. The LPN is responsible for providing ongoing supervision to assess a UCPs ability to perform a delegated task. The level of supervision is determined by the client care need, the education and experience of the UCP and the predictability of outcomes.

Are there different levels of supervision?

LEVEL OF SUPERVISION	DESCRIPTION
Direct	The LPN is physically present in the practice setting and directly observing the performance of the actual intervention.
Indirect	The LPN is readily available for guidance and consultation on the unit or in the same location where the care is provided but is not directly observing the required intervention.
Indirect-Remote	The LPN is available for guidance and consultation but is not physically present in the location where the care is provided. Direction is provided through various means of communications and/or technology.

What are my responsibilities as a delegator?

The delegator is accountable and responsible for: making the decision to delegate; assessing the client's needs to ensure delegation is appropriate; determining if the delegatee is competent to perform the delegation; appropriate supervision and for the overall outcome of the intervention.

What are the responsibilities of the delegatee?

The delegatee is responsible for: having sufficient knowledge, skill and judgement to accept the delegation; refusing to accept delegation for which they are not competent; following agency policy and procedure; performing the intervention safely, effectively and ethically; documenting the care provided as per agency policy, and; reporting observations and client information to the delegator.

What things should I consider before I delegate to an unregulated care provider (UCP)?

FACTORS FOR CONSIDERATION

Delegation to a UCP is always client-specific and not transferable. This means the delegated intervention may not be performed with other clients.

LPNs should be fully aware of the UCP's scope of employment within the agency.

The LPN assumes responsibility for the delegation, performs periodic inspection and evaluation of the competence of the UCP and provides corrective action when needed.

COMPETENCY SP-5: SELF-EMPLOYMENT

WHAT YOU NEED TO KNOW.	Self-employment is a growing option for LPNs in Nova Scotia. The LPN works in collaboration with the client in this context and is responsible to ensure they have developed a network of health care professionals to whom they may refer a client, should the client's needs exceed their professional and individual capacity.
WHY IT IS IMPORTANT.	Self-employed LPNs must be aware of the potential for conflict of interest and recognize they are accountable to practice within their LPN standards of practice and code of ethics and generally accepted business and accounting practices.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• <i>Self-Employed Practice Guideline for Nurses</i>• <i>Nurses Recommending and Administering Over the Counter Medications or Devices</i>

Do I need policies if I have my own business?

Yes. Clinical and business procedures outlining the nature of the service you will provide as a self-employed practical nurse must be defined in your internal policies. Policies are important in the self-employment context as they demonstrate your accountability to help keep your practice consistent from client to client.

Do I need additional liability insurance if I am self-employed?

Yes. Self-employed LPNs must obtain commercial general liability insurance in addition to the liability insurance provided by their license. Commercial general liability insurance is mandatory for all self-employed LPNs regardless of the size of their business or number of clients on their service roster.

Are LPNs authorized to recommend Over the Counter (OTC) medications to clients?

LPNs support clients' self-care by reviewing interventions, including OTC medication, used in the past to successfully manage their own needs. In most contexts, LPNs are not authorized to recommend specific over the counter (OTC) medications to manage new or less defined care needs. Clients who seek such recommendations should be referred to an appropriate healthcare provider such as a nurse practitioner or physician or the appropriate health care service, such as 811.

However, LPNs with advanced foot care knowledge are authorized to recommend OTC medications or devices in the limited specific context of advanced foot care practice, as long as they have the competence to do so.

SECTION 3: OTHER LEGISLATION

Objectives

Upon completion of Section 3, the applicant will be able to discuss their accountability and responsibility as it relates to other provincial and federal legislation.

COMPETENCY L-1: CONTROLLED DRUGS AND SUBSTANCES ACT

WHAT YOU NEED TO KNOW.	Licensed practical nurses working in Nova Scotia must comply with this federal legislation. Health care organizations develop agency policies based on it. LPNs should be aware federal legislation requires pharmacists, other practitioners and licensed organizations to maintain records detailing a count of narcotics, controlled drugs and medication wastage.
WHY IT IS IMPORTANT.	Health organizations are mandated by federal legislation to establish systems and policies for the appropriate dispensing, administration, disposal and security of narcotics & controlled drugs. In most facilities LPNs are authorized to receive the delivery of narcotics and controlled drugs, access locked medication storage cabinets and perform narcotic/controlled drug counts.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Federal Narcotic Control Regulations (C.R.C., c. 1041) – Hospitals Sec. 63, 68, 69• Medication Guidelines for Nurses

Are there any restrictions on the types of medications or narcotics LPNs may administer?

There are no restrictions on any medication an LPN may administer in appropriate contexts as long as the LPN is the appropriate health care professional to do so. Typically, LPNs are not authorized to administer narcotics via direct IV push or IV piggy back, however in certain limited and specific contexts and with additional employer education, this competency may be added to the scope of practice of individual LPNs.

COMPETENCY L-2: HOMES FOR SPECIAL CARE ACT

WHAT YOU NEED TO KNOW.	A Home for Special Care must be licensed and can fall under the category of Residential Care Facilities or Nursing Home.
WHY IT IS IMPORTANT.	In every nursing home and nursing care section of a home for special care where there are less than thirty residents, there shall be at least one registered nurse 'on duty' for no less than eight hours every day, and in the absence of the registered nurse, there shall be a person on duty in the home who is capable of providing emergency care. In every nursing home and nursing care section of a home for the aged where there are thirty or more residents, there shall be at least one registered nurse 'on duty' at all times. In every residential care facility other than a small option home, there shall be a staff registrant who is capable of providing necessary emergency care on duty in the home at all times.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Homes for Special Care Act• Homes for Special Care Regulations• Pronouncing and Certifying Death Practice Guideline

What does 'on-duty' mean?

On duty means a registered nurse is available for consultation as necessary. The employer is responsible to define on-duty (on site, off site or remote) based on the needs of their clients and their resources.

Are LPNs in Nova Scotia authorized to determine when death has occurred?

Determination of death is within the scope of practice of a number of health care providers. LPNs are authorized to determine death through an assessment of the cessation of vital signs. *Pronouncing Death* is a formalized process which includes the completion of the death certificate and registering the death with the appropriate provincial agency and is role of the physician or in some contexts, the nurse practitioner.

COMPETENCY L-3: PHARMACY ACT

WHAT YOU NEED TO KNOW.	Pharmacists with additional qualifications have additional responsibilities such as prescribing drugs and treatments and directly administering drug therapy to clients.
WHY IT IS IMPORTANT.	LPNs should understand their own context of practice and recognize collaborative practices where similar interventions may be shared by several different types of care providers.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Pharmacy Act• Pharmacist Drug Prescribing Regulations• Medication Guidelines for Nurses

What is the difference between dispensing and administering?

In Nova Scotia there is a distinct difference between dispensing and administering. Dispensing is a legal term associated with the practice of a pharmacist. It is a process which includes the interpretation of the practitioner's prescription, the assessment of the appropriateness of the therapy and, preparation of a prescription and release of the prescription from the pharmacy either directly to the client (for self-administration) or to a medication delivery system (such as a medication cart, cupboard or electronic storage system) for future administration.

Medication administration is the process which includes the assessment of a client and provision of a medication which had been dispensed by a pharmacist. Administration is associated with the practice of a number of health care professionals including LPNs.

COMPETENCY L-4: INVOLUNTARY PSYCHIATRIC TREATMENT ACT

WHAT YOU NEED TO KNOW.	A client may be involuntarily admitted following a comprehensive psychiatric assessment by a psychiatrist.
WHY IT IS IMPORTANT.	Any registrant of the treatment staff of a psychiatric facility may detain and where necessary restrain an voluntary patient requesting to be discharged, if the staff registrant reasonably believes the patient, because of the psychiatric disorder, is likely to cause serious harm to self or others. A client detained under these circumstances must be examined by a physician within 3 hours.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Involuntary Psychiatric Treatment Act

COMPETENCY L-5: PROTECTION OF THE PERSONS IN CARE ACT

WHAT YOU NEED TO KNOW.	If an LPN or other service providers who have a reasonable belief a patient or resident is, or is likely to be abused, shall promptly report this to the facility administrator. This information must then be reported to the Minister of Health and Wellness or the Minister's delegate by the facility administrator.
WHY IT IS IMPORTANT.	The duty to report applies even if the information on which the person's belief is based is confidential and its disclosure is restricted by legislation.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Protection for Persons in Care Act• Duty to Provide Care

Who investigates complaints under this Act?

The Minister of Health and Wellness assigns an investigator who conducts an investigation.

COMPETENCY L-6: PERSONAL DIRECTIVE ACT

WHAT YOU NEED TO KNOW.	The Personal Directives Act allows individuals to set out instructions or general principles (personal directive) about what or how personal care decisions should be made when they are unable to make the decisions themselves. It allows individuals to appoint a delegate to enact the personal directive and make personal care decisions on their behalf should they become incapable of making the decision.
WHY IT IS IMPORTANT.	LPNs should know if their client has a personal directive and, if so, the appropriate person to consult if decisions are to be made. They should also ensure the health care team is aware of the personal directive.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Personal Directives Act• Personal Directives Regulations

What is a substitute decision maker?

A delegate or statutory or substitute decision maker is a person authorized under the Personal Directives Act to make decisions on an individual's behalf.

Are LPNs authorized to perform capacity assessments on clients in Nova Scotia?

The **basic** capacity assessment of day-to-day services falls within the scope of practice of many healthcare providers, including LPNs. Licensed practical nurses and other healthcare professionals must ensure clients have given an informed consent for any service they are to receive. Capacity is an essential element of informed consent. At the most basic level, capacity assessments in relation to the provision of day-to-day services refer to the ability of a client to consent to specific activities or treatment (e.g., to have breakfast, to have a morning bath, take prescribed medications, have a dressing changed, start oxygen, intravenous therapy, etc.).

Formal capacity assessments to determine a clients overall competence may be performed by a physician or other authorized care providers (including RNs and NPs) who have completed the necessary education and have attained to the competence to do so. LPNs are not authorized to do this.

COMPETENCY L-7: PERSONAL HEALTH INFORMATION ACT (PHIA)

WHAT YOU NEED TO KNOW.	PHIA governs the manner in which personal health information may be collected, used, disclosed and retained within Nova Scotia's health care system. This Act balances the individual's right to privacy with the benefits of the use of personal health information by the health care sector to deliver and improve health care services.
WHY IT IS IMPORTANT.	According to PHIA, an LPN or any provider must notify their manager or employer at the first reasonable opportunity if personal health is stolen, lost or accessed by unauthorized persons.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Personal Health Information Act (PHIA)• Personal Health Information Act Toolkit• Confidentiality and Privacy of Personal Health Information Practice Guideline

Are there any provincial Acts which override PHIA?

Yes, examples of legislation which overrides PHIA are the Health Protection Act (e.g. reporting of notifiable diseases), Protection for Persons in Care Act, Health Act, and Children and Family Services Act (e.g. duty to report suspicion of abuse).

COMPETENCY L-8: HOSPITALS ACT

WHAT YOU NEED TO KNOW.	If a client in hospital requires medical or surgical treatment and is incapable of consenting and does not have a guardian or anyone else recognized by law to give consent, a judge may authorize the required treatment on the individual's behalf.
WHY IT IS IMPORTANT.	Delays in treatment may cause poor outcomes.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Hospitals Act

Are LPNs permitted to 'discharge' clients from the hospital?

No. LPNs may participate in the process to *discharge* a client from a facility. LPNs are not authorized to autonomously make the decision that a client is suitable to be discharged from any facility. In some specific outpatient clinical settings, LPNs may use an **established** care directive in addition to an employer education and policy⁶, may determine when an outpatient client is eligible to return to their home based on their success in achieving pre-determined outcomes as noted in the care directive.

Currently there are changes underway to the Hospital Act which outline circumstances where registered nurses may make decisions to treat and release clients.

⁶ Policy is a broad term to mean any employer authorizing mechanism such as care directive, policy, procedure or practice guideline.

COMPETENCY L-9: OCCUPATIONAL HEALTH AND SAFETY ACT

WHAT YOU NEED TO KNOW.	This Act is based on the principle that any person or group of people in a workplace can affect the health and safety of all the persons in the workplace. OHS states all employees share in the responsibility for the health and safety of persons in the workplace.
WHY IT IS IMPORTANT.	LPNs have a professional obligation and a legal requirement to provide clients with safe, competent, ethical and compassionate care. Employers must ensure the environment is safe so LPNs may meet their obligation. Agency policy must be followed to keep the environment safe for employees and allow the client to receive safe care. LPNs acting as leaders are expected to advocate for a safe environment and participate in the development of appropriate care policies.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none">• Occupational Health and Safety Act• Violence in the Workplace Regulations• Duty to Provide Care

What is considered violence in the workplace?

Violence can be: verbal threats, behaviour or conduct of a person which actually or potentially endangers the physical health or safety of another.

What is the employer's responsibility to minimize violence in the workplace?

Healthcare employers must conduct a violence risk assessment and implement a workplace violence prevention plan. Employers must provide adequate training for any employees. This training includes: the rights and responsibilities of employees under the Act; the workplace violence prevention statement; the measures taken by the employer to minimize or eliminate the risk of violence; how to recognize a situation in which there is a potential for violence and how to respond appropriately; how to respond to an incident of violence, including how to obtain assistance; and how to report, document and investigate incidents of violence.

What is the LPNs' responsibility to minimize violence in the workplace?

LPNs are required to participate in employer based training, practice according to their standards and code and refrain from participating in, by-standing without action and report when others are engaging in inappropriate behaviour.

COMPETENCY L-10: OTHER MANDATORY REPORTING TO AGENCIES

WHAT YOU NEED TO KNOW.	In certain circumstances there is a legal obligation to report to an external authority such as law enforcement and/or relevant provincial or federal legislation.
WHY IT IS IMPORTANT.	Reporting to other agencies ensures public protection.
WHERE TO FIND MORE INFORMATION.	<ul style="list-style-type: none"> • <u>Duty to Provide Care</u> • <u>Pronouncing and Certifying Death Practice Guideline</u> • <u>Adult Protection Act</u> • <u>Gunshot Wound Mandatory Reporting Act</u> • <u>Fatality Investigations Act</u> • <u>Children and Family Services Act</u> • <u>Health Protection Act</u> • <u>Department of Health and Wellness Guide to the Health Protection Act and Regulations</u>

Is there a requirement in Nova Scotia to disclose to local police when an individual has sought treatment for a gunshot wound?

Yes.

When does the medical examiner have to be notified of a death?

The medical examiner should be notified in situations of suspicious, unexpected or unexplained deaths, when client presents dead on arrival to a health care facility, or dies in the emergency department, while in jail, on the job or as a result of an accident or within 10 days of anesthesia. A medical examiner may authorize the autopsy of the body of a person who died under suspicious circumstances.

When should suspected child/adult/elder abuse be reported?

As soon as the health care provider has reasonable grounds to suspect a child/adult/elder is or may have suffered abuse.

To whom are dangerous diseases reported?

The provincial Chief Medical Officer (CMO).

Are LPNs in Nova Scotia responsible to file the necessary reports according to mandatory reporting requirements?

LPNs in Nova Scotia are accountable to know the general nature of situations which require additional reporting. They are also accountable to know their employment policy with regard to the reporting process. LPNs are expected to act as leaders and advocate for swift and appropriate action when clients are, or could be at risk regardless if they are the professional responsible for the reporting filing action.