

# Duty to Report Interpretive Document

June 2018



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



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## ABOUT CLPNNL

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) has the legislated responsibility, in accordance with the [Licensed Practical Nurses Act \(2005\)](#), to regulate the practice of Licensed Practical Nurses (LPNs) in Newfoundland and Labrador. The mission of CLPNNL is to protect the public by actively promoting safe, competent, and ethical nursing care.

## ABOUT THIS DOCUMENT

CLPNNL develops interpretive documents to provide direction, promote clarity, and give further explanation for LPNs in relation to the expectations identified within the Standards of Practice and Code of Ethics. This interpretative document provides direction for LPNs related to their duty to identify and report unsafe, unethical, or unprofessional behaviours, situations or issues<sup>1</sup>.

## DUTY TO REPORT

The [Standards of Practice and Code of Ethics for Licensed Practical Nurses in Canada](#) articulate the LPN's responsibility and accountability to *take action to avoid and/or minimize harm in situations in which client safety and wellbeing are compromised* (Standard 1.6) and to *identify and report any circumstances that potentially impede professional, ethical or legal practice* (Standard 1.5).

When addressing the diverse and often complex issues that may arise it is important for LPNs to differentiate between issues that can and should be addressed within the practice environment<sup>2</sup>, and issues that require reporting. LPNs have a professional and ethical duty, and at times a legal duty, to report<sup>3</sup> issues that:

- involve conduct deserving of sanction of an LPN<sup>4</sup> or another health care provider;
- are defined under federal or provincial law and that contain a reporting requirement (e.g. Adult Protection Act, Children and Youth Care Protection Act); and,
- are required to be self-reported to the regulatory body (e.g. criminal convictions or regulatory investigations).

Reporting issues that place, or are likely to place, clients<sup>5</sup> at risk is a legitimate regulatory process necessary for public protection. Failing to report such issues may be considered a breach of the CLPNNL Standards of Practice and Code of Ethics and could result in an allegation of conduct deserving of sanction. LPNs, when enacting their duty to report, approach the process in a factual, objective, honest, confidential, and reasonable manner.

<sup>1</sup> For simplicity, 'behaviours, situations and issues' will be referred to as issues, unless otherwise noted.

<sup>2</sup> See Appendix A for strategies to assist with addressing non-reportable issues.

<sup>3</sup> In the context of this document 'report' means addressing the issue or behaviour verbally or in writing to the appropriate person or agency.

<sup>4</sup> Definitions of conduct deserving of sanction are provided in appendix B of the Standards of Practice and Code of Ethics for Licensed Practical Nurses in Canada (2013).

<sup>5</sup> In this document 'client' means individuals, family, substitute decision maker and in a broad context, the public.



## IDENTIFYING ISSUES RELATED TO CONDUCT DESERVING OF SANCTION

LPNs are responsible and accountable to report the conduct or behaviour of an LPN or another individual<sup>6</sup> if they reasonably believe the practice or actions (including inactions) of that individual are unsafe, unethical, unprofessional or constitute a danger to the public. The following examples are provided to assist identification of issues, but **is not** an all-inclusive list:

- abuse of a client (sexual, physical, verbal, psychological, financial or otherwise);
- delegating components of care to another caregiver without due concern regarding the competence of that other caregiver to provide that care;
- inability to integrate and apply, in a manner consistent with the standards and scope of practice of the profession, the knowledge, skill, attitudes and judgment required to practice safely;
- failing to appropriately collaborate or consult others when necessary;
- practicing outside the scope of practice or scope of employment;
- conduct exhibited, inside or outside the actual practice of the profession, that would be reasonably regarded by members of the profession as dishonorable, disgraceful or unprofessional;
- incapacity or unfitness to practice<sup>7</sup>;
- breaching client privacy and/or confidentiality;
- falsifying information;
- theft from employer, client or others;
- misappropriating medication;
- non-adherence to the expectations of the therapeutic nurse-client relationship;
- bullying or horizontal violence; and/or,
- using professional status for personal gain.

## CONSIDERATIONS

The timing of actions taken depends on the level of risk to the client. If there is an immediate risk, action should be taken in a timely<sup>8</sup> manner to ensure the safety of those at risk of harm. Once client safety is assured, consideration must be given to the process to report the issue. Each circumstance is different and may warrant a different reporting action.

<sup>6</sup> Regulated or not.

<sup>7</sup> For definition or description of an LPNs Incapacity or Unfitness to Practice consult the [Standards of Practice and Code of Ethics for Licensed Practical Nurses in Canada \(2013\) Appendix B: Definitions](#) (page 14).

<sup>8</sup> It is a professional expectation that LPNs will discern what is reasonably “timely”. Where a time period is not specified, timeliness may be determined on the basis of the facts and may be compared against the actions of another prudent LPN in the same set of circumstances, in the best interest of the client.

## DIFFERENT TYPES OF REPORTING PROCESSES

### Reporting to the Employer<sup>9</sup>

Employers authorize workplace activities and entrust employees with specifically assigned roles. In addition to working with employers to address workplace issues, LPNs inform their employers when they identify issues that constitute conduct deserving of sanction, or that require reporting by law (See section on reporting to external agencies). The initial report to an employer may be verbal but should be followed up with a signed, written report<sup>10</sup> (See Appendix B). Employers, for reasons of privacy, might not be able to discuss the details of their actions taken but might disclose when action was taken. It is reasonable to follow up with the employer to validate the issue has been addressed. If the matter is not addressed at the initial managerial level it may be necessary to advance the report through the chain of authority of the agency. This process may be outlined in employer policy.

### Reporting to CLPNNL or Another Regulatory Body

A report directly to CLPNNL or another regulatory body is warranted when the practice and/or conduct of a licensed practical nurse:

- affects the safety of the public;
- damages the public's trust in the profession; and/or,
- negatively impacts the integrity of the profession.

Employers might proceed with a report to a regulatory body when a regulated health professional fails to respond to the employer's performance improvement plan.

The employer should be notified if an LPN is making a report to CLPNNL or another regulatory body. For information on how to submit an allegation to CLPNNL of an LPNs conduct deserving of sanction, please visit <https://www.clpnnl.ca/professionalconduct>.

### Reporting to External Agencies

Some federal and provincial laws (e.g. the Newfoundland and Labrador (NL) *Adult Protection Act*, NL *Children and Youth Care Protection Act*, NL *Gunshot and Stab Wound Reporting Act*, NL *Fatalities Investigations Act*) have mandatory reporting requirements. The duty to report, when it appears in law, is required even when a report has been made to an employer or regulatory body. It is important to know the laws that relate to one's practice area as well as what specifically must be reported, and by whom. In some situations, employers may have identified certain individuals responsible for making a required report. It is important to seek direction in the employment setting and to refer to employer policies in relation to reporting to an external agency.

<sup>9</sup> Broad term meaning manager, supervisor or person in the line of authority.

<sup>10</sup> Follow agency policy.



## MANDATORY SELF-REPORTING TO CLPNNL

Self-reporting is a *mandatory* part of the registration and licensure<sup>11</sup> process. Each LPN is responsible and accountable to self-report the following:

- conviction of a criminal offence(s) for which you have not received a pardon;
- discipline by a registration/licensing authority for an occupation/profession in any province, state or country; and,
- are currently under investigation or awaiting any decision regarding discipline by any registration/licensing authority.

## CONCLUSION

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



<sup>11</sup> Upon initial registration, annual license renewal and at the time of occurrence.

## APPENDIX A

### Strategies to Assist with Non-Reportable Issue Resolution

If there is an imminent or immediate risk to client safety, steps to ensure client safety need to be taken immediately and your employer must be notified.

Resolving non-reportable issues in the practice setting begins with identifying the issue and its impact. Consider the following:

- Reflect on the Standards of Practice and Code of Ethics in identifying why a situation presents as an issue to be resolved.
- Seek out available resources<sup>12</sup> to assist you in resolving the issue (e.g. manager, colleagues, Professional Practice departments, Quality and Risk departments, union, regulatory body).
- Decide on which solutions could be your best approach.
- Consult with your manager so they are informed and can provide support if needed.
- Remain professional in all communications and interactions.

When issues involve conflict with another individual addressing the issue directly with the individual may be the best option if it is safe and reasonable to do so. Preparing for the conversation (e.g. gathering all the facts, evaluating personal emotions related to the issue) may alleviate some of the anxiety associated with it. These discussions may not be easy, and preparation will be necessary.

Consider the following:

- Find a quiet and safe place to have the discussion.
- Be respectful, supportive, non-confrontational but assertive, calm and objective.
- Relate the issues to applicable standards of practice, code of ethics, and/or organizational policies.
- Discuss the impact to client safety.
- Listen to and acknowledge the individual's perspective, feelings, and concerns.
- Help the individual identify strategies to address the issue.
- Offer guidance, mentorship, and ongoing support.
- Thank the individual for discussing the concern.
- Inform the individual if you need to involve others.

If the discussion with the individual resolves the matter, further action may not be needed. However, if unable to resolve the matter, a discussion with your employer may be necessary.

<sup>12</sup> The [Code of Ethics for Licensed Practical Nurses in Canada, Appendix A](#) (page 13), contains guidelines for ethical decision making.



## APPENDIX B

### Considerations for Written Reports to Employers

Written reports should be treated confidentially. Consult your employer's policies regarding documentation of issues.

A detailed written report may include (but is not limited to):

- name and signature of the individual making the report;
- name(s) and designation(s) of the individual(s) whose actions or omissions are being reported;
- name(s) of those involved who have direct knowledge of the situation (for confidentiality reasons do not use identifiable client information);
- facts related to the issue(s) with date(s), time(s) and location(s);
- impact to client(s) and client care;
- action taken to support the client, individual or to resolve the issue;
- a request for acknowledgement that the report has been received; and,
- a request for confirmation that the issue has been addressed.





## RESOURCES

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