



Standards of Practice for Licensed Practical Nurses in Canada 2020



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

FOREWORD

Recognizing the need to update its 2013 Standards of Practice for Licensed Practical Nurses (LPNs)¹, the Canadian Council for Practical Nurse Regulators (CCPNR) tasked its Inquiry and Discipline and Practice Consultants ad-hoc groups to update the 2013 standards. Standards of Practice are authoritative statements that define the legal and professional expectations of the LPNs practice. In conjunction with the Code of Ethics, they describe the elements of quality LPN practice and facilitate mobility through inter-jurisdictional mutual understanding and agreement of expectations and requirements for practice. This document also serves as a guide for curriculum development and for public and employer awareness of the practice expectations of the LPN.

The updated Standards of Practice were validated by the LPN community and key stakeholder groups in the Yukon, Alberta, Saskatchewan, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador and was approved for adoption by the Boards of the respective regulatory authorities.

The CCPNR thanks the members of the ad-hoc groups, Inquiry and Discipline and Practice Consultants and all participants who contributed to the update and validation of Standards of Practice. A special thanks is extended to the following members of the ad-hoc groups who worked through a series of virtual workshops to produce the draft updated standards of practice document that was subsequently validated and finalized: Susan Duff (Association of the New Brunswick Licensed Practical Nurses), Kari Pruden (Saskatchewan Association of Licensed Practical Nurses), Jylene Simmons (Nova Scotia College of Nursing), Wanda Squires (College of Licensed Practical Nurses of Newfoundland and Labrador) and Glenda Tarnowski (College of Licensed Practical Nurses of Alberta).

The Canadian Council for Practical Nurse Regulators (CCPNR) is a federation of provincial and territorial members who are identified in legislation, and responsible for the safety of the public through the regulation of Licensed/Registered Practical Nurses.

The CCPNR approves the standards of practice for the LPN outlined in this document.

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2020 Normes de pratique des infirmières et infirmiers auxiliaires autorisés du Canada

¹For the purposes of this document, the term “licensed practical nurse” also refers to “registered practical nurse.”



TABLE OF CONTENTS

Preamble..... 3

Standard 1: Professional Accountability and Responsibility.....4

Standard 2: Evidence-informed Practice.....5

Standard 3: Protection of the public through self-regulation.....6

Standard 4: Professional Ethical Practice.....7

References.....8

Appendix A: Definitions in relation to Conduct Deserving of Sanction.....9



PREAMBLE

The Standards of Practice for Licensed Practical Nurses (LPNs) in Canada provide a national framework for LPN practice. The Standards of Practice are authoritative statements that define the legal and professional expectations of licensed practical nurse practice. In conjunction with the Code of Ethics for Licensed Practical Nurses, they describe the elements of quality LPN practice and facilitate mobility through interjurisdictional mutual understanding and agreement of expectations and requirements for practice.

The four broad standards are applicable to LPNs in all settings in which they practice. They provide the benchmark to which LPNs are measured. Indicators accompany each standard and describe more specifically the expectations for LPN practice. Neither the standards nor the indicators are in any order of priority.

LPNs are accountable to meet these Standards of Practice. The legislative responsibility for setting, monitoring, and enforcing the Standards of Practice lies with the provincial and territorial regulatory authorities.

Where the legislation and this Standards of Practice document conflict, legislation will apply.

STANDARDS OF PRACTICE

1. Professional Accountability and Responsibility
2. Evidence Informed Practice
3. Public protection through self-regulation
4. Professional and Ethical Practice

PRINCIPLES

Four principles provide the foundation on which the Standards were updated.

1. LPNs are self-regulating, accountable practitioners responsible to provide safe, competent, ethical nursing practice and to work collaboratively with clients² and other healthcare providers.
2. LPN practice is client centred and includes individuals, families, groups and communities.
3. LPN standards provide the structure to support LPNs to meet the needs of the population in the Canadian healthcare system.
4. LPN practice requires individual leadership and professionalism as demonstrated through their commitment to continuing competence, continuing education, and safe ethical practice.

²“Client” is defined as “an individual (or designated representative), family, group or community”. Canadian Practical Nurse Registration Examination (2017). Examination Blueprint. Retrieved December 7, 2020.

<https://www.cpnre.ca/about-the-exam/exam-blueprint/>



STANDARD 1:**Professional Accountability and Responsibility**

LPNs are accountable and responsible for their practice and conduct to meet the standards of the profession and legislative requirements.

INDICATORS:**LPNs:**

- 1.1. Practice within applicable legislation, regulations, by-laws, and employer policies.
- 1.2. Self-assess their professional practice and competence and participate in continuous learning.
- 1.3. Share knowledge and expertise to meet client needs.
- 1.4. Practice within LPN scope of practice and individual level of competence and consult and collaborate when necessary.
- 1.5. Have a duty to report any circumstances that potentially and/or actually impede professional, ethical, or legal practice.
- 1.6. Adhere to established client safety principles and quality assurance measures to anticipate, identify, evaluate, and promote continuous improvement of safety culture.
- 1.7. Advocate for continuous improvements in healthcare through policies and procedures that support evidence informed practice.
- 1.8. Are accountable and responsible for their own practice, conduct, and ethical decision-making.
- 1.9. Document and report according to established legislation, regulations, laws, and employer policies.
- 1.10. Provide leadership to support and/or participate in mentoring and preceptorship.



STANDARD 2:**Evidence-informed Practice**

Licensed Practical Nurses apply evidence- informed knowledge in practice.

INDICATORS:**LPNs:**

- 2.1. Attain and maintain evidence-informed knowledge to support critical thinking and professional judgement.
- 2.2. Integrate knowledge of trends and issues in healthcare and society into evidence-informed practice.
- 2.3. Maintain relevance in practice, in response to changes affecting the profession.
- 2.4. Understand the LPN role and its contribution to the collaboration with clients and inter- and intradisciplinary teams to promote client safety.
- 2.5. Collaborate in the development, review and revision of the plan of care to address client needs and preferences and to establish client centered goals.
- 2.6. Develop and/or modify the plan of care based on the concepts of individual LPN competence, environmental supports and client need.
- 2.7. Provide holistic evidence-informed practice that supports the concepts of health promotion, illness prevention, health maintenance and restorative care.
- 2.8. Apply the nursing process (assess, diagnose, plan, implement and evaluate).
- 2.9. Practice in a culturally safe manner respective of diversity, equity, and inclusion.
- 2.10. Assess client and collaborate with the appropriate person(s) when client status is changed, new, or not as anticipated.
- 2.11. Demonstrate continuing professional development, including compliance with jurisdictional requirements related to continuing competence (i.e. Continuing Competence Program, Quality Assurance Program).



STANDARD 3:

Protection of the public through self-regulation

Licensed Practical Nurses collaborate with clients and other members of the healthcare team to provide safe care and improve health outcomes.

INDICATORS:

LPNs:

- 3.1. Establish, maintain, and appropriately end the professional therapeutic relationship with the client and their families³.
- 3.2. Collaborate in the analysis, development, implementation, and evaluation of practice and policy to guide evidence informed client-centered care.
- 3.3. Lead and contribute to a practice culture that promotes safe, inclusive, and ethical care.
- 3.4. Provide relevant, timely, and accurate information to clients and healthcare team.
- 3.5. Understand and accept the responsibility of self-regulation by following the standards of practice, the code of ethics, and other regulatory requirements.
- 3.6. Attain and maintain professional registration/licensure with the provincial/territorial regulatory authority in the jurisdiction(s) they practice.
- 3.7. Maintain their physical, mental, and emotional fitness to practice in order to provide safe, competent, and ethical nursing care.



³NSCN. 2017. NSCN Standards of Practice for Registered Nurses.

<https://cdn1.nscn.ca/sites/default/files/documents/resources/RN%20Standards%20of%20Practice.pdf>

STANDARD 4:**Professional and Ethical Practice**

Licensed Practical Nurses adhere to the ethical values and responsibilities described in the Canadian Council for Practical Nurse Regulators (CCPNR) Code of Ethics.

INDICATORS:**LPNs:**

- 4.1. Identify personal values, beliefs, and biases and take accountability for the impact they may have on professional relationships and nursing practice.
- 4.2. Identify ethical issues and respond in the interest of the public.
- 4.3. Advocate for the protection and promotion of clients' right to autonomy, confidentiality, dignity, privacy, respect, and access to care and personal health information.
- 4.4. Maintain professional boundaries in the nurse/client therapeutic relationship.
- 4.5. Demonstrate effective, respectful, and collaborative interpersonal communication to promote and contribute to a positive practice culture.
- 4.6. Demonstrate practice that upholds the integrity of the profession.
- 4.7. Demonstrate characteristics and attributes of a leader, and the ability to apply formal and informal leadership competence.



REFERENCES

Canadian Practical Nurse Registration Examination (2017). Examination Blueprint.

<https://www.cpnre.ca/about-the-exam/exam-blueprint/>

NSCN. 2017. NSCN Standards of Practice for Registered Nurses.

<https://cdn1.nscn.ca/sites/default/files/documents/resources/RN%20Standards%20of%20Practice.pdf>



APPENDIX A: DEFINITIONS

In accordance with the *Licensed Practical Nurses Act (2005)* section 11(1) (f) the following definitions apply to the College of Licensed Practical Nurses of Newfoundland and Labrador for the purposes of sections 13 – 27 of the Act.

“Professional Misconduct” includes

- (a) abuse of a client (sexually, physically, verbally, psychologically, financially or otherwise), or
- (b) practising in a manner that constitutes a risk to the health or welfare of clients, or
- (c) delegating components of care to another caregiver without due concern regarding the competence of that other caregiver to provide that care, or
- (d) practising in contravention of the Standards of Practice or a Position Statement made and/or adopted by the College, or
- (e) has been found guilty of an offence, by a court of law that is relevant to the member’s suitability to practice.

[Note: (a), (b), (c) and (d) adapted from CLPNBC “duty to report”]

“Professional Incompetence” includes

The exhibition of a gross deficit, or of repeated deficits, in the ability of the practitioner 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.

[Note: adapted from CLPNBC definition of “competence”]

“Conduct Unbecoming” includes

Conduct exhibited, inside or outside the actual practice of the profession that would be reasonably regarded by members of the profession as dishonourable, disgraceful or unprofessional.

“Incapacity or Unfitness to Practice” includes

Exhibiting physical or mental deficits, or conduct or behaviour, inside or outside the actual practice of the profession, which stems from a physical or mental condition, emotional disturbance, or impairment due to substance use or substance abuse, and that impairs the practitioner’s ability to practice to the degree that it constitutes a risk to the health or welfare of clients.

[Note: adapted from CLPNBC “duty to report”]





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