

Scope of Practice Framework for Licensed Practical Nurses in Newfoundland and Labrador

This document replaces the *CLPNNL 2019 Competency Profile: Scope of Practice for Licensed Practical Nurses*.

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL; the College) has the legislated responsibility, through the Licensed Practical Nurses Act (2005), to set the professional scope of practice for licensed practical nurses (LPNs) in Newfoundland and Labrador.

A scope of practice framework provides a structured, reflective approach to determining safe, competent and authorized nursing practice. This document outlines the scope of practice framework for Licensed Practical Nurses in Newfoundland and Labrador. It will assist LPNs, educators, employers, and the public, in identifying whether an activity is within the scope of practice for the profession of practical nursing. The framework will further assist in identifying whether an activity that is within the scope of practice for the profession is within the scope of practice of an individual LPN.

A reflective reference guide, to assist LPNs to apply the Scope of Practice Framework, is presented in Appendix A.

The scope of practice for the profession of practical nursing evolves to meet the ever-changing needs of **client**¹ populations and the health care system, and to reflect changes in legislation, regulation, and education. The scope of practice for the profession is influenced by the Standards of Practice for Licensed Practical Nurses, the Code of Ethics for Licensed Practical Nurses, legislation, the Entry-Level competencies for LPNs, and other relevant College documents or standards.

Definition of Scope of Practice

The scope of practice for licensed practical nurses is defined by the College as *the range of roles, functions, responsibilities, and activities for which LPNs are educated, authorized, and competent to perform*.

LPN Entry-to-Practice Education

In Newfoundland and Labrador, LPNs graduate from a CLPNNL approved diploma program in Practical Nursing. The practical nursing education program is guided by the CLPNNL [*Entry-Level Competencies for Licensed Practical Nurses*](#), which describes the knowledge, skills, judgments, and attributes required of entry to practice LPNs. The entry-level competencies direct the educational program in identifying activities that constitute current LPN practice or are becoming part of LPN practice.

¹ Words first appearing in bold are defined in the glossary.

LPNs are educated from the same body of knowledge as other nursing designations and apply the same client-centred approach in their practice: assessment, diagnosis, planning, implementation, and evaluation. LPNs care for clients across the lifespan, and in a variety of practice settings, including education, administration, and in areas of high client acuity.

LPN Practice

At the entry level, LPNs are prepared to practice **independently** to manage client care where the outcomes of care are **predictable**, and the client is progressing along the established plan of care.

LPNs seek input and/or assistance in **collaboration** with another care provider (RN, NP, physician):

- when client care needs change and/or the client is not achieving intended outcomes of care;
- when outcomes of care are unpredictable; and/or,
- when the client care needs approach the limits of the individual LPN's scope of practice.

The degree of independence with which an LPN practices is influenced by the individual LPN's **competencies**, the individual client needs, and the resources available to support safe practice.

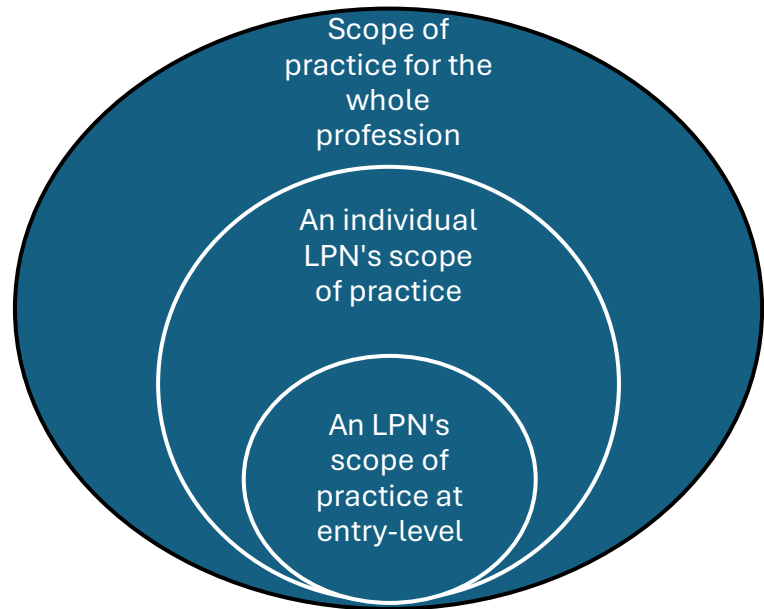
Professional Scope of Practice

The scope of practice of the profession describes the outer limits of practice for LPNs and it is influenced by the Licensed Practical Nurses Act (2005) and other relevant laws, the Standards of Practice for LPNs, the Code of Ethics for LPNs, and the Entry-Level Competencies for LPNs.

The purpose for including a nursing activity within the scope of practice for licensed practical nurses is to address an identified client or societal need, where LPNs have obtained or can obtain the required competency, and can safely manage the outcomes (intended or unintended) of the activity.

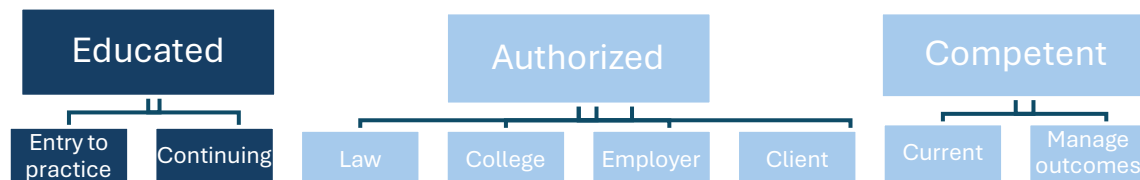
The scope of practice of entry-level LPNs will expand as they gain additional education and practice experience.

The scope of practice of any one LPN must be within the boundary of the scope of practice of the profession.



Individual Scope of Practice

The scope of practice for any one individual LPN is determined by what the LPN is *educated* and *authorized* and *competent* to perform.

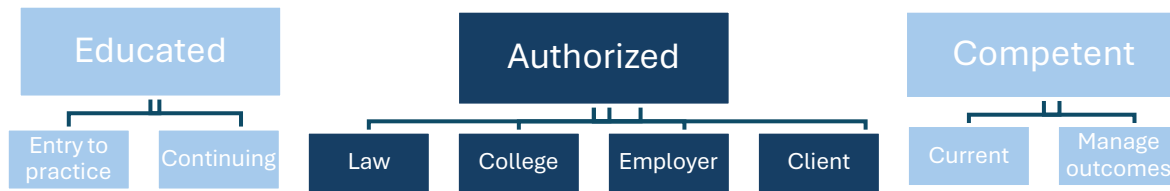


The basis for LPN practice is obtained as part of the entry-to-practice practical nursing education program. Additional education is acquired throughout one's nursing career as continuing education.

Continuing education²:

- builds upon the body of entry-to-practice nursing knowledge;
- may be a formal course of study, or a less formal in-service, module, reading or self-study;
- consists of both a theory component and practice component; and,
- has a method to validate **competence**.

² Where the College has not identified a required education course or program, it is the responsibility of the individual LPN to validate that the education they are obtaining provides the information sufficient to safely carry out the competency.



Authorization is a process to grant approval to carry out an activity or competency. LPNs must validate they are authorized to carry out their practice. The following four (4) methods of authorization are required:

Law

Activities undertaken by the LPN must be in accordance with the Law. LPNs are required to be knowledgeable of and apply the various federal and provincial legislation(s) that govern and/or direct nursing practice. Legislation may specify which designations of care providers are authorized to perform an activity. If LPNs do not have the legal authority, they would be prohibited from performing that specific activity.

College

The College considers a competency as part of LPN practice when the competency resides within the practice of nursing and is obtained as part of practical nurse entry-to-practice education or achieved by building upon entry-to-practice education through continuing nursing education.

The College supports the addition of new or emerging nursing competencies into the scope of practice for the profession where the activity builds on the body of nursing knowledge, and where an LPN can safely carry out the activity and safely manage the outcomes of the activity (see *How to Advance Scope of Practice* below).

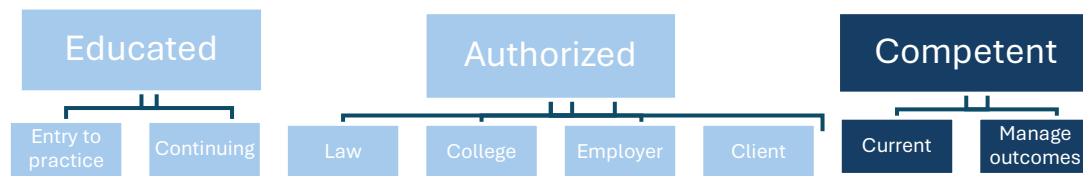
Employer

Employers have the authority to limit an LPN's scope of practice. Therefore, some activities that are within the scope of practice for the practical nursing profession may not be permitted in an employer's practice area. LPNs who carry out practice as an employee must validate the activity is permitted by their employer in their practice setting. Employer authorizations are often articulated in employer policy, job/role descriptions, or through other mechanisms, such as care (medical) directives. Additional employer authorizing mechanisms are outlined in the section *Other Forms of Authorization*.

LPNs in self-employment must establish policies for their self-employed practice (see the College's [Self-Employment](#) document).

Client

Activities must be authorized, via informed consent, by the client. LPNs carry out activities that are in line with the clients needs, wishes, and goals as well as the client's plan of care. An LPN cannot proceed with a nursing activity unless they have the client's implied or written and/or verbal consent as required. LPNs must understand who has the legal authority to provide and withdraw consent. LPNs must be knowledgeable of the federal and/or provincial legislation that applies to consent.



Competence is more than the ability to perform a technical skill. Competence is the ability to integrate and apply knowledge, skills, attributes, and judgments (competencies) into practice. Attributes include, but are not limited to attitudes, abilities, behaviours, values, and beliefs.

Achieving competence requires both education and experience. Competence is not fixed. Skills and knowledge can expand or diminish over time based on experiences and learning opportunities. LPNs are responsible to know and assess the currency of their knowledge, and their level of competence prior to undertaking an activity, and are expected to address learning needs to obtain and maintain competence prior to engaging in an activity.

Additionally, LPNs must be able to manage the outcomes of their care in their practice setting. This involves managing intended or unintended consequences, such as an adverse reaction. There may be settings where it is not appropriate to perform certain nursing activities due to limited ability to effectively and safely manage unintended consequences of care (e.g., access to emergency services, equipment or personnel).



Collaborative Practice

Collaborative practice is based on a foundation of client-centred care, open communication, mutual trust, shared decision-making and accountability, with respect for the value, the knowledge, and the experience that each nursing professional provides as part of the care team.

Collaboration between the LPN and other nursing designations is required when the client's care needs or health status are unexpectedly changing, and/or when the outcomes of client care are no longer deemed to be predictable. Although the LPN can collaborate with any care provider with the competence to provide such support, the likely initial collaborations occur with a registered nurse (RN).

Effective teamwork and role clarity enables critical decisions to be made that support assignment of the most appropriate designation of nurse to care for a client. The College's [Considerations for Determining Assignment of Care](#) document outlines the elements of the decision making in the safe determination of who is the most appropriate care provider.

How to Advance Scope of Practice for LPNs

The College authorizes the provincial Health Authority, as an employer of LPNs, to add or introduce nursing competencies to the scope of practice for LPNs where those competencies are part of nursing practice for other designations of nurses (e.g., RNs) when the Health Authority completes the College required process as outlined in the document [Expansion of Post-Basic Competencies for Licensed Practical Nurses in Regional Health Authority Settings](#).

The consideration to authorize LPNs to carry out competencies not currently recognized as part of LPN practice for LPNs practicing outside the provincial Health Authority requires consultation with the College to determine if establishment of a Delegation (see *Other Forms of Authorization*) is required. Self-employed LPNs must also consult the College in relation to advancing the scope of their practice.

Other forms of Authorization

1. For activities within the scope of practice for LPNs.

The College recognizes an employer's use of authorizing mechanisms to authorize the LPN to initiate identified health care interventions that are within the scope of practice for the LPN, but would otherwise require a client-specific, direct order from an authorized prescriber.

Two such employer-related authorizing mechanisms are:

- A. Care (medical) directives.
 - a written order/employer policy developed in consultation with an authorized prescriber(s) for an intervention (e.g., treatment, procedure, medication) or series of interventions to be implemented by another care provider for a range of clients with identified health conditions/ needs when specific circumstances are met/exist.

- apply to a range of clients who meet identified criteria.
- do not require additional client specific authorization.
- based on evidence-informed best practices.
- requires the LPN's professional assessment and judgment, allowing for client specific discretionary use based upon this evaluation.

B. Preprinted Orders:

- apply to a specific client and health condition.
- require client specific authorization from an authorized prescriber.
- based on evidence-informed, best practices.
- are intended to be implemented as written.
- must be signed and included in the client's health record

2. For activities not within the scope of practice for LPNs.

In certain circumstances, client health care needs require competencies that are beyond, or outside, the scope of practice for LPNs. LPNs can only perform competencies outside of the professional scope of practice when authorised through a delegation from another health care professional. These are known as delegated competencies.

Delegation is a formal process that involves the legal transference of authority to perform a specific function in a selected situation. The authority to perform the specific activity must come from a person who is educated, authorized and competent to perform the activity to be delegated. Education is always required for the LPN because the activity is not within their scope of practice. The education required must build upon the LPN's body of nursing knowledge.

An LPN can only accept a *Delegation* when they have the knowledge and skill to safely carry out the delegated activity. The professional who initiates the delegation, and who provides the authority, retains accountability for the outcomes of client care. The LPN accepting the delegation accepts responsibility for safely carrying out the activity.

Authorization through delegation is client and task specific and is not transferrable. Direction of the delegation to the LPN must be documented and the employer must support the delegation. Individuals seeking to initiate a delegation to an LPN must contact the College to initiate the process.

Competencies which are legislated to be exclusively within the scope of a specific health profession (e.g., physician, nurse practitioner, RN) are known as non-delegated competencies and cannot be delegated to the LPN (e.g., prescriptive authority). A change in legislation would be required.

Glossary

Client: The individual, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision maker for the recipient of nursing services

Collaboration: Working together in partnership with one or more members of the inter/intra disciplinary health care team while maintaining autonomy with one's own scope of practice.

Competence: The ability to integrate and apply the knowledge, skills, judgment, and personal attributes required to practice safely and ethically in a designated role and practice setting. Personal attributes include, but are not limited to, attitudes, abilities, behaviours, values, and beliefs.

Competencies: The integrated knowledge, skills, judgment, and attributes required to practice nursing safely and effectively. They reflect the skills required of the LPN to function in a specific role or practice setting. Competencies can be described as entry-level, shared, delegated, or non-delegated.

Independently: practicing independently occurs when the nurse alone is responsible, acting on their own initiative, and without instructions from another discipline. The nurse is making decisions autonomously and acting independently, without the need for supervision or direction from other health care professionals. Independence in nursing practice can occur within a collaborative nursing practice environment.

Predictable Outcomes: Client health outcomes that can reasonably be expected to follow an anticipated path, where health status can be anticipated and where client needs are within known levels and ranges and can be expected to follow an anticipated path with respect to timing and nature.

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