LPN'S PROFESSIONAL ACTIVITIES

Ordre des infirmières
et infirmiers auxiliaires
du Québec

OIIAQ.ORG

SUMMARY

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Field of practice

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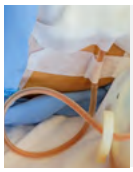
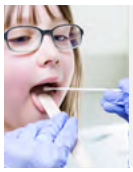


37.1 (5) (a)

Apply invasive measures for the maintenance of therapeutic equipment

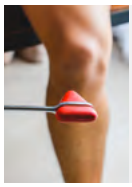


37.1 (5) (b)

Take specimens, according to a prescription

37.1 (5) (c)

Provide care and treatment for wounds and alterations of the skin and teguments, according to a prescription or a nursing plan



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INTRODUCTION

Definition of the LPN profession

LPNs provide high-quality care that is both humane and respectful. He/she is an honest and dedicated health professional who, through professional activities set out in the *Professional Code*:

- Contributes to the assessment of the person's state of health and the implementation of the care plan;
- Provide nursing and medical care and treatment to maintain or restore health and prevent illness;
- Provide palliative care.

LPNs play a key role within the care team by sharing their knowledge, skills and commitment to excellence with a view to offering the best care to patients. They must maintain and develop their professional skills in accordance with training requirements. They must also fulfil the duties and obligations set out in the *Code of Ethics* and must comply with the *LPN competency profile*.

This document seeks to describe the legal and regulatory framework that defines LPNs' field of practice. LPNs must be familiar with this framework and must carry out their professional activities within it.

LPN'S FIELD OF PRACTICE

CHAPTER 1

37 (p): Contributes to the assessment of the person's state of health and the implementation of the care plan, provide nursing and medical care and treatment to maintain or restore health and prevent illness and provide palliative care

At all times, LPNs must use their professional judgment to gather data, observe objective as well as subjective clinical manifestations and relate their observations to the patient's state of health and pathologies.

LPNs thus analyze the information in order to contribute, together with other members of the interdisciplinary team, to evaluations of the patient's state of health and to drawing up the care plan.

Throughout the care process, LPNs must determine the actions that fall within their areas of responsibility, as described in the ***LPN competency profile.***

Contributes to the assessment of the person's state of health and the implementation of the care plan

For example, LPNs may:

- Complete the Montreal cognitive assessment (MoCA), Folstein mini mental state examination (MMSE) or Braden scale assessment tool, according to a prescription or nursing instructions;
- Initiate a collective prescription in accordance with its field of practice;
- Initiate an additional precautionary measure;
- Decided or not to getting up someone after fallen by engaging their professionnal responsability;
- Perform an electrocardiogram (ECG), according to a prescription or nursing instructions;
- Help draw up the therapeutic nursing plan (TNP);
- Participate actively in interdisciplinary meetings.

Provide nursing and medical care and treatment to maintain or restore health and prevent illness

For example, LPNs may:

- Instruct patients and their loved ones in line with the LPN's professional activities;
- Provide all types of care and treatments relating to the LPNs' professional activities.

Provide palliative care

For example, LPNs may:

- Participate actively in care team meetings and decisions;
- Accompany a patient at the end of his or her life, together with the patient's loved ones;

You can sign up for various training activities on the **professional development portal.**

RESERVED ACTIVITIES FOR LPNS

CHAPTER 2

Professional Code, section 37.1 (5) (a) Apply invasive measures for the maintenance of therapeutic equipment

The LPNs are responsible for ensuring the proper functioning and maintenance of therapeutic equipment. The term "invasive" means that the activity could harm patients. This activity includes all measures that, if not carried out properly, could lead to contamination of the installed equipment and could affect the patient's condition.

LPNs may apply invasive measures for therapeutic equipment maintenance involving all types of clienteles and in all care settings. Performing certain activities may require a prescription or nursing instructions.

For example, LPNs may:

- Clean:
  - The inner cannula of a tracheostomy;
  - A pessary;
  - Continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) devices;
  - An oxygen therapy kit.
- Drain:
  - **A peritoneal catheter;**
  - **A PleurX or Pleur-Evac drain system.**
- Irrigate:
  - A nasogastric or nasoenteric tube;
  - A colostomy;
  - A nephrostomy catheter;
  - A wound drainage system;
  - An open or closed-system bladder catheter;
  - **A percutaneous drain;**
  - A biliary drain.

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

Please refer to the **frequently asked questions** on this topic.

You can sign up for various training activities on the **professional development portal** in line with therapeutic equipment maintenance.

Section 37.1 (5) (b)
Take specimens according to a prescription

LPNs may take specimens from all types of clienteles and in all care settings.

It should be noted that taking blood specimens is covered under section 37.1 (5) (i) of the *Professional Code.*

In addition, certain types of specimens require the introduction of an instrument. For example, when specimens are taken of gastric secretions, a nasogastric tube must be installed.

For example, LPNs may:

- Take a throat specimen (strep test);
- Take a rectal or stool specimen (VRE test);
- Take a nasal specimen (MRSA test);
- Perform a capillary puncture (finger stick);
- Take a bronchial secretion specimen by aspiration;
- Take a urine specimen (midstream, sampling probe or collection bag).

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

Please refer to the **frequently asked questions** on this topic.

You can sign up for various training activities on the **professional development portal** in line with specimen taking.

Section 37.1 (5) (c)
Provide care and treatment for wounds and alterations of the skin and teguments according to a prescription or a nursing plan

LPNs provide all types of care and treatments relating to wounds or alterations of the skin and teguments in all types of clienteles and in all care settings.

As mentioned in the ***LPN competency profile***, LPNs perform analyses and use their clinical judgment to:

- Gather data;
- Observe objective and subjective clinical manifestations;
- Perform analyses and relay their observations to the professionals concerned;
- Participate actively in carrying out the **therapeutic nursing plan (TNP)**, care plan, nursing treatment plan and wound treatment plan.

For example, LPNs may:

- Carry out a **cryotherapy** treatment;
- Apply a bandage using negative-pressure wound therapy (VAC therapy);
- Cauterize a wound using silver nitrate;
- Carry out wound **debridement (autolytic, mechanical enzymatic or conservative sharp.);**
- Change the bandage of a **central venous catheter;**
- Provide podiatry care (see **frequently asked questions**);
- **Install a bandage and an attachment device around a nephrostomy catheter;**
- **Install and remove the attachment device for a percutaneous drain;**
- **Change the initial post-operatory bandage;**
- **Clean, dip or irrigate a wound;**
- **Provide care and monitor a closed thoracic drainage system (Pleur-Evac, Penrose, PleurX, Hemovac, Jackson-Pratt).**

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

Please refer to the **frequently asked questions** and the **OIIAQ wound care guide** on this topic.

You can sign up for various training activities on the **professional development portal** in line with wound care and treatment.

Section 37.1 (5) (d)
Observe the state of consciousness of a person and monitor neurological signs

This activity, which is frequently performed by LPNs, consists of observing signs, parameters and reactions among all types of clienteles and in all care settings.

This activity must be carried out according to a prescription, a therapeutic nursing plan (TNP), a protocol or autonomously, i.e. LPNs may decide to monitor neurological signs in the aftermath of an incident such as a fall or a change in a patient's state of health.

LPNs subsequently analyze information and monitor the data that has been gathered in order to contribute, along with the other care team members, to evaluate a person's state of health, as described in the ***LPN competency profile.***

LPNs must act in collaboration with a professional whose field of practice includes health assessments.

For example, LPNs may:

- **Help examine motor functions:**
  - Muscle strength
  - Muscle tone
  - Tendon reflexes
  - Gait and balance
- **Help examine visual functions:**
  - Pupil diameter
  - Light reactivity
  - Pupil symmetry
- **Help examine cognitive functions:**
  - Level of awareness
  - Orientation in three dimensions
  - Memory
  - Language

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

You can sign up for various training activities on the **professional development portal.**

Section 37.1 (5) (e)
Mix substances to complete the preparation of a medication, according to a prescription

LPNs may calculate, measure and mix substances with a view to preparing a medication, as described in the ***LPN competency profile.***

There are no legal restrictions governing the administration route during the preparation of the medication or the substance to be prepared.

For example, LPNs may:

- Mix medications or substances to be administered by a doctor;
- Mix medications or substances to be administered intravenously in the **operating room** by another professional;
- **Reconstitute a vaccine** according to the guidelines set out in the **Quebec immunization protocol (PIQ);**
- Reconstitute a powdered medication;
- Mix insulins.

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

Please refer to the **frequently asked questions** on this topic.

You can sign up for various training activities on the **professional development portal** in line with pharmacotherapy.

Section 37.1 (5) (f)
Administer prescribed medications or other prescribed substances via routes other than the intravenous route

LPNs may administer **all** medications and substances via all administration routes, except intravenously, to all types of clienteles and in all care settings. They may install and use various procedures or devices, as described in the ***LPN competency profile.***

For example, LPNs may administer:

- A **peritoneal** dialysis solution;
- **A PRN medication ("as needed");**
- **A desensitization treatment;**
- A tracheobronchial installation;
- **Botox or a filling agent for cosmetic medicine;**
- A **vaccine** according to the guidelines set out in the **Quebec immunization protocol** (PIQ). It should be noted that participation in vaccination campaigns is covered under section 37.1 (5) (g) of the *Professional Code;*
- A **blood product and its derivatives** via the intramuscular route or subcutaneously;
- A medication continuously administered subcutaneously via a pump (syringe pump);
- A medication via nebulization;
- A medication via colostomy or via the vesical route (bladder);
- A respiratory distress protocol;
- A palliative sedation;
- **Oxygen** via nasal cannula, single or multiple vent-mask, facial and tracheal oxygen tent, high concentration 100%, etc.
- Administer a respiratory distress protocol according to a prescription.

It is important to have a clear understanding of this legal provision, which imposes no restrictions concerning the medications to be administered. However, LPNs are not authorized to use certain administration routes. When administering medications, LPNs should ask themselves whether the proposed administration route is authorized, rather than what the medication contains.

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

Please refer to the **frequently asked questions** on this topic.

You can sign up for various training activities on the **professional development.**

Section 37.1 (5) (g)
Participate in vaccination operations under the *Public Health Act.*

In collaboration with the vaccinator, LPNs may participate in vaccination campaigns involving all types of clienteles and in all care settings.

LPNs must comply with the guidelines set out in the **Quebec immunization protocol (PIQ)**.

For example, LPNs may:

- Help gather pre-vaccination information using questionnaires;
- Consult the immunization registry during the information collection process for the purpose of checking a person's immunization history before administering a vaccine;
- Prepare and administer vaccines in accordance with the dosage, administration route, administration techniques, pain/anxiety mitigation techniques and immunization schedule;
- Make a note of immunizations in the medical chart, immunization registry and personal immunization record;
- Help with the required post-vaccination monitoring;
- Apply emergency measures determined by the vaccinators in the event of immediate post-vaccination reactions.

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

Please refer to the **frequently asked questions** on this topic.

You can sign up for various training activities on the **professional development portal** in line with specimen taking.

Section 37.1 (5) (h)
Introduce an instrument or a finger, according to a prescription, beyond the nasal vestibule, labia majora, urinary meatus or anal margin or into an artificial opening in the human body

LPNs may dispense or provide care or treatment, regardless of the physiological barrier, for all types of clienteles and in all care settings, as described in the ***LPN competency profile.***

The activity mentions the term "introduce" but also encompasses the term "remove".

À titre d'exemple, l'infirmière auxiliaire peut :

- Aspirate secretions (buccal, nasal, nasopharyngeal and tracheal).
- **Remove an open surgical drain inserted into a wound.**
- Replace the balloon tube in a healed gastrostomy site (G-tube).
- Change a suprapubic catheter.
- Insert and remove a nasogastric or nasoenteric tube.
- Install or remove a pessary.
- Assist the doctor when removing a thoracic drain.
- Install an intermittent or continuous bladder irrigation system.
- Install or remove a pessary;
- Clean or irrigate the outer ear by injecting a solution into the ear canal.

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

You can sign up for various training activities on the **professional development portal** in line with blood specimens.

Section 37.1 (5) (i)
Introduce an instrument, according to a prescription, into a peripheral vein in order to take a specimen, provided a training certificate has been issued to the member by the Order pursuant to a regulation under paragraph o of section 94

LPNs may take all types of blood specimens from all types of clienteles and in all care settings, as described in the ***LPN competency profile.***

For example, LPNs may:

- Take a blood culture specimen.
- Take a specimen for coagulation testing.
- Take blood specimens on behalf of Héma-Québec.

It should be noted that phlebotomies are a reserved activity for medical technologists in accordance with section 37.1 (6) (b) of the ***Professional Code.***

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

You can sign up for various training activities on the **professional development portal** in line with blood specimens.

AUTHORIZED ACTIVITIES FOR LPNS

CHAPTER 3

Contribution to IV therapy

LPNs who contribute to IV therapy must hold an attestation issued by the OIIAQ and must meet the professional practice criteria set out in section 5 of the ***Regulation respecting certain professional activities which may be engaged in by nursing assistants [LPNs]***.

Contributing to IV therapy is a restricted activity with respect to the clientele and the professional practice setting.

The activity is performed in a centre operated by an institution within the meaning of the *Act respecting health services and social services* (chapter S-4.2) or the *Act respecting health services and social services for Cree Native persons* (chapter S-5).

The service in question is provided to individuals aged 14 or older.

Regulation, Division III, Section 4

[LPNs] may perform the following professional activities:

(1) Install a short peripheral intravenous catheter measuring less than 7.5 cm.

For example, LPNs may:

- Install a butterfly-type IV catheter type;
- Install all types of peripheral catheters measuring less than 7.5 cm.

(2) Administer an intravenous solution without additives using a short peripheral intravenous catheter measuring less than 7.5 cm.

For example, LPNs may:

- Administer all solutions without additives (dextrose, NaCl, Ringer's lactate);
- Regulate the flow rate using a volumetric pump.

(3) Install and irrigate a short intermittent injection intravenous catheter measuring less than 7.5 cm with an isotonic solution.

For example, LPNs may:

- Install a short intermittent injection catheter;
- Irrigate with NaCl 0.9%.

However, LPNs who work with pediatric clients (14 years old and under) may:

Section 6

(1) Check intravenous infusions and maintain the flow rate.

(2) Remove intravenous infusions if administered with a peripheral intravenous catheter measuring less than 7.5 cm.

(3) Remove a peripheral intravenous catheter measuring less than 7.5 cm.

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

Please refer to the **frequently asked questions** on this topic.

You can sign up for various training activities on the **professional development portal** in line with therapeuthic equipment maintenance.

Maintenance care of a tracheostomy connected to a ventilator

LPNs who maintain a tracheostomy connected to a ventilator must hold an attestation issued by the OIIAQ and must meet the professional practice criteria set out in section 3 of the **Regulation respecting certain professional activities which may be engaged in by nursing assistants [LPNs]**.

LPNs may perform the following professional activities:

(1) Provide maintenance care of a tracheostomy connected to a ventilator when the parameters of the ventilator are regulated;

(2) Open a device incorporated into the ventilation circuit in order to administer a metered-dose inhaler;

(3) Ventilate using a manual, self-inflating resuscitator, whether connected to an oxygen source or not ;

(4) Reinstall the tracheal cannula in case of decannulation, in emergency situations, and in the absence of an authorized professional available to perform an immediate intervention.

These professional activities must be performed in one of the following facilities:

a) A residential and long-term care centre;

b) A hospital centre, when the patient is in rehabilitation, lodging or long-term care;

c) A rehabilitation centre for persons with physical disabilities.

Certain conditions must be met:

a) A nurse must be available on the premises so that the latter may intervene with the patient quickly;

b) The user falls under a therapeutic nursing plan and his state of health is not in a critical or acute phase.

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

Please refer to the **frequently asked questions** on this topic.

You can sign up for various training activities on the **professional development portal.**

Professional activities that may be performed in the area of orthopedics (plaster cast applications)

To perform the activities set out in the ***Regulation respecting certain professional activities that may be engaged in orthopedics by persons other than physicians,*** LPNs must successfully complete the supplementary training program entitled Immobilisations plâtrées pour infirmières et infirmiers auxiliaires [Plaster cast applications for LPNs] given by a hospital centre approved by the Minister of Health and Social Services and must meet the professional practice conditions set out in section 7 of the Regulation.

LPNs may, according to a prescription, engage in their professional activities with all types of clienteles and in all care settings:

Regulation, Division III, Section 6

(1) Apply, adjust, remove and repair a plaster or fibreglass cast.

For example, LPNs may:

- Apply, adjust, remove and repair a plaster or fibreglass cast;
- Select the specific material for applying or removing the cast (plaster or fibreglass);
- Apply or remove the cast (plaster or fibreglass);
- Inform the patient of the clinical supervision aspects and recommendations in line with wearing a cast with a view to preventing or detecting complications and inform the patient of situations requiring emergency or non-emergency medical visits and provide the patient with an information brochure.

(2) Apply, adjust and remove splints.

For example, LPNs may:

- Select materials used to install, adjust or remove a splint;
- Install, adjust or remove a splint;
- Inform the patient of the clinical supervision aspects and recommendations in line with wearing a splint with a view to preventing or detecting complications and inform the patient of situations requiring emergency or non-emergency medical visits and provide the patient with an information brochure.

(3) Adjust orthopedic appliances and ambulatory devices.

For example, LPNs may:

- Adjust an orthopedic or ambulatory device, based on the individual medical prescription and the patient's needs and activities;
- Inform the patient of the safe use criteria and the potential consequences of improper use;
- Inform the patient of the procurement criteria and related locations (loans, purchases, rentals).

LPNs must intervene in emergency situations and bear sole professional responsibility for all activities that they are legally authorized to perform.

Please refer to the **frequently asked questions** on this topic.

You can sign up for various training activities on the **professional development portal.**

APPENDIX

CHAPTER 4

APPENDIX 1

OVERVIEW OF THE MAIN ASPECTS OF THE THERAPEUTIC NURSING PLAN

Introduction

At its November 2006 convention, the Ordre des infirmières et infirmiers du Québec (OIIQ/Quebec Order of RNs) issued a document entitled "The Therapeutic Nursing Plan – The Track of Clinical Nursing Decisions". In light of the importance of the therapeutic nursing plan (TNP) in terms of safety and care quality, the OIIQ's Bureau decided to make the following standard mandatory effective April 1, 2009:

> "Using a separate documentation tool with the client's file, the nurse records the therapeutic nursing plan she determines, along with any subsequent adjustments she makes based on the client's clinical course and the effectiveness of the care and treatment."

In its TNP training and implementation support document, the OIIQ indicated that this standard is designed to ensure that all persons concerned have access to nurses' clinical decisions, which are crucial to the patient's clinical follow-up, by including them in a single document that is an integral part of the patient's file.

The OIIAQ is in favour of all new measures aimed at improving care quality.

Therefore, from a perspective of interprofessional collaboration, LPNs must be involved in implementing the TNP.

It is important to note that all directives appearing in the TNP must be adhered to by all members of the care team, including RNs, LPNs, beneficiary attendants and homecare workers. Consequently, over the next few months, all LPNs should be receiving TNP training via their employer.

To help you familiarize yourself with the TNP, we have prepared some information taken from the OIIQ's document "The Therapeutic Nursing Plan– The Track of Clinical Nursing Decisions".

Note: In this Appendix, a translation is provided of an article originally published in Santé Québec, Vol. 17, No. 2, Summer 2007.

What is the therapeutic nursing plan?

The therapeutic nursing plan (TNP) consists of a mandatory progress note in the patient's file listing RNs' decisions concerning clinical follow-up.

The TNP is designed to provide easy access to RNs' clinical decisions based on their evaluation. These decisions are crucial to the patient's clinical follow-up.

Clinical follow-up

Definition: A given series of interventions implemented and adjusted as needed by the RN with a view to monitoring a patient's physical and mental condition, in addition to providing the required care and treatment based on the patient's state of health and evaluating the results.

Field of practice and reserved activities for RNs

- The coming into force of Bill 90 in January 2003 confirmed RNs' responsibility for clinical evaluation;
- Field of practice for RNs;
- (Section 36 of the *Nurses Act*);
- Nursing care consists of evaluating a patient's state of health, determining and overseeing the implementation of the care plan and the nursing plan, providing nursing/medical care and treatment with a view to maintaining and restoring health, preventing illness and providing palliative care.

Reserved activities for RNs in line with the TNP

Lawmakers in Quebec assigned three reserved activities to RNs in line with the TNP:

- Evaluating the physical and mental condition of symptomatic individuals;
- Carrying out the clinical monitoring of patients whose state of health poses risks, including monitoring and adjusting the TNP;
- Providing nursing follow-up for patients with complex health problems.

RNs' responsibility with respect to the TNP

General rule

- RNs must draw up a TNP for each patient.

Exception:

- RNs do not have to draw up a TNP for a "one-time" intervention (e.g. vaccination campaign, ear cleaning).

RNs must document the TNP as follows:

- Note the evaluation findings: patient's priority problems and needs;
- Take clinical follow-up into account via nursing directives;
- Justify any clinical decisions;
- Sign the TNP and any modifications to it;
- Record the TNP in the patient's file using a separate documentation tool.

Nursing directives

- RNs must record directives in the TNP concerning clinical follow-up in response to the patient's priority needs and problems, as noted in the TNP;
- RNs must also issue directives concerning certain prescribed forms of medical care and treatment.

When formulating directives, RNs must take into account all professionals who may assist with implementing the TNP, including LPNs.

Justifying clinical decisions

RNs must justify how the TNP is determined and any modifications to it in their progress notes or other permanent tools for documenting nursing care.

LPNs' responsibilities with respect to the TNP

LPNs must:

- Contribute to implementing the TNP;
- Provide care and treatment in accordance with the nursing directives;
- Note their observations in the patient's file;
- Notify an RN if any unusual reactions occur;

From a perspective of interprofessional collaboration, RNs may set out various conditions for optimizing LPNs' assistance with the implementation of the TNP.

Distinguishing between therapeutic nursing plans (TNP), nursing care and treatment plans and wound treatment plans

The therapeutic nursing plan (TNP) consists of a mandatory progress note in the patient's file listing the RN's decisions concerning clinical follow-up.

The nursing care and treatment plan is a planning tool whose form and application vary depending on the setting.

The wound treatment plan, which must be recorded in the patient's file, describes curative and palliative interventions as determined by the RN for wound treatment purposes.

APPENDIX 2

Ordre des infirmières et infirmiers auxiliaires du Québec

Ordre des infirmières et infirmiers du Québec

INFORMATION SHEET

Sharing of professional activities
Assistance with IV therapy

Update on the scope of the Regulation respecting certain professional activities which may be engaged in by nursing assistants

Since an information sheet was distributed in July 2008 concerning the application of the *Regulation respecting certain professional activities which may be engaged in by nursing assistants* (Division III: Assistance with IV therapy) (Order in Council 418-2008, April 30, 2008 (140 G.O. II, p. 2084), questions were raised in various health care settings regarding the application of this regulation. To ensure access to updated information, the OIIQ and the OIIAQ deemed it necessary to update the information sheet itself.

The information sheet includes various types of information that must be specified when questions are raised; it also updates the information concerning the professional practices of RNs and LPNs in this regard. The updated information sheet replaces that issued in 2008.

Activities covered by Section 4 of the Regulation

In accordance with the conditions set out in the Regulation and with a prescription, LPNs are authorized to engage in the following activities:

1. Install a short peripheral intravenous catheter measuring less than 7.5 cm

This activity involves installing an intravenous catheter (butterfly needle) and other types of short peripheral catheters measuring less than 7.5 cm.

2. Administer an intravenous solution without additives using a short peripheral intravenous catheter measuring less than 7.5 cm

All solutions without additives may be administered by LPNs. As regards administering solutions, LPNs are authorized to regulate the flow rate using a device such as a volumetric pump, in accordance with the prescription and the nursing directives, as applicable.

3. Install and irrigate a short intermittent injection intravenous catheter measuring less than 7.5 cm with an isotonic solution

Only irrigation with NaCl 0.9% is authorized. In certain situations, the patient's clinical condition may require the use of heparin. In that case, only RNs may irrigate the intermittent injection catheter (reserved activity).

It is important to note that LPNs are authorized to engage in all three activities in all health care settings and among nearly all clienteles. However, LPNs are not authorized to engage in these activities with pediatric or neonatal clienteles.

The OIIQ and the OIIAQ agree that for the purposes of the Regulation, pediatric clienteles typically refer to children aged 14 or younger. However, the nursing director may, in accordance with a nursing care rule, determine that this activity may be reserved for RNs in certain clinical situations if patients are older than 14 years of age.

Benchmarking and monitoring via training and the TNP

To engage in the activities set out in Section 4, LPNs must adhere to the conditions pertaining to training and the therapeutic nursing plan (TNP).

1. Training

LPNs in possession of an attestation issued by the OIIAQ may engage in "assistance with IV therapy" activities set out in Section 4 of the Regulation. To obtain this attestation, LPNs must successfully complete a 21-hour theoretical and practical training course organized by the OIIAQ and must have successfully carried out the activities set out in Section 4 at least three times under the immediate supervision of an RN (Section 5 of the Regulation).

2. Therapeutic nursing plan (TNP)

It should be noted that the TNP is drawn up and modified by the RN based on his or her clinical evaluation and is recorded in the patient's file. The TNP includes an evolving clinical profile of the patient's priority problems and needs. It also includes nursing directives with a view to ensuring clinical follow-up. These directives pertain, among other things, to clinical monitoring, care and treatment.

In the event that specific clinical follow-up is required with respect to IV therapy, the RN will record the nursing directives in the TNP. This appendix includes an illustrated clinical example in which the RN drew up a TNP.

It should be noted that all nursing directives concerning IV therapy appearing in the TNP must be complied with by all members of the care team, including RNs and LPNs. These directives are crucial for clinical follow-up and are mandatory. If a directive cannot be carried out, the RN must be notified as soon as possible, just as a doctor must be notified if a prescription cannot be implemented.

As regards the application of the Regulation, it has been observed that in some circumstances, the patient's clinical situation does not always require the RN to draw up a TNP. In those cases and in response to an RN's explicit request (verbal or written), LPNs are authorized to engage in the activities set out in Section 4 without a TNP being drawn up for the patient. These situations, however, should be covered by a care protocol. The most common situations include installing an IV access for patients admitted to an emergency department or undergoing a diagnostic exam.

Clarifications regarding certain activities

Monitoring and maintaining the flow rate and removing a short peripheral IV catheter measuring less than 7.5 cm are an integral part of the three activities authorized under Section 4 of the Regulation. Therefore, LPNs must assume this responsibility for all IV solutions that they end up administering, in accordance with the prescription and the nursing directive, as applicable.

To ensure the continuity of pediatric services in hospital centres, LPNs working in this area may continue to monitor and maintain the IV flow rate; they may also stop an IV drip if it is administered using a short peripheral IV catheter measuring less than 7.5 cm and may remove the catheter in accordance with the prescription and/or the nursing directive in the TNP, as applicable (Section 6 of the Regulation).

If an RN makes an explicit request and in accordance with his or her directives, LPNs may engage in certain activities, including:

- Removing a short peripheral catheter measuring less than 7.5 cm once the administration of an IV solution containing medications or other additives has stopped;
- Irrigating a short peripheral catheter measuring less than 7.5 cm once the administration of an IV solution containing medications or other additives has stopped and, subsequently, administering an IV solution without additives;
- Checking or regulating the flow rate of IV solutions containing medications or other additives.

IV therapy activities reserved for RNs

Using peripheral and central IV routes, RNs administer medications, blood and blood derivatives and parenteral nutrition; they also administer IV solutions containing additives, such as KCl and multivitamins, whether pre-prepared or not.

RNs install long peripheral catheters (midline and PICC line) for all IV solutions because these activities involve more complex and higher-risk invasive techniques that could potentially harm patients.

All of these activities require RNs to continuously evaluate and oversee the clinical monitoring of the patient's condition.

Professional responsibilities

RNs are responsible for their professional activities, i.e. evaluating, clinical monitoring and determining, as required, their nursing directives, as well as administering medications and substances within their field of practice.

LPNs are responsible for the professional activities authorized under this regulation, i.e. choosing the right equipment, selecting the injection site, regulating and maintaining the flow rate properly, performing maintenance tasks, checking the injection site and notifying the RN with respect to any observed complications.

LPNs also assist with evaluating the patient's state of health at all times. In this regard, they must provide the RN with data on the patient's observed clinical parameters and must report any problems to the RN. In addition, at the RN's request, they must gather information on various clinical parameters, as determined by the RN.

It should be noted that LPNs remain responsible for reporting to the RN any problematic situations observed among patients undergoing IV therapy, regardless of whether the solutions contain medications or additives.

RNs and LPNs are also responsible for documenting their respective observations and interventions in the patient's file.

Clinical monitoring

The nursing director establishes the nursing care rules and determines the clinical monitoring criteria for "assistance with IV therapy" activities in which LPNs are authorized to engage.

Illustrated clinical example

Brief description of the situation

Following the death of her spouse, Bernadette Dionne, 81, lives alone in a private residence for autonomous seniors. She is in good health despite heart problems and high blood pressure (both of these conditions are adequately controlled by prescription medication). She is diligent about taking her medication in the correct dose and at the prescribed time.

She is currently hospitalized in a short-term care unit, where she is receiving treatment for a severe case of viral gastroenteritis accompanied by vomiting and severe diarrhea over the past 24 hours. To make up for these water deficits, the doctor prescribed an IV drip of D5 % ½NS at 80 ml/hour and asked that the drip be turned off once the symptoms (vomiting/ diarrhea) clear up and the patient's nutritional situation is adequate.

Here is an extract from Ms. Dionne's TNP, as drawn up by the RN. This extract contains information pertaining to the patient's dehydration. The other sections of the TNP are indicated in grey.

EXTRAIT DU PTI

Bernadette Dionne

PLAN THÉRAPEUTIQUE INFIRMIER (PTI)

CONSTATS DE L'ÉVALUATION

Date	Heure	N°	Problème ou besoin prioritaire	Initiales	RÉSOLU / SATISFAIT			Professionnels/ Services concernés
					Date	Heure	Initiales	
2008-07-02	8h	4	Déshydratation	JL				

SUIVI CLINIQUE

Date	Heure	N°	Directive infirmière	Initiales	CESSÉE / RÉALISÉE		
					Date	Heure	Initiales
2008-07-02	8h	4	Effectuer un bilan ingesta-excreta q 4 h x 48 h	JL	2008-07-04	10 h	JL
2008-07-04	10h	4	Diminuer le débit du soluté en cours à TVO si tolérance de liquide per os > 300 ml et présence d'aucune diarrhée X 2 quarts de travail consécutifs	JL	2008-07-05	15 h	JL
		4	Effectuer un bilan ingesta-excreta q 8 h lorsque soluté à TVO	JL			
2008-07-05	15h	4	Cesser soluté et maintenir l'accès veineux périphérique avec un dispositif intermittent si tolérance de la diète x 24 h	JL			

Signature de l'infirmière	Initiales	Programme/Service	Signature de l'infirmière	Initiales	Programme/Service
Josée Lafrenière	JL	Médecine de courte durée			

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PLAN THÉRAPEUTIQUE INFIRMIER (PTI)

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APPENDIX 3

Ordre des infirmières et infirmiers auxiliaires du Québec

Ordre des infirmières et infirmiers du Québec

JOINT AGREEMENT

Sharing of professional activities
LPNs' professional activities in the area of peritoneal dialysis

In recent years, nursing directors in various care settings and the OIIAQ called on the OIIQ to clarify the professional activities in which LPNs are authorized to engage in the area of peritoneal dialysis in long-term care facilities, homecare settings and short-term care during hospitalization. Although individuals undergoing peritoneal dialysis can care for themselves most of the time, occasionally peritoneal dialysis must be carried out by an RN if a patient has experienced a loss of autonomy or is hospitalized.

In light of clinical analyses of peritoneal dialysis conducted among expert nurse clinicians in this area in hospital centres, the OIIQ's Board of Directors resolved to respond to these requests and to confirm the peritoneal dialysis-related activities in which LPNs are authorized to engage in long-term care facilities, homecare settings and short-term care during hospitalization.

Description

Peritoneal dialysis uses the peritoneum's natural membrane as a filter to clean the blood. A permanent catheter inserted in the peritoneal cavity is used to fill or drain the dialysis solution (known as "dialysate"). The blood is purified using this solution, which is stored in the abdomen until it becomes saturated by toxins[1].

In light of the preceding, the OIIQ and the OIIAQ agree that LPNs are authorized to provide peritoneal dialysis care in accordance with two activities reserved for LPNs under the *Professional Code*:

.37.1 (5)	Apply invasive measures for the maintenance of therapeutic equipment.
.37.1 (5)	Administer prescribed medications or other prescribed substances via routes other than the intravenous route.

This care involves draining and administering dialysis solutions (via infusion or perfusion), with or without devices, using a peritoneal catheter.

In accordance with a prescription, LPNs may also administer medications or other substances using the peritoneal dialysis solution. However, the RN must determine, in accordance with the prescription, any adjustments to the medications or substances based on the patient's lab results or clinical parameters and must determine the monitoring procedures. These situations are always described in nursing directives recorded in the TNP by the RN.

1 Introduction to Peritoneal Dialysis, presented by Geneviève Labart, nurse clinician, Peritoneal Dialysis Clinic, Charles LeMoyne Hospital.

Applicability conditions

Patients suffering from chronic kidney failure are complex clinical cases due to their multiple pathologies and health problems. That is why these patients' clinical conditions are always evaluated and monitored beforehand by an RN. If a patient's clinical condition requires constant evaluation and close monitoring, the RN will provide all of the peritoneal dialysis care, including critical care, pre-dialysis and the entire «learning curve» for patients undergoing peritoneal dialysis and for their loved ones.

The nursing director establishes the nursing care rules for these situations and specifies the following: care settings, training, RNs' and LPNs' responsibilities, monitoring/oversight conditions (e.g. having access to an RN at all times) and the care method.

APPENDIX 4

LPN INTERVENTION IN EMERGENCY SITUATIONS

4.1 In a healthcare context

4.1.1 Cardiopulmonary resuscitation (CPR)

In recent years, respecting personal preferences, particularly end-of-life wishes, and providing care that is respectful of patients' dignity and autonomy, have ranked among the top social issues in Quebec.

A number of amendments to existing laws and regulations have already been made in this regard, including the adoption of the *Act respecting end-of-life care*, which governs physician-assisted dying and advance directives. Another case in point is the stipulation that patients' wishes must be considered in the event of cardiopulmonary arrest (this requirement is included in the *Regulation respecting the certification of private seniors' residence)*.

Section 9 of the *Code of Ethics of Nursing Assistants [LPNs]* also includes a requirement in this regard: "Members must maintain a relationship of mutual trust and respect with their patients. To that end, they must adopt a personalized approach that respects their patients' values and convictions."

Consequently, if a patient does not wish to be resuscitated, this information must be brought to the attention of the care team, including LPNs, and must be complied with by the team in the event of cardiopulmonary arrest. This requirement applies in all settings, e.g. healthcare facilities, private seniors' residences and intermediate resources.

Therefore, LPNs are required[1] to begin CPR **without delay,** unless the patient has issued a "do not resuscitate" order and there is absolutely no ambiguity in that regard. Since patients are entitled to change their minds at any time, it is very important that the care team be mindful of their wishes. Any such instructions should be clearly recorded in the patient's medical chart, either by means of an advance directive, a mandate in anticipation of incapacity, a do-not-resuscitate order, a medical intervention level or a care level.

In addition, although they are not formally required to, OIIAQ members are strongly advised to keep their CPR training up to date in accordance with section 3 of the *Code of Ethics,* which states that LPNs must update their knowledge and develop their aptitudes and skills. Training updates also enable LPNs to intervene swiftly and appropriately in the event of cardiopulmonary arrest. Section 13 of the *Code of Ethics* stipulates that LPNs must intervene promptly if a patient's state of health so requires, so a complaint could be submitted to the Disciplinary Committee if LPNs do not fulfil this requirement.

Two cases in which LPNs were penalized in this regard are described below.

In the first case[2], an LPN failed to perform CPR on two occasions. The first time, the ambulance attendants began CPR when they arrived on the scene; the second time, a patient care attendant performed CPR while the LPN called 911. In this case, the LPN was also reprimanded for having left the scene and for having asked the patient care attendant to remain at the patient's bedside. As the Disciplinary Committee noted, "If an LPN finds a patient unconscious, he or she must act diligently and,

[1] Section 13 of the *Code of Ethics.*

as a primary reflex, must provide assistance by administering the appropriate care or treatment, i.e. by intervening swiftly and performing CPR. [...] If such a situation arises, the public is entitled to expect an automatic reaction from an OIIAQ member." As punishment, this LPN's OIIAQ membership was temporarily suspended for three months.

In the second case, the complaint against the LPN concerned a single infraction, i.e. failing to intervene promptly with a resident who needed CPR. As the Disciplinary Committee noted, "Overcome with emotion and panic-stricken, she ran out of the third-floor apartment and went down to the medical office on the ground floor, where she called the nursing director, 911 and the resident's family to obtain CPR guidance because there were no intervention instructions or directions in the medical chart." The ambulance attendants began CPR when they arrived, i.e. 15 minutes after the 911 call. The LPN should have remained with the resident and should have begun CPR because nothing to the contrary was indicated in the medical chart. This LPN was punished with a three-month membership suspension.

4.1.2 If a patient's life is in danger

This document seeks to describe the legal and regulatory framework that defines LPNs' field of practice. LPNs must be familiar with this framework and must carry out their professional activities within it. The only exception is if someone's life is in danger. In that case, LPNs may engage in a "non-reserved" activity to save a patient's life.

As set out in section 7 of the *Code of Ethics*, "Members must aim for the preservation of life, the alleviation of suffering, the treatment of disease and the promotion of health."

Here is an example to illustrate our point. Although oxygen administration requires, under regular circumstances, a prescription or an TNP, the licensed practical nurse should begin administering it in an emergency situation if a doctor or nurse cannot be reached quickly.

4.2 Outside of a care context

4.2.1 If anyone's life is in danger

Section 2 of Quebec's *Charter of Human Rights and Freedoms* states that "Every human being whose life is in peril has a right to assistance." Therefore, providing assistance or seeking assistance for someone else is a social responsibility incumbent on all of us. For a healthcare professional such as an LPN, this requirement is of critical importance.

For example, LPNs who witness a traffic accident must assist the victims if they can do so safely at the scene of accident. In a 2017 report, provincial coroner Dr. Martin Sanfaçon called on Quebec's professional orders operating in the health sector to remind their members that they are required to intervene and to emphasize the importance of continuing CPR until the emergency services arrive. As noted in his report, although the traffic accident victim had sustained fatal injuries, the obvious death criteria were not met. Consequently, because the individuals at the accident scene, including a healthcare professional, did not have the authority to determine that his chances of survival were nil, they were in no position to determine whether CPR was pointless or should be interrupted.

[3] Bélanger vs. Brochu, 2017 CanLII 89052.

[4] Dr. Martin Sanfaçon, Quebec Coroner's Office, Coroner's Investigation Report 2017-03348, June 22, 2017.

APPENDIX 5

LPNS' PROFESSIONAL RESPONSIBILITY

As healthcare professionals, LPNs play a key role within the care team. Although there is some overlap between the fields of practice of RNs and LPNs, it is incorrect to state that RNs are responsible for errors committed by LPNs. LPNs are solely responsible for the professional activities they engage in and the actions they take.

The professional collaboration between LPNs and other healthcare professionals does not entail supervision or responsibility. Each individual is solely responsible for any errors made while he or she is performing a reserved activity. In addition, as regards the responsibility of healthcare professionals, the following comments were made by the Quebec's Professional Office (OPQ) in connection with the adoption of Bill 90[5]:

> "As regards the establishment of a treatment plan, carrying out the plan is not a reserved activity, nor does it require supervision. In other words, implementing a given treatment plan can be entrusted to anyone, provided that it complies with activities reserved for other professionals. Sharing activities between healthcare professionals in no way modifies the applicable professional responsibility rules. Each professional continues to be solely responsible for his or her own errors as regards the determination of the treatment plan. In other words, professionals who determine the treatment plan are not responsible for the actions of staff members who end up implementing the plan on behalf of an institution. However, if professionals are involved in carrying out the treatment plan or in adapting or modifying it along the way, their responsibility will be shared with the other individuals involved, commensurate with their own errors." [UNOFFICIAL TRANSLATION]

To recap, the OPQ confirms that after a medical prescription or a nursing treatment plan has been instituted, the doctor or RN cannot be held responsible for an error made by another professional caregiver.

For LPNs, it is important to note the requirement set out in section 3 of the *Code of Ethics*: "Members must practise in keeping with the generally recognized standards of practice. To that end, they must update their knowledge and improve their aptitudes and skills." One of the mechanisms that enable LPNs to fulfil this responsibility is mandatory training. Under the provincial regulation governing LPNs' mandatory training, LPNs are required to spend at least 10 hours during each reference period on training activities with a view to maintaining and updating their knowledge, especially given the speed and magnitude of the clinical changes they face.

In conclusion, the OIIAQ would like to remind its members of the steps to be taken in the event that a complaint is filed against them for misconduct. For further information, please click on the following link: **www.lacapitale.com/oiiaq-rs**

[5] OPQ information document, *Act to amend the Professional Code and other legislative provisions as regards the health sector,* version dated April 29, 2003. Please refer to the general definitions.

APPENDIX 6

INFORMATION, HEALTH PROMOTION AND DISEASE PREVENTION

Further to the recommendation formulated in the Bernier Report, Quebec lawmakers included a new *Professional Code* provision applicable to all health care professionals, including LPNs. Section 39.4 reads as follows:

"The practice of the profession of the members of an order also includes disseminating information, promoting health and preventing illness, accidents and social problems among individuals and within families and communities to the extent that such activities are related to their professional activities."

In his report, Dr. Bernier justified this recommendation as follows[1]:

Information

"Taking steps to inform the population is an integral part of public protection. Although this obligation is already largely benchmarked in Codes of Ethics that include provisions concerning professional duties towards members of the public and patients, the Task Force still deems it necessary, in particular, to include public information in the shared-access area. Therefore, all professionals will play an expanded role when it comes to education and information relating to their field of practice" [our translation].

Health promotion

"Health promotion is aimed at improving public health [...] The Task Force maintains that professionals working in the sector have an important health promotion role to play and thus deems it necessary to include this component in each profession's field of practice."

Prevention

"Prevention is essentially aimed at reducing illness and social problems [...]. As part of its health and well-being policy, the Government of Quebec recognizes the importance of prevention and has put forward a number of preventive measures with respect to public health and well-being [...]

[...] In this regard, the orders and professionals have a role to play and the Task Force saw fit to recognize this by mentioning prevention in each field of practice and to thus make it a shared responsibility, even though individual professional contributions may vary based on the field of practice."

In its explanatory booklet on Bill 90, the Office des professions du Québec (OPQ) made the following comment concerning Section 39.4 of the *Professional Code*[2]:

"Section 39.4 ensures that these activities are included in the field of practice of the members of the orders covered by this section, without there being any need to repeat it in each field of practice. However, these activities must be linked to the purpose of the field of practice. However, as a component of the fields of practice, these activities are not reserved for the professionals in question.

Taking steps to inform the population is an integral part of public protection, which remains the primary mission of the professional orders. Therefore, all professionals, within their fields of practice, will play an expanded role in this regard."

[1] Bernier Report, Chapter 7, pp. 242-244.

[2] Explanatory booklet, Bill 90, OPQ, Version 29, April 2003, p. 3

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