

PROFESSIONAL ACTIVITIES OF LICENSED PRACTICAL NURSES

Field of practice, reserved and authorized activities



Ordre des infirmières
et infirmiers auxiliaires
du Québec

NOTES TO THE READER

This document presents information geared toward Licensed Practical Nurses (LPNs) concerning the field of practice and reserved activities described in sections 37 and 37.1 (5) of the *Professional Code*, which took effect on January 30, 2003¹. It also includes the activities authorized under the *Regulation respecting certain professional activities which may be engaged in by nursing assistants*.

This document also contains comments concerning various legal aspects of LPNs' professional practice.

This document replaces the document entitled *Legal Capacity of LPNs – Scope of Practice and Reserved Activities* in accordance with Bill 90, May 2004 and includes updated information as at the date this document was issued.

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Thank you to Catherine-Dominique Nantel, Director of the Communications Department, and Marcia Yokoyama, Laura Kristof and Manon Salvas, Executive Secretaries, for assisting with the review, design and printing of this document.

Updated on Septembre 30, 2011

NOTE : Licensed Practical Nurse and LPN are among the various reserved legal titles and initials (Nursing Assistant, NA, RNA) under the *Professional Code*.

¹ An Act to amend the Professional Code and other legislative provisions as regards the health sector (2002). Also known as Bill 90, this legislation was adopted by Quebec's National Assembly on June 14, 2002 and took effect on January 30, 2003.

TABLE OF CONTENTS

| | | | |
|----|---|----|---|
| 5 | CHAPTER 1 / FIELD OF PRACTICE, RESERVED ACTIVITIES AND AUTHORIZED ACTIVITIES | 23 | CHAPTER 5 / ACTIVITIES PERFORMED BY STUDENTS ENROLLED IN A HEALTH, ASSISTANCE AND NURSING PROGRAM OF STUDIES |
| 7 | CHAPTER 2 / ANALYSIS OF LPNs' FIELD OF PRACTICE, RESERVED ACTIVITIES AND AUTHORIZED ACTIVITIES | 24 | CHAPTER 6 / <i>RÈGLEMENT SUR LES ACTIVITÉS DE FORMATION CONTINUE OBLIGATOIRE DES INFIRMIÈRES ET INFIRMIERS AUXILIAIRES</i> |
| 7 | 2.1 Analysis of LPNs' field of practice <ul style="list-style-type: none">— 2.1.1 Participation of LPNs in assessing a person's state of health and in carrying out a care plan— 2.1.2 Distinguishing between the therapeutic nursing plan, the nursing care and treatment plan and the wound treatment plan— 2.1.3 Distinguishing between a prescription and the nursing care and treatment plan | 25 | CHAPTER 7 / <i>RÈGLEMENT SUR LES STAGES ET COURS DE PERFECTIONNEMENT POUVANT ÊTRE IMPOSÉS AUX INFIRMIÈRES ET INFIRMIERS AUXILIAIRES</i> |
| 10 | 2.2 Analysis of LPNs' reserved activities | 27 | CHAPTER 8 / LEGAL LIABILITY OF LPNs IN OPERATING ROOMS |
| 15 | 2.3 Analysis of the activities authorized under the <i>Regulation respecting certain professional activities which may be engaged in by nursing assistants</i> <ul style="list-style-type: none">— 2.3.1 Maintenance care of a tracheostomy connected to a ventilator— 2.3.2 Contributing to IV therapy | 29 | CHAPTER 9 / PROFESSIONAL LIABILITY OF RNs AND LPNs |
| 19 | CHAPTER 3 / INFORMATION, HEALTH PROMOTION AND DISEASE PREVENTION | 31 | APPENDIX 1 / OVERVIEW OF MAIN ASPECTS OF THE THERAPEUTIC NURSING PLAN |
| 21 | CHAPTER 4 / INTERVENTION OF LPNs IN EMERGENCY SITUATIONS | 35 | APPENDIX 2 / FICHE D'INFORMATION OIIQ – OIIAQ : MISE À JOUR SUR LA PORTÉE DU RÈGLEMENT SUR CERTAINES ACTIVITÉS PROFESSIONNELLES POUVANT ÊTRE EXERCÉES PAR UNE INFIRMIÈRE OR UN INFIRMIER AUXILIAIRE: CONTRIBUTION À LA THÉRAPIE INTRAVEINEUSE – MARS 2011 |
| | | 39 | APPENDIX 3 / PARTAGE D'ACTIVITÉS PROFESSIONNELLES – EXERCICE DE L'INFIRMIÈRE AUXILIAIRE DANS LE DOMAINE DE LA DIALYSE PÉRITONÉALE – MAI 2011 |

CHAPTER 1 /

FIELD OF PRACTICE, RESERVED ACTIVITIES AND AUTHORIZED ACTIVITIES

FIELD OF PRACTICE

Under article 37p) of the *Professional Code*, the field of practice of LPNs is described as follows:

“Participate in the assessment of a person’s state of health and in carrying out of a care plan, provide nursing and medical care and treatment to maintain or restore health and prevent illness, and provide palliative care.”

RESERVED ACTIVITIES

The nine activities reserved for LPNs under article 37.1 (5) of the *Professional Code* are as follows:

- a) apply invasive measures for the maintenance of therapeutic equipment;
- b) take specimens, according to a prescription;
- c) provide care and treatment for wounds and alterations of the skin and teguments, according to a prescription or a nursing plan;
- d) observe the state of consciousness of a person and monitor neurological signs;
- e) mix substances to complete the preparation of a medication, according to a prescription;
- f) administer prescribed medications or other prescribed substances via routes other than the intravenous route;
- g) participate in vaccination operations under the *Public Health Act* (Chapter S-2.2);
- 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;
- 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.”

ACTIVITIES AUTHORIZED UNDER THE REGULATION RESPECTING CERTAIN PROFESSIONAL ACTIVITIES WHICH MAY BE ENGAGED IN BY NURSING ASSISTANTS

Under certain conditions described in the *Regulation respecting certain professional activities which may be engaged in by nursing assistants*,² LPNs may provide maintenance care of a tracheostomy connected to a ventilator and may assist with the administration of IV therapy.

MAINTENANCE CARE OF A TRACHEOSTOMY CONNECTED TO A VENTILATOR

"SECTION 2

Nursing assistants 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."

ASSISTANCE WITH THE ADMINISTRATION OF INTRAVENOUS THERAPY

"SECTION 4

Nursing assistants may perform the following professional activities:

- 1° install a short peripheral intravenous catheter, measuring less than 7.5 centimetres;
- 2° administer an intravenous solution without additives using a short peripheral intravenous catheter measuring less than 7.5 centimetres;
- 3° install and irrigate a short intermittent injection intravenous catheter, measuring less than 7.5 centimetres, with an isotonic solution."

² This regulation was published in the Gazette officielle du Québec on May 14, 2008 and took effect on May 29, 2008.

2.1 ANALYSIS OF LPNs' FIELD OF PRACTICE

Under article 37p) of the *Professional Code*, LPNs' field of practice is described as follows:

"Participate in the assessment of a person's state of health and in the carrying out of a care plan, provide nursing and medical care and treatment to maintain or restore health and prevent illness, and provide palliative care."

2.1.1 PARTICIPATION OF LPNs IN ASSESSING A PERSON'S STATE OF HEALTH AND IN CARRYING OUT A CARE PLAN

In accordance with their recognized field of practice, LPNs may participate in the assessment of a person's state of health and in carrying out a care plan.

However, LPNs may not perform these activities with full and complete autonomy. They must work in collaboration with nurses whose field of practice consists of "assessing a person's state of health, determining and carrying out of the nursing care and treatment plan, providing nursing and medical care and treatment [...]."³

"The notion of assessment implies passing a clinical judgment on a person's status based on information that the [nursing] professional possesses and communicating the conclusions of this judgment. These professionals carry out evaluations within the framework of their respective fields of practice."⁴

³ Nurses Act, sec. 36.

⁴ Cahier explicatif de l'Office des professions du Québec (OPQ), version 29 avril 2003 version (French version only). See the general definitions describing the notion of assessment. According to the OPQ, certain assessments are reserved and may only be carried out by authorized professionals. In particular, the OPQ mentions as an example for nurses the activity consisting of "assessing the physical and mental condition of a symptomatic person or assessing neuromuscularskeletal function in a person having a physical function limitation or disability" (these activities are reserved for physiotherapists and occupational therapists).

In connection with contributions to assessments of a person's state of health and to carrying out the care plan, LPNs may in particular gather information, contribute to carrying out the care plan and the therapeutic nursing plan (TNP), communicate their observations verbally and/or in writing, take part in meetings of multi-disciplinary or interdisciplinary teams and carry out any other duties assigned to them by a Registered Nurse (RN) or the institution.

2.1.2 DISTINGUISHING BETWEEN THE THERAPEUTIC NURSING PLAN, THE NURSING CARE AND TREATMENT PLAN AND THE WOUND TREATMENT PLAN

In its document entitled *L'intégration du plan thérapeutique infirmier à la pratique clinique*, l'Ordre des infirmières et infirmiers du Québec (OIIQ) defines the therapeutic nursing plan, the nursing plan and the wound treatment plan as follows:

THERAPEUTIC NURSING PLAN (TNP)

"Recorded in the client's file, the therapeutic nursing plan is determined and adjusted by the nurse on the basis of her clinical assessment. It provides an evolving clinical profile of the client's priority problems and needs, and states the nursing directives issued for the client's clinical follow-up, particularly as regards clinical monitoring, care and treatment. The therapeutic nursing plan covers the continuum of care and services and may encompass more than one episode of care⁵.

NURSING PLAN

"The nursing plan includes all nursing care and treatment, all prescribed medical care and treatment and all other interventions planned and carried out by RNs."⁶ (Translated by the OIIAQ)

WOUND TREATMENT PLAN

"The wound treatment plan includes all curative or palliative interventions determined by the RN, in accordance with recognized clinical practices, aimed at treating a wound, reducing the symptoms thereof or preventing the worsening thereof."⁷ (Translated by the OIIAQ)

⁵ OIIQ, *The Therapeutic Nursing Plan – The track of clinical nursing decision*, 2006, p. 5.

⁶ OIIQ, *Intégration du plan thérapeutique infirmier à la pratique clinique*, 2006, p. 138.

⁷ Ibid.

L'Ordre des infirmières et infirmiers auxiliaires du Québec (OIIAQ) published an article in *Santé Québec*⁸ magazine entitled "*Survol des principaux aspects du plan thérapeutique infirmier*". A translated version [Overview of the Main Aspects of the Therapeutic Nursing Plan] is provided in Appendix I of this document.

2.1.3 DISTINGUISHING BETWEEN A PRESCRIPTION AND THE NURSING CARE AND TREATMENT PLAN

Under article 39.3 of the *Professional Code*, a prescription is defined as follows:

"The word 'prescription' means a direction given to a professional by a physician, a dentist or another professional authorized by law, specifying the medications, treatments, examinations or other forms of care to be provided to a person or a group of persons, the circumstances in which they may be provided and any possible contraindications. A prescription may be individual or collective."

As noted previously, the nursing plan is determined by the RN in connection with a reserved activity recognized under the *Nurses Act*. *Section 36 (7) reads as follows:*

"Determining the treatment plan for wounds and alterations of the skin and teguments [...]."

Administering a medical prescription or nursing plan may be entrusted to other professionals, including LPNs, provided that the activity in question is included in the list of authorized professional activities.

In addition, the liability of professionals who prescribe or determine a nursing plan is not transferred to the individual(s) carrying out the plan, unless said professionals take part in carrying out the plan or if they made an error in determining the plan⁹.

It should be noted that in accordance with the *Medical Act*¹⁰, doctors may prescribe:

- / diagnostic examinations;
- / medications and other substances;
- / treatment.

A regulation adopted under the *Medical Act* defines various types of prescriptions, in particular individual prescription and collective prescription.

⁸ Santé Québec, vol. 17, n° 2, été 2007, pp. 12 et 13.

⁹ Cahier explicatif – Loi 90 – Office des Professions du Québec, version 29 avril 2003 (French version only). See the general definitions – Déterminer un plan de traitement infirmier

¹⁰ Medical Act, sec. 31.

INDIVIDUAL PRESCRIPTION

“...a prescription given by a physician to an entitled person, specifying the medications, treatments, examinations or other forms of care to be provided to a patient, the circumstances in which they may be provided and the possible contraindications.”¹¹

COLLECTIVE PRESCRIPTION

“...a prescription given by a physician to an entitled person, specifying the medications, treatments, examinations or other forms of care to be provided to a group of persons or for clinical situations stipulated in this prescription, the circumstances in which they may be provided and the possible contraindications.”¹²

2.2 ANALYSIS OF LPNs’ RESERVED ACTIVITIES

RESERVED ACTIVITIES

Under section 37.1 (5) of the *Professional Code*, nine activities are reserved for LPNs.

These activities are presented below, along with a brief description of each.

37.1 5° a) Apply invasive measures for the maintenance of therapeutic equipment

LPNs are responsible for providing maintenance care of the therapeutic equipment used to treat patients. The words “invasive measures” were deliberately selected to indicate that this activity could potentially harm the patient.

This activity includes “all measures that, if not carried out properly, could lead to contamination of the equipment installed and could affect the patient’s condition”. Among other things, this implies that LPNs are responsible for ensuring the proper functioning and maintenance of catheters, tubes, drains and/or stomies¹³.

In particular, this activity makes it possible to drain the peritoneal catheter in connection with peritoneal dialysis-related care. For further information, please consult the joint OIIQ-OIIAQ agreement, a copy of which is included in Appendix 3 of this document.

¹¹ Regulation respecting the standards relating to prescriptions made par a physician. This regulation was adopted under the Medical Act, sec. 2 and took effect on March 24, 2005.

¹² Ibid.

¹³ Cahier explicatif – Loi 90 – Office des professions du Québec, version 29 avril 2003, p. 15 (French version only).

37.1 5° b) Take specimens, according to a prescription

In connection with this activity, LPNs may take any type of specimens, except for blood specimens, which are covered by another provision, i.e. section 37.1 5 (i).

This includes taking samples of blood by capillary puncture; urine, stool, anal secretions and excretions; secretions of the conjunctiva, vagina, throat, ears and nose; and wound secretions.

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 may provide the full spectrum of care and treatment for wounds and alterations of the skin. This may include applying a sterile bandage with a wick or drain or applying the initial post-operative dressing. It also includes VAC therapy (controlled negative pressure or vacuum) and the use of various substances with a view to achieving wound debridement¹⁴, in accordance with section 37.1 5 (f) of the *Professional Code*.

LPNs may engage in this activity in accordance with the nursing plan or a medical prescription.

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

LPNs typically perform this activity, which consists of observing the patient's signs, parameters and reactions. Monitoring neurological signs includes four types of tests: spoken word stimuli, pain stimuli, pupil reflex and muscle function¹⁵.

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

LPNs may mix substances as required for the preparation of medications, including insulin and vaccines¹⁶ and any other substance they are legally authorized to administer. Consequently, LPNs may not prepare medications that they are not legally authorized to administer (e.g. by the intravenous route).

¹⁴ Guide de soins des plaies, OIIAQ, 2010 (French version only).

¹⁵ Méthodes de soins infirmiers (MSI) de l'AQESSS – Surveillance des signes neurologiques (French version only).

¹⁶ Association des CLSC et CHSLD du Québec (now AQESSS), Application pratique de la Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé (Loi 90), p. 46 (French version only).

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

LPNs may administer any type of medications and other substances (including vaccines)¹⁷, except via the intravenous route. To that end, they may install and use various processes and devices, including pumps, butterfly needles and misters.

LPNs may also carry out the infusion or perfusion of the peritoneal dialysis solution, with or without a device, via the peritoneal catheter. In this regard, please consult the OIIQ-OIIAQ joint agreement, a copy of which is included in Appendix 3 of this document.

As regards the administration of vaccines prescribed in a context other than that of vaccination campaigns pursuant to the *Public Health Act*, LPNs may administer these vaccines according to an individual medical prescription, although they must also ensure that a physician or RN is present in the institution when the vaccine is administered. LPNs may carry out emergency measures, as determined by the RN or physician, in the event of an immediate reaction following the vaccination. However, in a serious emergency situation in which the patient's life is in danger, LPNs should apply the measures recommended in chapter 8 of the *Protocole d'immunisation du Québec (PIQ)*¹⁸.

37.1 5° g) Participate in vaccination operations under the *Public Health Act*

In connection with their respective reserved activities, LPNs may participate in vaccination operations and RNs may administer vaccines as part of activities pursuant to the *Public Health Act*.

Chapter 3 of the PIQ sets out the scope of the respective roles of RNs and LPNs in a vaccination context.

The text in question reads as follows:

“RNs who administer vaccinations as part of activities pursuant to the *Public Health Act* may decide, without an individual or collective prescription, to administer all of the immunizations included in the PIQ, whether they practice in the public sector (e.g. CSSS, CJ) or the private sector (e.g. nursing clinic, medical clinic, pharmacy, industry, private company).” (Translated by the OIIAQ)

¹⁷ Cahier explicatif – Loi 90 – Office des professions du Québec, version 29 avril 2003, p. 16 (French version only).

¹⁸ Protocole d'immunisation du Québec (PIQ), 2010, chapitre 3, Responsabilités professionnelles et aspects légaux, section 3.8, – Contribution des infirmières auxiliaires, p. 63. (French version only)

RNs may also:

“[...] after carrying out an assessment, ask LPNs or RN candidates to prepare and inject immunizing products in the period immediately following. The time lapsed between the assessment and the administration of the immunizing products should not exceed 2 hours [...] In the event of an immediate adverse reaction, the RN is responsible for assessing the situation, deciding on the appropriate emergency measures and declaring the clinical manifestations to be unusual. For that reason, the RN must supervise the vaccination, i.e. must remain in the same building and must be readily available when the LPN or RN candidate administers the immunizing product. If either the LPN or the RN candidate works in collaboration with a physician, the same conditions apply.”¹⁹ (Translated by the OIIAQ)

The PIQ describes LPNs’ contributions as follows:

“Therefore, LPNs, in collaboration with the RN or the physician:

- / Assist or participate, as needed, with collecting pre-vaccination information using a questionnaire specifically designed for that purpose.
- / May consult the vaccination record (under development) for the purposes of verifying a person’s vaccination history prior to administering a vaccination, in accordance with the terms and conditions set out in the *Public Health Act* and the implementing regulation.
- / Obtain the authorization of the RN or the physician prior to administering a vaccination.
- / Prepare and administer vaccinations in accordance with the dosage, route of administration, injection techniques and immunization schedule.
- / Comply with the guidelines for handling and storing immunizing products.
- / Record the immunizations in the patient’s file and vaccination booklet and also record them in the vaccination record with the patient’s authorization, in accordance with the provisions of the *Public Health Act*.

¹⁹ Protocole d’immunisation du Québec (PIQ), 2010, chapitre 3, Responsabilités professionnelles et aspects légaux, section 3.4. – Cadre de référence pour le médecin, l’infirmière, la candidate à l’exercice de la profession d’infirmière et l’infirmière auxiliaire, p. 58.

- / Participate with the monitoring required immediately after the vaccination and notify the RN or physician as required.
- / Apply the emergency measures determined by the RN or the physician in the event of an immediate reaction following the vaccination. In a serious emergency situation in which the patient's life is in danger, LPNs should apply the recommended measures" (see chapter 8, Urgences liées à la vaccination²⁰).

To perform this activity, LPNs must hold a training certificate pursuant to a regulation adopted by the OIIAQ²¹.

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

This activity determines all of the physiological barriers that may be crossed by LPNs when providing care or treatment. Accordingly, LPNs may provide or administer various types of nursing or medical care and treatment, according to a medical prescription. This activity also includes care relating to bladder relief and intestinal elimination as well as to various ostomies. LPNs may also introduce various tubes beyond the nasal vestibule. To engage in the latter activity, LPNs must hold a training certificate pursuant to a regulation adopted by the OIIAQ.

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

In connection with this activity, LPNs may take all types of blood specimens, including blood specimens on behalf of Héma-Québec.

The activity involving phlebotomies, according to a medical prescription, was not reserved for LPNs; it was reserved for medical technologists under section 37.1 6 (b) of the *Professional Code*²².

²⁰ Protocole d'immunisation du Québec (PIQ), 2010, chapitre 3, Responsabilités professionnelles et aspects légaux, section 3.8, – Contribution des infirmières auxiliaires, p. 63 et 64. (French version only)

²¹ Règlement sur les activités de formation continue des infirmières et infirmiers auxiliaires du Québec. This regulation was published in the Gazette officielle du Québec on May 7, 2003 and took effect on May 22, 2003.

²² This activity is carried out for therapeutic purposes. "The therapeutic phlebotomy is a type of bloodletting carried out in a controlled environment. Individuals with a high volume of red blood cells (e.g. cases of hemochromatosis) may be treated." (Translated by the OIIAQ). Text book of Medical-Surgical Nursing, Brunner and Suddarth.

2.3 ANALYSIS OF THE ACTIVITIES AUTHORIZED UNDER THE REGULATION RESPECTING CERTAIN PROFESSIONAL ACTIVITIES WHICH MAY BE ENGAGED IN BY NURSING ASSISTANTS

2.3.1 MAINTENANCE CARE OF A TRACHEOSTOMY CONNECTED TO A VENTILATOR

Under sections 2 and 3 of the *Regulation respecting certain professional activities which may be engaged in by nursing assistants* and in accordance with certain conditions described in that regulation, LPNs may engage in the following professional activities:

ACTIVITIES

"SECTION 2

- 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."

To carry out the above activities, LPNs must successfully complete the training described in the regulation.

TRAINING

In order to engage in the professional activities set out in section 2, LPNs must meet the following conditions:

"SECTION 3

- 1° they must hold an attestation issued by the Ordre des infirmières et infirmiers auxiliaires du Québec, certifying that:
 - a) they have completed at least seven hours of theoretical and practical training organized by the Order;
 - b) they have successfully performed each of the professional activities set out in paragraphs 1 to 3 of section 2 at least three times under the immediate supervision of a nurse or respiratory therapist."

The regulation also describes the places in which these activities are performed.

PLACES IN WHICH ACTIVITIES ARE PERFORMED

«2° They must perform these professional activities in one of the following centres:

- 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.”

Performing these activities is subject to certain conditions.

CONDITIONS

- “3° a nurse must be available on the premises, so that the latter may intervene with the patient quickly;
- 4° the user falls under a therapeutic nursing plan and his state of health is not in a critical or acute phase.”

2.3.2 CONTRIBUTING TO IV THERAPY

Under sections 4 and 5 of the *Regulation respecting certain professional activities which may be engaged in by nursing assistants*, and in accordance with certain conditions described in that regulation, LPNs may engage in the following professional activities:

ACTIVITIES

“SECTION 4

- 1° install a short peripheral intravenous catheter measuring less than 7.5 centimetres;
- 2° administer an intravenous solution without additives using a short peripheral intravenous catheter measuring less than 7.5 centimetres;
- 3° install and irrigate a short intermittent injection intravenous catheter, measuring less than 7.5 centimetres, with an isotonic solution”

In order to perform the above activities, LPNs must successfully complete the training described in the regulation.

TRAINING

In order to perform the professional activities set out in section 4, LPNs must meet the following conditions:

" SECTION 5

- 1° they must hold an attestation issued by the Ordre des infirmières et infirmiers auxiliaires du Québec, certifying that:
 - a) they have successfully completed at least 21 hours of theoretical and practical training organized by the Order;
 - b) they must have successfully performed each of these professional activities at least three times under the immediate supervision of a nurse."

The activities are performed in the places mentioned in the regulation.

PLACES IN WHICH ACTIVITIES ARE PERFORMED

These professional activities are performed in a centre operated by an institution within the meaning of the *Act respecting health services and social services*, except for the fields of pediatrics and neonatology. LPNs may perform this activity involving any children aged 14 years or older²³.

The regulation sets out the condition for performing the activities described in section 4 of the regulation.

CONDITION

The patient falls under a therapeutic nursing plan.

²³ The OIIQ-OIIAQ information document (a copy of which is included in Appendix 2 of this document) states in the final paragraph of p. 1 : "The OIIQ and the OIIAQ agree that under this regulation, "pediatric clientele" customarily refers to any children aged 14 years or younger. However, in accordance with a nursing rule, the nursing department may determine that, under certain clinical situations, RNs may reserve the right to perform these activities involving children under 14 years of age." (Translated by the OIIAQ)

ACTIVITIES THAT MAY BE ENGAGED IN BY LPNs IN THE FIELD OF PEDIATRICS

Under section 6 of the regulation, LPNs who practice in the field of pediatrics in a centre operated by an institution within the meaning of the *Act respecting health services and social services* may continue to perform the following activities:

"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 centimetres;
- 3° remove a peripheral intravenous catheter measuring less than 7.5 centimetres."

TRANSITION PERIOD FOR PERFORMING THESE ACTIVITIES

It should be noted that with the exception of LPNs who practice in the fields of pediatrics and neonatology, LPNs who do not hold a training certificate may not continue to perform the activities described in section 6 after May 29, 2013²⁴. Transitional provisions are also provided for certain childcare workers (officially known as *puéricultrices* or *gardes-bébés*)²⁵.

For further information, please consult the fact-sheet provided in Appendix II of this document.

²⁴ This time period was extended from May 29, 2011 to May 29, 2013. The regulation in this regard took effect on April 21, 2011. It was published in Quebec's *Gazette officielle* in April 2011 (p.1307).

²⁵ Regulation respecting certain professional activities which may be performed by a *puéricultrice* or a *garde-bébé* and by other persons. This regulation took effect on May 29, 2008.

CHAPTER 3/ INFORMATION, HEALTH PROMOTION AND DISEASE PREVENTION

Following the recommendation included in the Bernier Report, a new provision was added to the *Professional Code*, applicable to all healthcare professionals, including LPNs. Section 39.4 of the *Professional Code* now states as follows:

“The field of practice of the members of an order 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 follows²⁶:

INFORMATION

“Taking due care to inform the population is an inherent part of protecting the public. Although this requirement is already largely benchmarked in codes of ethics, including provisions governing obligations to the public and the client, the Task Force nevertheless deems it necessary to include public information in the common area. Consequently, all professionals will see their education and information role reinforced in relation to their scope of practice.” (Translation made by the OIIAQ)

HEALTH PROMOTION

“Health promotion is aimed at improving the health of the population [...] The Task Force takes the view that the sector professionals have a key role to play with respect to health promotion and thus deems it necessary to include this component in the scope of practice of each of the professions.” (Translation made by the OIIAQ)

PREVENTION

“Prevention is essentially aimed at reducing the incidence of disease and social problems [...]. Under its health and wellbeing policy, the Government of Quebec recognizes the importance of prevention and is promoting a number of preventive measures pertaining to the health or wellbeing of the population [...].”

²⁶ Rapport Bernier, c. 7, pp. 242-244 (French version only)

[...] In this regard, the orders and professionals thus have a role to play and the Task Force deemed it appropriate to acknowledge this by mentioning prevention in each of the scopes of practice, thereby making it a shared responsibility, even if individual contributions may vary depending on the scope of *professional practice*.” (Translation made by the OIIAQ)

In its document concerning Bill 90, the OPO included the following comment concerning section 39.4 of the *Professional Code*²⁷:

“Section 39.4 ensures that these activities are included in the scope of practice of the members of the orders covered by this section; there is no need to repeat this in each of the scope of practice. However, these activities must be related to the ultimate goals of the scope of practice of the professional performing them. As a component of the scopes of practice, these activities are not reserved for the professionals concerned.

Taking due care to inform the population is an inherent part of protecting the public, which remains the overarching goal of the professional orders. All professionals will thus see their roles reinforced in this regard in relation to their scope of practice.” (Translation made by the OIIAQ)

²⁷ Cahier explicatif – Loi 90, Office des professions du Québec, version 29 avril 2003, p. 31 (French version only)

CHAPTER 4/ INTERVENTION OF LPNS IN EMERGENCY SITUATIONS

The modernization of the *Professional Code* in 2003 did not change the rules applicable to LPNs' interventions in emergency situations. As we already know, certain situations require immediate intervention if a person's life is in danger or if his or her safety is compromised²⁸.

Within their field of professional practice, LPNs are required to provide high-quality care and to take all necessary action in this regard.

The Code of Ethics for LPNs imposes the requirement to maintain the very highest standards of quality with respect to the professional care provided (sec. 3.01.03) and to cooperate at all times with a view to preserving life, relieving suffering, treating disease and promoting health (sec. 3.01.05).

In addition, section 3.03.01 of the Code stipulates that LPNs must demonstrate due care and diligence.

LPNs are thus required to assist any persons whose life is in danger, either by intervening personally or by obtaining assistance. This requirement, which applies to all citizens, obviously takes on a special meaning for healthcare professionals.

In an emergency situation in which a patient's life is in danger, LPNs are authorized to perform activities that are not otherwise reserved for them²⁹.

²⁸ Charter of human rights and freedoms, sec. 2.

²⁹ OIIQ, Guide d'application de la nouvelle Loi sur les infirmières et les infirmiers et de la Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé, Avril 2003, p. 63. Le champ d'exercice et les activités réservées des infirmières. Mise à jour du guide d'interprétation publié en 2003, OIIQ, 2010.

This ethical obligation may take various forms and, in certain situations, LPNs must take into account the patient's wishes, if known. An article published in *Santé Québec* magazine deals with this topic³⁰.

Disciplinary committee decisions provide a number of interesting examples³¹.

In one of these decisions, an RN was charged for failing to intervene in an emergency situation and, in particular, for failing to carry out resuscitation procedures. In its decision, the disciplinary committee reiterated that in accordance with their ethical standards and requirements, RNs must intervene in such circumstances.

³⁰ See *Santé Québec*, vol. 8, no. 3, Winter 1998, p. 9, Emergency Intervention by Nursing Assistants.

³¹ Decision of the OIIQ Disciplinary Committee, October 7, 1997, 20-96-00129, D.D.E. 97D-84. Another decision states that nursing personnel are expected to intervene rapidly and appropriately if required to in an emergency situation: OIIQ Disciplinary Committee, file no. 20-2006-00366, November 23, 2009. In addition, following a recent decision by the same committee, a nurse who neglected to carry out resuscitation procedures on two patients was struck off from the role for nine months (20-2010-00470, November 16, 2010).

CHAPTER 5/ ACTIVITIES PERFORMED BY STUDENTS ENROLLED IN A HEALTH, ASSISTANCE AND NURSING PROGRAM OF STUDIES

Article 1 of the *Regulation respecting the professional activities that may be engaged in by persons other than nursing assistants*³² reads as follows:

“A student enrolled in a program of studies leading to a diploma giving access to a permit issued by the Ordre des infirmières et infirmiers auxiliaires du Québec may, among the professional activities that may engaged in by nursing assistants, engage in activities required to complete the program, on the condition that they are engaged in under the supervision of a teacher or training supervisor who is available to intervene on short notice.”

³² This regulation was published in the Gazette officielle du Québec on May 5, 2004 and took effect on May 20, 2004.

CHAPTER 6/

RÈGLEMENT SUR LES ACTIVITÉS DE FORMATION CONTINUE OBLIGATOIRE DES INFIRMIÈRES ET INFIRMIERS AUXILIAIRES

Under the *Règlement sur les activités de formation continue obligatoire des infirmières et infirmiers auxiliaires*, LPNs are required to update their professional knowledge. Effective March 29, 2007, LPNs are required to complete 10 continuing education hours per two-year reference period.

It should be noted that the continuing education regulation primarily pertains to training activities³³.

For a training activity to be considered eligible, several conditions must be met.

- / The regulation aims to ensure that LPNs fulfil their requirement to update and develop their knowledge and skills (sec. 1, par. 1).
- / All OIIAQ members are required to take part in continuing education activities in direct line with their field of professional practice (sec. 2).
- / All OIIAQ members must select activities in line with their field of practice (art. 6).

The following activities are not eligible:

- / General training activities if not in direct line with their field of professional practice (nursing).
- / Information sessions (whether general in nature or not) geared toward various employees and professionals working within an institution or not in line with LPNs' field of practice.

It should be noted that the Executive Committee is responsible for applying this regulation.

Accordingly, the Executive Committee is authorized to draw up a list of eligible training activities (sec. 7). Similarly, it may issue rulings on the eligibility of training activities completed by a member.

In addition, it should be noted that training must meet the requirements set out in sections 2, 6 and 7 of the regulation.

³³ Common sense tells us that the words "training" and "information" do not have the same meaning. The word "training" means the "set of activities essentially aimed at ensuring the acquisition of the practical skills, knowledge and attitudes required to hold a given position" (based on the definition provided by the International Labour Organization). *Glossaire de la formation professionnelle: termes d'usage courant*. Genève: BIT, 1987, vol. vi, 95 pages, p. 29). The following definition is based on that provided by the Quebec French Language Office (OQLF): "The body of theoretical or practical knowledge acquired in a given field." The word "information" has a different scope than that of the word "training". The following definition is based on that provided by the OQLF: "The action of informing an individual or group with a view to keeping them apprised of events."

CHAPTER 7/

RÈGLEMENT SUR LES STAGES ET COURS DE PERFECTIONNEMENT POUVANT ÊTRE IMPOSÉS AUX INFIRMIÈRES ET INFIRMIERS AUXILIAIRES

The *Règlement sur les stages et cours de perfectionnement pouvant être imposés aux infirmières et infirmiers auxiliaires* took effect on November 22, 2007. Above and beyond the legal considerations, the OIIAQ's new regulation is primarily aimed at modernizing and clarifying LPNs' requirements with respect to updating their knowledge and complying with their *Code of Ethics*³⁴.

In so doing, the OIIAQ is embracing the trend observed over the past few years in which the professional orders³⁵ have modernized their regulations to ensure not only that their members update their professional knowledge, but also to ensure that they have access to various resources enabling them to provide the highest-quality nursing care to patients requiring increasingly complex care.

It should be noted that these regulations impose requirements already set out in the *Code of Ethics* and other OIIAQ regulations³⁶.

The most commonly encountered situations in which practical training or courses may be imposed are as follows:

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- 1° Registering on the membership roll more than four years after having obtained their license or after the date on which they were entitled to have said license issued;
- 2° Registering on the membership roll after having had their name struck off or after failing to have maintained their registration for a period of more than four years;
- 3° Having practiced their profession for less than 400 hours over the past four years following their registration on OIIAQ's membership roll.

³⁴ Code of Ethics for LPNs, sec. 3.01.04.

³⁵ The Ordre des infirmières et infirmiers du Québec adopted a similar regulation in 2005 that reduced from five years to four years the period of time that could lead to the imposition of practical training or courses. Similarly, the OIIQ added a situation that could also lead to such an imposition if an RN has not practiced the profession for at least 500 hours during the previous four years.

³⁶ OIIAQ members are personally required to update their knowledge. Under a new regulation that took effect on April 1, 2007, all LPNs are required to successfully complete 10 continuing education hours per two-year reference period.

The latter situation (sec. 1, 3) is new and should make it possible to more easily verify, using an objective standard, whether an individual has exercised the LPN profession to a significant extent.

It should be noted that the powers entrusted to the Executive Committee are not automatically exercised as soon as an individual finds him or herself in one of the abovementioned situations. The Executive Committee will exercise these powers if it believes that the protection of the public is at stake.

Therefore, each case should be reviewed carefully. After a case has been analyzed, a recommendation is submitted to the OIIAQ's Executive Committee for decision purposes.

Practical training or a course may be automatically justified if an LPN has not practiced professionally for more than four years, for medical or personal reasons or because the LPN exclusively held union or administrative positions.

It should be noted that while the powers to impose practical training or a professional development course (or both) are discretionary, they should be exercised in accordance with the rights of the individual concerned. In this respect, the adopted procedure stipulates that a member is entitled to submit written comments before any such decision is made. The Committee may also take into account the various ways in which the individual has kept his/her knowledge up to date.

CHAPTER 8/

LEGAL CAPACITY OF LPNS IN OPERATING ROOMS

Due to significant staff shortages and surgery waiting lists, the Quebec Department of Health and Social Services (MSSS) has developed various strategies aimed at increasing the pace of surgeries and reducing waiting times, as proposed in various provisions of Bill 83³⁷.

In pursuit of this goal, the OIIAQ took part in various projects and discussions in recent years aimed at bringing more LPNs into operating rooms.

Based on LPNs' legal capacity (updated in 2003 by the modernization of the *Professional Code*), a training program has been designed to ensure that LPNs have the skills to optimally exercise the duties that may be assigned to them in operating rooms.

These duties were analyzed and examined by the OIIAQ and the OIIQ,³⁸ with both orders focusing primarily on the use of healthcare professionals to carry out required duties in operating rooms. Based on these efforts, guidelines were drafted and subsequently adopted by the Board of Directors of each order. The document entitled *Lignes directrices – Activités des infirmières auxiliaires en salle d'opération*³⁹ defines the activities that may be performed by LPNs on both an internal and external services.

³⁷ An Act to amend the Act respecting health services and social services and other legislative provisions, sec. 7, adding sec. 185.1 to the Act. This legislation took effect on December 13, 2006 and introduced various mechanisms to better manage waiting lists and to guarantee maximum waiting times for certain types of surgery.

³⁸ Plan de relève et de rétention des infirmières en salle d'opération, OIIQ and the Corporation des infirmières et infirmiers de salle d'opération du Québec, 2007. One of the recommendations in this document called for the sharing of activities with LPNs in operating rooms. The OIIQ also produced a framework document on this topic: *Le domaine des soins périopératoires : Continuum des soins et fonctions infirmières*, OIIQ, 2008, 12 pages.

³⁹ Joint document prepared by the OIIQ and the OIIAQ, *Lignes directrices pour les activités des infirmières auxiliaires en salle d'opération*, August 2008, 20 pages.

However, certain institutions⁴⁰ decided to reassign LPNs to operating rooms and to have them perform activities that go beyond those defined in the guidelines, in compliance with the legal framework governing LPNs' professional practices. It is thus important to note that the guidelines adopted by both orders propose an organizational model that institutions may draw on, but that may also be adapted to meet sector needs. Those guidelines are actually under review.

⁴⁰ CHUM and CHUS are among these institutions.

CHAPTER 9/

PROFESSIONAL LIABILITY OF RNs AND LPNs

Effective January 2003, the *Professional Code* increasingly recognizes the autonomy of healthcare professionals, including LPNs. In return for this autonomy, LPNs are fully liable for all activities they are legally authorized to perform.

It is thus incorrect to state that RNs are liable for mistakes made by LPNs. Therefore, the interprofessional collaboration that must exist between RNs and LPNs when they are providing nursing care together entails no form of tutorship or liability whatsoever⁴¹. If RNs and LPNs have the required training and knowledge to perform a professional activity, each RN and each LPN would be personally liable in the event of a mistake.

The underlying legal principles are based on the liability and accountability of healthcare professionals when performing reserved activities. In addition, as regards the liability of healthcare professionals, the following comments were made by the OPQ in connection with the adoption of Bill 90⁴²:

“Determining a treatment plan involves neither the exclusive right to determine the plan nor the right to monitor the process. In other words, a treatment plan may be carried out by anyone, provided that it complies with the activities reserved for other professionals. The sharing of activities between healthcare professionals in no way modifies the applicable professional liability rules. Each of the professionals involved continues to be liable only for his/her errors in determining the treatment plan. Therefore, the liability of the professionals who determine the treatment plan is not transferred to the staff members who carry out the plan on behalf of an institution. However, if professionals take part in drawing up the treatment plan or in adapting or modifying the plan while it is being drawn up, they will be liable along with the other stakeholders, commensurate with their own errors.” (Translated by the OIIAQ)

⁴¹ Consequently, even if the practice of nursing under section 36 of the Nurses Act consists of “assessing a person's state of health, determining and carrying out [...] the nursing care and treatment plan, providing nursing and medical care and treatment in order to maintain or restore health and prevent illness and providing palliative care”, RNs have no liability with respect to negligent, incompetent or reckless conduct by LPNs.

⁴² Cahier explicatif – Loi 90, OPQ, version 2003 (French version only). See the general definitions.

In summary, the OPQ has confirmed that after a medical prescription or a nursing plan is issued, the physician or RN may not be held liable for errors committed by other healthcare professionals.

INTRODUCTION

At its last Convention in November 2006, the Ordre des infirmières et infirmiers du Québec (OIIQ) issued a document entitled *The Therapeutic Nursing Plan – The track of clinical nursing decisions (TNP)*. Given the importance of the therapeutic nursing plan for the safety and quality of nursing care, the Bureau of the Ordre des infirmières et infirmiers du Québec adopted the following standard to take effect on April 1, 2009:

“Using a separate documentation tool within 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 document supporting the training and implementation related to the TNP, the OIIQ has indicated the following: “This standard is aimed at insuring for all concerned persons the accessibility of nursing decisions that are crucial for the client’s clinical follow-up, by gathering all information in one document recorded in the client’s file.”

The OIIAQ is in favour of all new measures that aim to improve the quality of nursing care. Thus, in a perspective of interprofessional collaboration, LPNs will have to be actively involved in implementing the TNP.

It is important to mention that all TNP directives are to be applied by all nursing care team members, particularly by RNs, LPNs, orderlies and home aides. Consequently, in the next few months, all Registered Nursing Assistants should receive training on the therapeutic nursing plan through their employers.

Finally, in order for LPNs to become familiarized with the TNP, here are some information elements taken from the OIIQ document *The Therapeutic Nursing Plan – The Track of clinical nursing decisions*.

Note to readers: This appendix includes an article that was previously published in *Santé Québec* magazine (vol. 17, no. 2, summer 2007).

WHAT IS THE THERAPEUTIC NURSING PLAN?

The therapeutic nursing plan is a mandatory progress note in the client's file, bringing together nurses' decisions related to the client's clinical follow-up.

The therapeutic nursing plan affords easy access to nurses' clinical decisions, made on the basis of her assessment, which are crucial to the clinical follow-up of the client. (OIIQ)

CLINICAL FOLLOW-UP

Set of interventions determined, implemented and adjusted, when needed by the nurse in order to monitor a client's physical and mental condition, to provide him the care and treatment his state of health requires and to evaluate their outcome.

NURSES' SCOPE OF PRACTICE AND RESERVED ACTIVITIES

Bill 90, enacted in January 2003, legally acknowledges the competence and responsibility of nurses with regard to clinical assessment.

Nursing practice

(Article 36 – Nurses Act)

The practice of nursing consists in assessing a person's state of health, determining and overseeing the nursing care and treatment plan, providing nursing and medical care and treatment in order to maintain or restore health and prevent illness, and providing palliative care.

NURSES' RESERVED ACTIVITIES PERTAINING TO THE TNP

The legislator has entrusted nurses with three reserved activities related to the TNP:

- / Assessing the physical and mental condition of a symptomatic person;
- / Providing clinical monitoring of the condition of persons whose state of health is problematic, including monitoring and adjusting the therapeutic nursing plan;
- / Providing nursing follow-up for persons with complex health problems.

EACH NURSE'S RESPONSIBILITY

GENERAL RULE

- / The nurse must determine a therapeutic nursing plan (TNP) for each client.

EXCEPTIONS INCLUDE ONE-TIME CLIENT INTERVENTIONS:

- / (e.g. vaccination campaign, ear irrigation).

DOCUMENTING THE THERAPEUTIC NURSING PLAN:

- / Reporting assessment findings: the client's priority problems and needs;
- / Accounting for clinical follow-up: nursing directives;
- / Supporting clinical decisions;
- / Signing the therapeutic nursing plan and its adjustments;
- / Recording the therapeutic nursing plan in the client's file, using a separate documentation tool.

NURSING DIRECTIVES

- / The nurse must enter her directives for the client's clinical follow-up into the therapeutic nursing plan (TNP) in direct correspondence with the priority problems/needs stated in the TNP.
- / The nurse also gives directives concerning certain prescribed medical care and treatment.

In formulating her directives, the nurse also takes into account the people likely to participate in carrying out the therapeutic nursing plan, i.e. LPNs, etc.

SUPPORT CLINICAL DECISIONS

The nurse must support the contents of the therapeutic nursing plan and any adjustments she makes in the client's progress notes or other permanent nursing document.

LPNS RESPONSIBILITIES PERTAINING TO THE TNP

EACH LPN:

- / Contributes to the achievement of the TNP;
- / Provides nursing and medical care and treatment according to nursing directives;
- / Records her observations in the patients' file;
- / Informs the nurse on any unusual reaction from the patient.

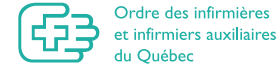
In the spirit of interprofessional collaboration, the nurse can specify conditions to be carried out in order to maximize the contribution of LPNs in carrying out the TNP.

DIFFERENCE BETWEEN THE THERAPEUTIC NURSING PLAN, THE NURSING CARE AND TREATMENT PLAN, AND THE WOUND CARE TREATMENT

The therapeutic nursing plan is a mandatory progress note in the client's file, bringing together nurses decisions related to the client's clinical follow-up.

The nursing care and treatment plan is a planning tool, which may vary in both form and implementation from one clinical setting to another.

The wound care treatment plan describes curative or palliative interventions determined by the nurse in order to treat a given wound, and must be recorded in the client's file.



Fiche d'information OIIQ-OIIAQ - Mise à jour sur le portée du Règlement sur certaines activités professionnelles pouvant être exercées par une infirmière ou un infirmier auxiliaire : Contribution à la thérapie intraveineuse - Mars 2011. This document is not available in English.

PARTAGE D'ACTIVITÉS PROFESSIONNELLES CONTRIBUTION À LA THÉRAPIE INTRAVEINEUSE

Mise à jour sur la portée du Règlement sur certaines activités professionnelles pouvant être exercées par une infirmière ou un infirmier auxiliaire

Depuis la diffusion en juillet 2008 de la fiche d'information sur l'application du *Règlement sur certaines activités professionnelles pouvant être exercées par une infirmière ou un infirmier auxiliaire (section III : contribution à la thérapie intraveineuse)*, (Décret 418-2008 du 30 avril 2008 (140 GO II, p. 2084), des questions ont été soulevées par les milieux de soins quant à l'application de ce règlement. Soucieux de faciliter l'accès à une information à jour, l'OIIQ et l'OIIAQ ont jugé opportun de procéder à une mise à jour de cette fiche d'information.

La présente fiche d'information fait état de certains aspects qui doivent être précisés à la suite des questionnements soulevés et actualise l'information sur la pratique des infirmières et des infirmières auxiliaires dans ce domaine. Cette fiche remplace celle émise en 2008.

LES ACTIVITÉS VISÉES À L'ARTICLE 4 DU RÈGLEMENT

Selon les conditions décrites au règlement, l'infirmière auxiliaire peut exercer, selon une ordonnance, les activités suivantes :

1. Installer un cathéter intraveineux périphérique court de moins de 7,5 cm

Cette activité vise l'installation d'un cathéter intraveineux de type microperfuseur à ailettes (papillon) et des autres types de cathéter périphérique court de moins de 7,5 cm.

2. Administrer une solution intraveineuse sans additif à partir d'un cathéter intraveineux périphérique court de moins de 7,5 cm

Tous les solutés sans additifs peuvent être administrés par l'infirmière auxiliaire. Dans le cadre de l'administration de solutés, l'infirmière auxiliaire peut en régler le débit à l'aide d'un appareil régulateur de débit telle la pompe volumétrique, selon l'ordonnance et la directive infirmière, lorsque applicable.

3. Installer et irriguer, avec une solution isotonique, un cathéter intraveineux périphérique court de moins de 7,5 cm, à injection intermittente

Seule l'irrigation avec du NaCl 0,9% est autorisée. Dans certaines situations, la condition clinique du patient exige que l'on utilise de l'héparine. Dans ces circonstances, l'irrigation du cathéter à injection intermittente est réservée à l'infirmière.

Il est important de préciser que l'infirmière auxiliaire peut exercer ces trois activités dans tous les établissements du réseau de la santé et chez la très grande majorité des clientèles. Toutefois, ces trois activités ne sont pas autorisées en pédiatrie et en néonatalogie.

L'OIIQ et l'OIIAQ conviennent que dans le cadre de ce règlement, la clientèle pédiatrique réfère habituellement à tout enfant de 14 ans et moins. Toutefois, la direction des soins infirmiers peut, par une règle de soins infirmiers, déterminer que, dans certaines situations cliniques, l'infirmière se réserve les activités auprès d'enfants de plus de 14 ans.

DES ACTIVITÉS BALISÉES ET ENCADRÉES PAR LA FORMATION ET LE PTI

Pour exercer les activités prévues à l'article 4, l'infirmière auxiliaire doit respecter les conditions relatives à la formation et au plan thérapeutique infirmier (PTI).

1. Formation

L'infirmière auxiliaire, titulaire d'une attestation délivrée par l'OIIAQ, peut exercer les activités de contribution à la thérapie intraveineuse prévues à l'article 4 du règlement. Pour obtenir cette attestation, elle doit avoir réussi une formation théorique et pratique d'une durée de 21 heures organisée par l'OIIAQ et avoir exercé au moins trois fois avec succès les activités prévues à l'article 4 sous la supervision immédiate d'une infirmière (article 5 du règlement).

2. Plan thérapeutique infirmier (PTI)

Rappelons que le PTI est déterminé et ajusté par l'infirmière à partir de son évaluation clinique et qu'il est consigné au dossier du client. Le PTI dresse le profil clinique évolutif des problèmes et des besoins prioritaires du client. Il fait également état des directives infirmières données en vue d'assurer le suivi clinique du client et qui portent, notamment, sur la surveillance clinique, les soins et les traitements.

Dans les cas où un suivi clinique particulier est nécessaire eu égard à la thérapie intraveineuse d'un patient, l'infirmière inscrira ses directives au PTI. Vous trouverez en annexe une illustration d'un exemple clinique où l'infirmière a déterminé un PTI.

Il est important de mentionner que toutes les directives concernant la thérapie intraveineuse apparaissant au PTI devront être respectées par tous les membres de l'équipe de soins, notamment par les infirmières et les infirmières auxiliaires. Ces directives infirmières sont cruciales pour le suivi clinique et ont un caractère obligatoire. Dans le cas où il serait impossible d'exécuter une telle directive, il est nécessaire d'en aviser l'infirmière le plus tôt possible, comme on aviserait le médecin s'il était impossible d'exécuter une ordonnance.

Dans le cadre de l'application de ce règlement, nous avons observé que dans certaines circonstances, la situation clinique du patient ne requiert pas toujours que l'infirmière détermine un PTI. Dans de tels cas et à la suite d'une demande explicite (verbale ou écrite) de l'infirmière, l'infirmière auxiliaire peut exercer les activités prévues à l'article 4 sans que le patient ne fasse l'objet d'un PTI. Ces situations devront toutefois être encadrées par un protocole de soins. Les situations les plus courantes sont notamment d'installer un accès veineux pour les patients admis à l'urgence ou pour un patient qui doit subir un examen diagnostique.

DES PRÉCISIONS SUR CERTAINES ACTIVITÉS

Les actes consistant à surveiller et à maintenir le débit de la perfusion, et à retirer le cathéter intraveineux périphérique court de moins de 7,5 cm font partie intégrante des trois activités autorisées par l'article 4 du règlement. Ainsi, l'infirmière auxiliaire assume cette responsabilité pour toutes les solutions intraveineuses qu'elle peut administrer, dans le respect de l'ordonnance et de la directive infirmière lorsque indiquée.

Afin d'éviter une rupture de services en pédiatrie dans les centres hospitaliers, l'infirmière auxiliaire peut, dans ce secteur, continuer à exercer les actes consistant à surveiller et maintenir le débit d'une perfusion intraveineuse, à arrêter une perfusion intraveineuse si administrée à l'aide d'un cathéter intraveineux périphérique court de moins de 7,5 cm et à retirer ce même cathéter, dans le respect de l'ordonnance et de la directive infirmière au PTI lorsque pertinent (article 6 du règlement).

À la demande explicite de l'infirmière et selon ses directives, l'infirmière auxiliaire peut exercer certains actes, notamment :

- retirer le cathéter périphérique court de moins de 7,5 cm lorsque l'administration d'une solution intraveineuse avec médicaments ou autres additifs est cessée ;
- procéder à l'irrigation du cathéter périphérique court de moins de 7,5 cm lorsque l'administration d'une solution intraveineuse avec médicaments ou autres additifs est cessée et, par la suite, administrer une solution intraveineuse sans additif ;
- vérifier ou régler le débit de solutions intraveineuses avec médicaments et autres additifs.

Les activités de thérapie intraveineuse réservées aux infirmières

Les infirmières administrent par voie intraveineuse périphérique et centrale des médicaments, du sang et ses dérivés, l'alimentation parentérale ainsi que l'administration de solutions intraveineuses avec additifs, tels le Kcl et les multivitamines, qu'ils soient déjà préparés ou non.

Les infirmières installent des cathéters intraveineux périphériques longs de type « Midline et PICC Line » pour toutes les solutions intraveineuses, car ce sont des activités techniques invasives plus complexes et à plus haut risque de préjudice pour les patients.

Toutes ces activités nécessitent que l'infirmière, sur une base continue, évalue et assure une surveillance clinique de la condition des patients.

Les responsabilités professionnelles

L'infirmière est responsable de ses activités professionnelles, c'est-à-dire de l'évaluation, de la surveillance clinique, et de déterminer, lorsque requis, ses directives infirmières ainsi que de l'administration de médicaments et de substances qui lui sont propres.

L'infirmière auxiliaire est responsable des activités professionnelles qui lui sont autorisées dans le cadre de ce règlement, c'est-à-dire choisir le bon dispositif, sélectionner le site d'injection, régler adéquatement le débit et le maintenir, assurer les soins d'entretien, vérifier le site d'injection, et de transmettre à l'infirmière ses observations relatives aux complications.

L'infirmière auxiliaire contribue également en tout temps à l'évaluation de l'état de santé de la personne. Ainsi, elle doit transmettre à l'infirmière toutes les données relatives aux paramètres cliniques observés chez la personne, signaler à l'infirmière toute situation problématique ou recueillir, à la demande de l'infirmière, l'information sur différents paramètres cliniques déterminés par cette dernière.

Il y a lieu de souligner que l'infirmière auxiliaire demeure responsable de signaler à l'infirmière toute situation problématique observée chez des patients qui sont sous thérapie intraveineuse, et ce, que les solutés soient avec ou sans médicaments ou additifs.

L'infirmière et l'infirmière auxiliaire ont aussi la responsabilité de documenter leurs observations et leurs interventions respectives aux dossiers des patients.

L'encadrement clinique

La directrice des soins infirmiers établit la règle de soins infirmiers et précise les modalités d'encadrement clinique des activités de contribution à la thérapie intraveineuse autorisées aux infirmières auxiliaires.

ILLUSTRATION D'UN EXEMPLE CLINIQUE

Brève description de la situation

Âgée de 81 ans, M^{me} Bernadette Dionne vit seule dans une résidence privée pour personnes âgées autonomes après le décès de son époux. Elle est en bonne santé, et ce, malgré une insuffisance cardiaque et une hypertension artérielle qui sont bien contrôlées par la médication prescrite. Elle respecte minutieusement sa prise de médication selon le dosage et l'horaire prescrits.

Elle est présentement hospitalisée sur une unité de soins de médecine de courte durée dans un hôpital afin de recevoir des soins pour une gastroentérite virale sévère qui lui a occasionné des vomissements et de la diarrhée importante au cours des 24 dernières heures. Afin de combler ces déficits hydriques, le médecin a prescrit une perfusion de D5 % ½ NS à 80 ml/heure et demande de la cesser lorsque les symptômes de vomissement et de diarrhée auront disparu et lorsque l'alimentation sera adéquate.

Voici l'extrait du PTI de M^{me} Dionne élaboré par l'infirmière. Cet extrait contient l'information visant le problème de déshydratation. Les autres éléments du PTI sont marqués par des zones grises.

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 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

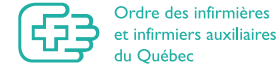
| SUIVI CLINIQUE | | | | | | | |
|----------------|-------|----|--|-----------|-------------------|-------|-----------|
| Date | Heure | N° | Directive infirmière | Initiales | CESSÉE / RÉALISÉE | | |
| | | | | | Date | Heure | Initiales |
| 2008-07-02 | 8h | 4 | Effectuer un bilan ingesta-excreta q 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 | | | |
| | | | | | |
| | | | | | |

AH-602 DT (06-06)

PLAN THÉRAPEUTIQUE INFIRMIER (PTI)

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Page 1



Partage d'activités professionnelles – Exercice de l'infirmière auxiliaire dans le domaine de la dialyse péritonéale – Mai 2011. This document is not available in English.

PARTAGE D'ACTIVITÉS PROFESSIONNELLES **EXERCICE DE L'INFIRMIÈRE AUXILIAIRE DANS LE DOMAINE DE LA DIALYSE PÉRITONÉALE**

Depuis quelques années, les directrices des soins infirmiers de différents milieux de soins et l'OIIAQ souhaitent que l'OIIQ clarifie l'exercice de l'infirmière auxiliaire en dialyse péritonéale en CHSLD, à domicile et en soins de courte durée pendant une hospitalisation. Bien que la plupart du temps les personnes sous dialyse péritonéale soient autonomes dans leurs soins, il peut arriver qu'en raison d'une perte d'autonomie ou d'une hospitalisation, la dialyse péritonéale doive être effectuée par une infirmière.

Pour faire suite aux résultats des analyses cliniques sur la dialyse péritonéale réalisées auprès d'infirmières cliniciennes expertes en ce domaine dans différents centres hospitaliers, le Conseil d'administration de l'OIIQ a résolu de répondre à cette demande et de confirmer l'exercice de l'infirmière auxiliaire en dialyse péritonéale en CHSLD, à domicile et en soins de courte durée pendant une hospitalisation.

Description de l'exercice

La dialyse péritonéale est un mode de dialyse qui utilise la membrane naturelle du péritoine comme filtre pour nettoyer le sang. Un cathéter permanent inséré dans la cavité péritonéale est utilisé pour remplir ou drainer la solution de dialyse appelée dialysat. Le sang est ainsi épuré à l'aide de cette solution qui séjourne dans l'abdomen jusqu'à ce qu'elle soit saturée par les toxines¹.

Compte tenu des éléments énoncés précédemment, l'OIIQ et l'OIIAQ conviennent que l'infirmière auxiliaire peut effectuer les soins reliés à la dialyse péritonéale conformément aux deux activités qui lui sont réservées en vertu du Code des professions :

Art.37.1 5° a) Appliquer les mesures invasives d'entretien du matériel thérapeutique.

Art.37.1 5° f) Administrer, par des voies autres que la voie intraveineuse, des médicaments ou d'autres substances, lorsqu'ils font l'objet d'une ordonnance.

Ces soins consistent à effectuer le drainage et l'infusion ou la perfusion de la solution de dialyse, avec ou sans appareil, par le cathéter péritonéal.

Selon l'ordonnance, l'infirmière auxiliaire peut aussi administrer des médicaments ou d'autres substances en utilisant la solution de dialyse péritonéale. Toutefois, l'infirmière détermine, selon l'ordonnance, les ajustements de médicaments ou de substances en fonction des résultats de laboratoire ou des paramètres cliniques du patient et détermine les éléments de surveillance. Ces diverses situations font toujours l'objet de directives inscrites au PTI par l'infirmière.

¹ Introduction à la dialyse péritonéale présentée par Geneviève Labart, infirmière clinicienne, Clinique de dialyse péritonéale, Hôpital Charles LeMoine.

L'infirmière auxiliaire est responsable des soins qu'elle donne. Elle demeure en tout temps responsable de contribuer à l'évaluation de l'état de santé de la personne dans le cadre des soins reliés à la dialyse péritonéale. Ainsi, elle doit transmettre à l'infirmière toutes les informations relatives aux paramètres cliniques observés et signaler toute situation problématique ou recueillir, à la demande de l'infirmière, des renseignements sur différents paramètres cliniques établis par cette dernière.

Conditions d'application

Les patients souffrant d'insuffisance rénale chronique sont des cas cliniques complexes en raison de leurs multipathologies et de leurs problèmes de santé. C'est pourquoi l'évaluation et la surveillance de la condition clinique de ces personnes sont toujours préalablement effectuées par une infirmière. Lorsque la condition clinique de la personne nécessite une évaluation constante et une surveillance étroite, l'infirmière se réserve l'ensemble des soins reliés à la dialyse péritonéale, notamment les soins critiques, la prédialyse et toute la phase d'apprentissage des soins par le patient sous dialyse péritonéale et ses proches.

La directrice des soins infirmiers établit la règle de soins infirmiers concernant ces soins en précisant notamment les éléments suivants : les contextes de soins, la formation, les responsabilités des infirmières et des infirmières auxiliaires, les conditions d'encadrement (avoir accès en tout temps à une infirmière), la méthode de soins.

Signée le _____ Signée le _____

Gyslaine Desrosiers, inf., M.B.A.
Présidente-directrice générale
OIIQ

Régis Paradis
Président-directeur général
OIIAQ



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