



COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA

Practice Guideline

Self-Employed Practice

Revised: July 21, 2020



This document is linked to legislation:

[Health Professions Act](#)
[Licensed Practical Nurses Profession Regulation](#)

This document is linked to other documents that direct expectations of professional behaviour or requirements for practice:

[Standards of Practice](#)
[Code of Ethics](#)
[Standards of Practice on Boundary Violations](#)
[Decision-Making Standards for Nurses in the Supervision of Health Care Aides](#)
[Client and Co-Worker Abuse](#)
[Professional Responsibility and Accountability](#)
[Expectations and Obligations during Emergencies](#)

This document is linked to related supportive documents:

[Privacy Legislation in Alberta](#)
[Duty to Report](#)
[Confidentiality](#)
[Incapacity under the HPA](#)
[Professional Boundaries](#)
[Social Media: e-Professionalism for Nurses](#)
[Pandemic Characteristics and Response Measures](#)

REVISIONS and UPDATES

Revised July 2020

Editorial Update January 2020

***Practice Guideline:** The legislative mandate of the College of Licensed Practical Nurses of Alberta (CLPNA) is to serve and protect the public by ensuring its members deliver safe, competent and ethical nursing care. A Practice Guideline is an evidence informed document designed to assist membership with making decisions about appropriate practices. These documents support professional judgment and permit flexibility in practice.*

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INTRODUCTION The role of the College of Licensed Practical Nurses of Alberta (CLPNA) is to regulate the profession and protect the public. The CLPNA requires its members to deliver safe, competent, and ethical nursing care.

Schedule 10 of the *Health Professions Act (HPA)* defines the practice of practical nursing. It encompasses both clinical care and roles that are linked to administration, management, education, and research. LPNs provide a wide range of professional nursing services to patients in a variety of settings. In these roles an LPN can either be an employee or may be self-employed (in which case the LPN may also act as an employer).

PURPOSE This Practice Guideline presents information to guide LPNs who engage in or who are considering self-employed LPN practice.

This practice guideline is not a substitute for legal or business advice nor does the CLPNA provide legal or business advice to members.

DISCUSSION OF EVIDENCE

What is self-employed practice?

Self-employed LPNs are not traditional employees who are employed by an organization. They provide nursing services independently, in partnership with other healthcare providers, and in some circumstances may also employ others. Self-employed LPNs include those contracted to provide services. Self-employed practice may include both paid and unpaid volunteer work. For example, if an LPN provides volunteer nursing services at a summer camp they may be a self-employed LPN in that role.

Self-employed LPNs are aware of their legal and professional responsibilities and liabilities. Before starting self-employed practice, LPNs should develop policies and procedures for their business and the nursing services provided.

An LPN may decide to enter into a contractor relationship with another business or organization by

signing a “contract for service.” Under a contract for service, the LPN is not considered to be an employee, but may still work with employees at the contractor’s organization.

The nature of the work relationship is what determines whether someone is working as an employee or contractor. Factors to consider include:¹

- direction and control over the manner of doing the work (ex. payment vs. receipt of benefits, submission of invoices vs. receipt of regular wages, salary);
- ownership of facilities, supplies, tools and equipment;
- chance of profit or risk of loss; and
- integration into the work environment.

Additional information can be found at <https://alis.alberta.ca/pdf/cshop/contractor.pdf>.

LPNs must determine if they are self-employed or are an employee to understand the full extent of their responsibilities and potential liabilities. Please note that interpreting employment status can be complicated.

The CLPNA recommends that you obtain legal and business advice.

Risk Management

Self-employed LPNs can use risk management strategies to prevent and mitigate adverse events. To assess risk LPNs should consider the following questions:

- What could go wrong?
- How severe might the adverse event be?
- How would I address an adverse event?
- How likely will an adverse event occur?
- How can I prevent an adverse event or mitigate the impacts?²

What can be done to control the associated consequences for the risks listed above? The LPN should assess areas where their self-employed practice may result in:



- Patients, staff, and themselves being placed at risk of physical or psychological harm;
- Disengaged staff;
- Financial or reputational loss;
- Service interruption (ex: power failures or lack of after-hours care);
- Statutory non-compliance; and
- Failed practice initiatives.³

INFORMED PRACTICE

LPNs are professionally responsible and accountable to deliver safe, competent, and ethical nursing care. All LPNs, including those engaged in self-employed practice, are held to the standards, code of ethics, and policies of the profession. LPNs who are self-employed should also be aware of their obligations as business owners/operators.

Registration, Continuing Competence, and Practice Requirements

As with all LPNs, LPNs in self-employed practice must meet the registration, continuing competence, and practice requirements set out in the HPA and the Licensed Practical Nurses Profession Regulation (LPN Regulation). The HPA and LPN Regulation limit all LPNs to providing only those services they are competent to perform and only those restricted activities authorized in the LPN Regulation.

If the self-employed LPN intends to provide restricted activities requiring supervision, they must ensure the necessary supervision requirements are in place.

Components in Self-Employed Practice

- The LPN possesses the knowledge, skills, and competence to provide safe and ethical care.
- The LPN establishes the necessary referral, quality assurance, risk management, policies and procedures, peer support, networking, and continued competency mechanisms to provide services safely.
- The LPN has established the necessary privacy and security of personal patient health

information according to privacy legislation as applicable.

Professional Role

Self-employed LPNs are responsible to avoid and minimize harm where patient safety is at risk. This may include having professional liability insurance before entering in self-employed practice.

Part of professional self-employed practice includes the LPN identifying themselves as a regulated member:

- When the service advertised or provided is within the practice of practical nursing; and
- Regardless of whether the nursing service is paid or provided on a complimentary basis.

When advertising practical nursing services LPNs should only advertise nursing services that they are authorized and competent to perform. Any advertisements for nursing services should be clear, accurate, and truthful to avoid misleading or misinforming the public.

It is suggested that an LPN only makes a recommendation or sells a product, appliance, device, or alternate service if it is appropriate and relevant to the type of nursing care provided in their self-employed practice.

When an LPN offers additional services that are outside the LPN scope of practice, the hours from these services would not qualify towards the Continuing Competence Program practice hours requirement of the CLPNA. For example, esthetics procedures such as facials, waxing, piercings, and tattooing are not considered professional nursing services, and as a result the hours that an LPN spends performing these services while self-employed would not be counted as practical nursing hours.

Conflicts of Interest

All LPNs are expected to demonstrate trustworthiness and integrity in their practice. The nature of the nurse-patient relationship means that



LPNs inherently have power over patients in their care. As such, LPNs have a professional responsibility to be mindful of their actions and the potential for conflicts of interest to occur.

A conflict of interest can be defined as “a situation in which a person has a private or personal interest sufficient to appear to influence the objective performance of his or her professional duties.”⁴ As healthcare providers, LPNs have a duty to provide nursing care in the best interest of their patients.

Personal or private interests may conflict, or appear to conflict, with an LPN’s objective professional judgement and duty to provide care.

When an individual has multiple interests (e.g. personal/private, commercial, organizational, and patient) there is greater potential for one to influence another. This may lead to a conflict of interest, poor nursing judgment, and negative outcomes.

A conflict of interest could appear in different forms when an LPN is engaged in self-employed practice.

An LPN should recognize and refrain from any behaviour that may lead to or be perceived as being a conflict of interest. For example, an LPN who is an employee and has their own self-employed practice should avoid recruiting patients from their employer because it could be perceived as a conflict of interest. Additionally, to avoid a conflict of interest LPNs who are providing nursing services should not offer incentives to solicit or recruit patients to their self-employed practice for nursing care.

LPNs must put the needs of their patients over personal, financial, or commercial interests.

If a conflict of interest is unavoidable, an LPN can manage this ethically by disclosing relevant information to relevant parties (e.g. charge nurse, manager, or patient etc.). Some examples include when:

- The LPN is both self-employed and an employee of a healthcare organization; or

- Their affiliation, relationship, or personal connection to a patient may be perceived as a conflict of interest.

An LPN should have a clear referral process to other healthcare providers, facilities, and agencies when a patient’s care needs exceed their scope of practice or competency. Referrals should be made in the patient’s best interest over the LPN’s personal, financial, or commercial interests.

Professional Boundaries

An LPN’s position of power as a health professional highlights the responsibility to establish and maintain boundaries in their professional practice. A professional boundary creates a protected space between the healthcare provider and patient, which enables the preservation of trust and respect within the therapeutic nurse-patient relationship.

Self-employed LPNs should ensure that employees are aware of applicable standards with respect to professional boundaries and should develop policies to promote adherence to professional boundaries in a manner appropriate to the nature of the services being provided.

Gift giving or receiving between an LPN and a patient can blur the line between a professional and personal relationship. An LPN in self-employed practice should consider the appropriateness of gift giving and accepting based on the intent and value of the gift. A self-employed LPN, who is also an employer to other healthcare providers, is responsible for establishing policies about gift giving and accepting and ensuring that their employees follow these policies.

More information on expectations for professional boundaries can be found in the *Standards of Practice on Boundary Violations*, *Policy on Patient & Co-Worker Abuse*, and the *Practice Guideline on Professional Boundaries*.

Information Management

Managing patients’ personal and health information is critical for maintaining professional nursing and business practices. Patient information must be



collected, used, stored, and disclosed professionally and ethically under applicable privacy legislation.

Self-employed LPNs must manage information in a manner that respects a patient's right to privacy. Additionally, healthcare providers have an ethical and legal obligation to safeguard patient information that has been disclosed to them.

An LPN is responsible to understand privacy legislation and which specific legislation is applicable to their self-employed practice. The CLPNA has developed an Interpretive Document on *Understanding Privacy Legislation in Alberta* to assist LPNs.

To adhere to legislated requirements, an LPN in self-employed practice should develop policies and procedures for:

- The collection, use, storage, and disclosure of a patient's personal and health information;
- The access and sharing of a patient's personal and health information between healthcare providers and the patient;
- The retention and storage of personal and health information in their business records; and
- The disposal of patient information for patients no longer receiving nursing care in the LPN's self-employed practice.

An LPN should seek out legal advice for assistance in how to fulfill their legal obligations. Additional information about privacy requirements in Alberta can be found at the [Office of the Information and Privacy Commissioner of Alberta](#) website.

Documentation

Documentation is a critical component of nursing practice. It details the collection of personal and health information of patients, thereby creating a record of the care provided that can be used as a communication tool between healthcare providers.

Documentation is often used as evidence in legal proceedings to show what care was planned and

provided. Quality nursing documentation reflects the application of the nursing process including nursing assessment and diagnosis, care planning and implementation, and evaluation of the outcome of care provided.

For documentation requirements please see the Policy on *Documentation*.

Management of Patient Information and Records

Legally, an LPN must maintain the security and confidentiality of patient information. This includes the access, use, storage, and disclosure of information contained in physical or electronic records.

In the event of the discontinuation of the self-employed practice, an LPN should ensure they appropriately manage patient records by:

- Transferring the patients and their records to another healthcare provider; or
- Destroying the patient records appropriately or rendering the information unidentifiable to prevent the unauthorized access or disclosure of patient information.

Information Technology and Social Media

An LPN should understand and apply safety precautions in their use of information technology when communicating and sharing patient information.

An LPN should be aware of how technology and social media can be part of maintaining professional boundaries. Additionally, social media should be used responsibly and professionally to avoid a breach of patient privacy and confidentiality. For additional information please see the *Social Media: eProfessionalism for Nurses*.

Work Environment

The work environment in a self-employed LPN's practice setting consists of the practice environment, physical space, work conditions, and job characteristics. These components are associated



with the quality of nursing services provided and patient outcomes.⁵

Creating a Safe Environment

An LPN working in self-employed practice has the responsibility to create a safe space for patients as well as a safe working environment for their employees. An LPN should recognize how practice environments and other environmental factors affect professional practice and patient outcomes in their self-employed practice.

An LPN in self-employed practice can create a culture of safety by creating policies and procedures to avoid and minimize harm in situations which compromise patient safety and well-being.

Infection Prevention and Control

Infection prevention and control (IPC) initiatives prevent harm, help prevent the transmission of infections, promote patient safety in healthcare settings. A self-employed LPN must ensure that the health condition of patients receiving nursing care at their private business setting is not compromised by a breach in IPC protocols which can result in a healthcare associated infection.

For more information about IPC practices please see the Practice Guideline on *Infection Prevention and Control*.

Managing obligations during outbreaks and emergencies

IPC protocols are especially important during outbreaks and emergencies. Emergency and public health emergency are defined in the applicable legislation and LPNs are reminded to adhere to their professional responsibilities and obligations as outlined in the Policy on *Expectations and Obligations during Emergencies*.

Please also review the info sheet on *Pandemic Characteristics and Response Measures* for more information related to social distancing, use of masks, and hand hygiene.

Additionally, please follow any applicable public health orders and guidance that may be in place and be aware of any requirements for personal protective equipment to ensure safety of yourself, colleagues, and patients.

CONCLUSION The CLPNA acknowledges that practical nursing services are offered in a variety of settings and that in these settings an LPN can be self-employed.

This document outlines self-employed practice and the professional expectations that are involved. LPNs should also feel equipped with strategies and guidance to engage in self-employed practice.

If after reading this document you have questions about self-employed practice or the guidance provided, please contact the CLPNA's Professional Practice Team via email at practice@clpna.com, or by phone at 780-484-8886 or 1-800-661-5877 (toll free in Alberta).



OTHER RESOURCES

Ad Standards. "The Canadian Code of Advertising Standards." 2019. <https://adstandards.ca/code/the-code-online/>.

Government of Alberta. (n.d.). Alberta Small Business Resources [Webpage]. Retrieved from <http://www.smallbusiness.alberta.ca/>

REFERENCES

¹ Alberta Community and Social Services, *Employee or Contractor? Know the Difference*. (2008). <https://alis.alberta.ca/tools-and-resources/content/products/employee-or-contractor-know-the-difference/>

² Health Insurance Reciprocal of Canada, *Integrated Risk Management for Healthcare Organizations - Risk Resource Guide* (2014).

³ Ibid.

⁴ McDonald, M. "Ethics and Conflict of Interest." *The University of British Columbia Faculty of Medicine*. n.d. <https://ethics.ubc.ca/peplemcdonaldconflict-htm/>.

⁵ Rebecka M. Norman and Ingeborg S. Sjetne, "Measuring nurse's perception of work environment: a scoping review of questionnaires." *BMC Nursing* 16 (2017): 66, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5697362/pdf/12912_2017_Article_256.pdf.