

Z: Standards of Practice for Performing Restricted Activities and Advanced Practice



COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA

STANDARDS OF PRACTICE FOR LICENSED PRACTICAL NURSES ON RESTRICTED ACTIVITIES AND ADVANCED PRACTICE

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INTRODUCTION

The *Licensed Practical Nurses Profession Regulation* (LPN Regulation) details the **restricted activities**¹ that **licensed practical nurses (LPNs)** are authorized to perform. Changes to the LPN Regulation effective February 1, 2020 are intended to optimize the role that LPNs have in healthcare provision. The College of Licensed Practical Nurses of Alberta (CLPNA) is required to create **standards of practice** explaining the minimum requirements of LPNs performing restricted activities.

Purpose

The purpose of the *Standards of Practice for Licensed Practical Nurses on Restricted Activities and Advanced Practice* (2019) is to outline minimum standards and expectations an LPN must adhere to when performing restricted activities and advanced practice. These standards provide clarification and direction on the provision of a restricted activity and performing in an area of advanced practice.

Understanding Restricted Activities

Schedule 7.1 of the *Government Organization Act* outlines health services restricted activities. **Regulated health professionals** are authorized by their professional regulation to perform restricted activities. An LPN is authorized to perform the restricted activities outlined in the LPN Regulation and in accordance with requirements in standards of practice (please see Appendix A for the list of authorized restricted activities in the LPN Regulation).

Understanding the LPN Scope of Practice for Restricted Activities

The LPN scope of practice includes restricted activities laid out in the LPN Regulation. There are certain parameters an LPN must follow when performing a restricted activity. For more information about the requirements for an individual restricted activity, please see the appropriate standard(s) in this document.

Performing a Restricted Activity

Prior to performing any restricted activity, the LPN must ensure:

1. The restricted activity is authorized by the LPN Regulation and standards of practice;
2. The restricted activity is appropriate within the context of the practice of practical nursing;
3. They have the **competence** and **competencies** needed to perform the restricted activity from their entry-level practical nursing education or from advanced education or training;
4. Advanced authorization is obtained (if required);
5. The LPN's employer supports the LPN performing the restricted activity;
6. Other required supports and/or resources are available to perform the restricted activity safely in that specific practice setting; and
7. They are demonstrating evidence informed **clinical judgment** and decision making.

The LPN must follow section 20 of the LPN Regulation which states:

"Despite any of the authorizations to provide restricted activities, regulated members must restrict themselves in performing restricted activities to those activities that the member is competent to perform and to those that are appropriate to the member's area of practice and the procedures being performed."

¹ Key terms or phrases that were listed under the Definitions are bolded upon first reference.

An LPN may be authorized to perform the restricted activity, however, the LPN must ensure they have the knowledge, skill, and ability to do so in that specific situation and environment. If the LPN does not, they are responsible to seek assistance to ensure the client receives the required care. Supervision of restricted activities is outlined in this document where necessary.

Understanding Advanced Authorization

Certain restricted activities require **advanced training** or education and authorization by the Registrar prior to the LPN performing them. For information about advanced training and applying for and receiving advanced authorization please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

An LPN is only required to take advanced training or education if they are going to perform one or more of the below restricted activities.

An LPN must receive advanced authorization by the Registrar prior to performing any of the following restricted activities:

1. **Medication** administration via a central venous line (central venous catheter (CVC), peripherally inserted central catheter (PICC), or implanted venous access device (IVAD));
2. Inserting or removing instruments, devices, fingers, or hands into an artificial opening into the body for the purposes of hemodialysis;
3. Administering parenteral nutrition;
4. Cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis for the purpose of removing a corn or callus as part of the provision of foot care;
5. Cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis for the purpose of performing activities under the direction of an authorized practitioner performing surgery; and
6. Setting or resetting a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts.

Understanding LPN Advanced Practice

Areas of advanced practice require advanced training or education and authorization by the Registrar to perform. For information about the advanced training and applying for and receiving advanced authorization please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

An LPN is only required to take advanced training or education if they are going to perform one or more of the above areas of advanced practice. **An LPN must receive advanced authorization by the Registrar prior to practicing in the following areas of advanced practice:**

- Advanced Practice Foot Care;
- Advanced Practice Perioperative Nursing; and
- Advanced Practice Orthopedic Nursing.

Learning and Supervision of a Restricted Activity

Section 21 of the LPN Regulation outlines who LPNs may supervise for the purposes of learning and performing restricted activities. LPNs may supervise other LPNs and unregulated individuals.

Section 21(1) of the LPN Regulation describes:

- Any LPN registered with the CLPNA and who is receiving training or education in activities requiring advanced authorization, may perform the restricted activity under the supervision of:
 - another LPN who is authorized by the Registrar to perform the individual restricted activity being learned; or
 - another **authorized practitioner** who is authorized and competent to perform the individual restricted activity being learned.

Sections 21(2) and 21(3)² of the LPN Regulation authorizes LPNs to supervise practical nursing students and unregulated individuals so long as the LPN has the training and competence to perform the individual restricted activity being learned and the LPN is available to provide assistance. The LPN providing supervision must ensure that all supervision requirements of an individual restricted activity are met. For information about supervision requirements for an individual restricted activity, please see the appropriate standard(s) in this document.

Standards of Practice

The *Health Professions Act* (HPA) requires that all regulated health professions establish standards of practice. An LPN is accountable to meet the standards of practice which are the expected minimum standards of care that promote safe, competent, and ethical practice.

In addition to the standards contained in this document, the CLPNA standards of practice include and may not be limited to:

- *Standards of Practice for Licensed Practical Nurses in Canada* (Canadian Council for Practical Nurse Regulators, 2013);
- *Standards of Practice on Boundary Violations: Protecting Patients from Sexual Abuse and Sexual Misconduct* (CLPNA, 2019);
- *Reusable & Single-Use Medical Devices Standard* (Government of Alberta, 2019);
- *Decision-Making Standards for Nurses in the Supervision of Health Care Aides* (CARNA, CLPNA, CRPNA 2010); and
- *Standards of Practice and Competencies for Perioperative Licensed Practical Nurses* (CCPNR, 2010).

The *Standards of Practice for Licensed Practical Nurses in Canada* is the overarching standard of practice that every Alberta LPN must meet when providing nursing care. Along with these overarching standards, an LPN must adhere to all the standards of practice that are relevant to the care they are providing, including performing restricted activities. Performance below the minimum standard could result in disciplinary action. Standards of practice are enforceable under the HPA and are used as a reference in reviewing complaints against LPNs.

Other key documents which govern LPNs include but are not limited to the:

- Competency Profile for Licensed Practical Nurses of Alberta; and
- *Code of Ethics for Licensed Practical Nurses in Canada*, (CCPNR, 2013).

An LPN is responsible to have knowledge of these documents and to apply them to their nursing practice, regardless of practice setting or areas of responsibility.

² LPNs are authorized to supervise an unregulated individual to perform restricted activities of inserting and removing instruments, devices, fingers, or hands beyond the opening of the labia majora or anal verge.

DEFINITIONS

For the purposes of these Standards, these words have the following meanings³:

Additional training: the training required if education and training to perform a restricted activity was not obtained through approved practical nurse education program or equivalent (e.g. CLPNA module, orientation, on the job training, training manual).

Advanced authorization: certain restricted activities and areas of advanced practice require specific permission by the Registrar for the LPN to perform.

Advanced practice: an area of practice that requires advanced education or training and advanced authorization by the Registrar for an LPN to perform.

Advanced training or education: authorized educational modules, courses, or programs approved by the Council or Registrar prior to performing a restricted activity requiring advanced authorization.

Authorized practitioner: for the purpose of the LPN Regulation, an authorized practitioner is a regulated professional who is authorized and competent to perform a restricted activity while providing health services but does not include an LPN. In other nursing contexts an LPN may be considered an authorized practitioner.

Authorized prescriber: a person regulated under the *Health Professions Act*, who is authorized to prescribe a Schedule I drug, within the meaning of the *Pharmacy and Drug Act*.

Bridge medication: medications that may be dispensed to patients on discharge when the patient does not have adequate and timely access to a pharmacy to have the prescription filled.

Client: any patient to whom a LPN provides care.

Clinical Judgement: processes that rely on critical inquiry to reflect the complex, intuitive and conscious thinking strategies that guide nursing decisions.

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

Competency/Competencies: detailed statements that define the knowledge, skills, behaviors, judgments, and personal attributes required by a LPN to practice within the profession (refer to the Competency Profile for Licensed Practical Nurses of Alberta).

Dispense: with respect to drugs, to provide a drug pursuant to a prescription for a person, but does not include the administration of a drug to a person (see Appendix C for a list of medications LPNs are authorized to dispense under specific circumstances).

Licensed Practical Nurse or LPN: a person registered, as a regulated member, on one of the register categories at the College of Licensed Practical Nurses of Alberta outlined in the LPN regulation.

³ Defined terms are bolded where they appear for the first time in this document.

Definitions continued

Medication: a drug as defined in the *Pharmacy and Drug Act*.

Pass medication: medication dispensed when a patient is temporarily leaving the hospital, clinical unit, or facility and is scheduled to take ordered medications while away on pass.

Schedule I drugs: drugs that require a prescription as a condition of sale.

Schedule II drugs: drugs that are available without a prescription but must be obtained from a pharmacist. There is no opportunity for patient self-selection.

Point-of-care: the point of time and setting in which nursing care is provided directly to the client.

Regulated health professional/practitioner: a health professional regulated under the *Health Professions Act* or *Health Disciplines Act*.

Restricted Activities: high risk health services listed in Schedule 7.1 of the *Government Organization Act*.

Practice of Practical Nursing: the scope of practice of LPNs (as described in Section 3 of Schedule 10 of the HPA, see Appendix B).

Supervision: the consultation, guidance, and oversight by an authorized practitioner in the practice setting. Supervision may be direct, indirect, or indirect remote.

- **Direct Supervision:** an authorized practitioner is physically present at the point of care.
- **Indirect Supervision:** an authorized practitioner is available for consultation and guidance, but is not required to be physically present at the point of care. This person providing indirect supervision is readily available on site and can go provide assistance when needed.
- **Indirect Remote Supervision:** an authorized practitioner is available for consultation and guidance, but is not required to be physically present at the point of care. This person providing remote supervision can be easily contacted through technology when assistance is needed.

Standards of Practice: standards of practice set out the minimum standard of professional behaviour and practice to which an LPN is held accountable.

Under Direction: performing a nursing intervention under the instruction or orders of an authorized practitioner.

COMMON STANDARDS FOR ALL RESTRICTED ACTIVITIES AND AREAS OF ADVANCED PRACTICE

An LPN must follow all standards of practice that apply to the individual restricted activity they are performing. Below are Education and Practice Standards that are common across all restricted activities and areas of advanced practice.

Appendix D contains the “Overview Table for Standards of Practice on Restricted Activities and Advanced Practice”. LPNs are required to know all information contained within these standards of practice, but the table provides a quick reference guide on requirements and where to find all pertinent information in this document.

STANDARD 1: Common Education Standards

Prior to performing any restricted activity or area of advanced practice, **the LPN must:**

- 1.1 have education or training to perform the restricted activity attained through:
 - 1.1.1 a CLPNA Council approved practical nurse entry-level education program or equivalent entry-level training that includes education for the restricted activity they are performing; or
 - 1.1.2 post entry-level training or education for the restricted activity they are performing;
- 1.2 pass the CLPNA module, *Understanding Restricted Activities*, or have graduated from a practical nurse entry-level education program in Alberta after June 2022;
- 1.3 possess and maintain the competencies as set out in the CLPNA Competency Profile for the individual restricted activity; and
- 1.4 have the knowledge and competence to perform the restricted activity safely, including the competence to use the specific equipment and technology required to perform the restricted activity.

STANDARD 2: Common Practice Standards

When performing any restricted activity or area of advanced practice, **the LPN must:**

- 2.1 have CLPNA authorization to perform the individual restricted activity;
- 2.2 be accountable for their practice including safe and competent performance;
- 2.3 only perform restricted activities that are appropriate to the LPN’s area of practice and the procedures being performed;
- 2.4 identify and respond to risks, indications, contraindications, and required precautions prior to performing the individual restricted activity;
- 2.5 follow employer requirements and best practices related to performing the individual restricted activity;

- 2.6 inform and educate the client regarding the nature, purpose, and expected outcomes including any required follow up care;
- 2.7 obtain informed consent from the client or alternate decision maker prior to performing the individual restricted activity;
 - 2.7.1 In rare or emergent situations, it may not be possible to obtain consent prior to the LPN performing the restricted activity. In this situation, the consent must be obtained as soon as possible from the patient or alternate decision maker;
- 2.8 apply infection prevention and control best practices in accordance with legislative requirements, CLPNA standards, and employer requirements;
- 2.9 monitor and evaluate the client's response to the restricted activity;
- 2.10 competently respond to any adverse event and ensure it is communicated to the appropriate health care professional in a timely manner;
- 2.11 report and document according to legislation, employer requirements, and CLPNA policies related to any aspect of performing the individual restricted activity;
- 2.12 be responsible and accountable in ensuring safe, ethical, and competent care; and
- 2.13 adhere to all CLPNA standards of practice and the CLPNA code of ethics.

STANDARDS FOR INDIVIDUAL RESTRICTED ACTIVITIES

An LPN obtains the required competencies to perform many authorized restricted activities through the entry-level practical nurse diploma program or equivalent entry-level training. The competency requirements for individual restricted activities are included under various sections throughout the CLPNA Competency Profile. Below are standards for authorized restricted activities for all regulated members on all register categories.

The LPN Regulation section number is noted at the beginning of each individual restricted activity.

Note: Some of the following restricted activities may require additional training for LPNs who graduated from an Alberta practical nursing program prior to June 2022. A CLPNA module is available. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

Section 13(1)(a): Inserting or removing instruments, devices, fingers or hands:

- beyond the point in the nasal passages where they normally narrow;
- beyond the pharynx;
- beyond the opening of the urethra;
- beyond the labia majora;
- beyond the anal verge; or
- into an artificial opening into the body

Practice Overview:

The insertion or removal of instruments, devices, fingers, or hands is part of many areas of LPN practice. Some examples of these activities include urinary catheterization; ostomy care; endotracheal suctioning; enema administration; and insertion of a rectal or vaginal suppository, an otoscope, or a nasogastric tube.

Note: Please refer to Standard 16 for expectations for the insertion of instruments, devices, fingers, or hands related to hemodialysis.

STANDARD 3: Inserting or removing instruments, devices, fingers, or hands

When an LPN performs a nursing intervention that involves the insertion or removal of instruments, devices, fingers, or hands beyond the body parts indicated above, **the LPN must:**

- 3.1 adhere to common education and practice standards (Standards 1 and 2).

Section 13(1)(b): Administering anything by an invasive procedure on body tissue below the dermis for the purpose of administering injections or for starting a peripheral intravenous line

Practice Overview:

An LPN prepares, initiates, administers, monitors, titrates, and discontinues the delivery of fluids and medications via invasive routes (e.g. injections and infusions). Invasive routes include intravenous, intradermal, intramuscular, and subcutaneous. Administration of medications by non-invasive routes such as oral, topical, and transdermal is not a restricted activity.

Note: Please refer to Standard 17 on administering medication by central venous line (CVC), peripherally inserted central catheter (PICC), or an implanted venous access device (IVAD).

STANDARD 4: Administering fluids or medication via invasive procedure: intravenous (IV), intradermal (ID), intramuscular (IM), and subcutaneous (SC) routes

When an LPN administers fluids or medications by invasive procedure, the LPN must:

- 4.1 adhere to common education and practice standards (Standards 1 and 2);
- 4.2 follow an **authorized prescriber** order or medically approved protocol prior to fluid or medication administration; and
- 4.3 adhere to all rights and checks of medication administration as set out in the CLPNA Competency Profile and CLPNA policy.

Section 13(1)(c): Administering vaccines for the purpose of providing immunizations where the recipient of the vaccine is 5 years of age or older

Practice Overview:

An LPN is authorized to administer vaccines for immunization to clients 5 years of age and older. An LPN must ensure that they have the knowledge, skill, judgment, and competencies related to the concepts and principles of immunity, communicable disease control, immunization, as well as legislative and reporting requirements.

Note: Immunization was previously an LPN specialty practice in Alberta. If you did not previously hold the immunization specialty you must complete additional training prior to immunizing clients 5 years of age or older.

Note: Immunization may require additional training or education for LPNs who graduated from an Alberta practical nursing program prior to June 2022 or from another jurisdiction. A CLPNA module is available. LPNs who graduated from an Alberta practical nursing program after June 2022 are not required to have additional training or education. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

STANDARD 5: Administering vaccines to immunize clients 5 years of age or older

When administering a vaccine to a client (5 years or older) the LPN must:

- 5.1 adhere to common education and practice standards (Standards 1 and 2);
- 5.2 have working knowledge of CLPNA Immunization-related policy documents;
- 5.3 ensure the client is 5 years of age or older;
- 5.4 ensure there is a complete client specific order from an authorized prescriber or follow the recommended immunization schedule;
 - 5.4.1 if the order is incomplete or the immunization history is unclear, vaccines must not be administered until it is clarified;
- 5.5 restrict themselves to administering vaccines that are appropriate to the LPN's area of practice;
- 5.6 refer the client to another regulated health practitioner if they are unable to provide the immunization for any reason;
- 5.7 provide assessment and monitoring of the client prior to, during, and post immunization;
- 5.8 manage and report any adverse reactions or refusal of vaccination as defined in regulation;
- 5.9 adhere to legislative and regulatory requirements related to the storage, handling, and transporting of vaccines (e.g. cold chain); and
- 5.10 follow legislated reporting requirements including but not limited to: documentation, unreported immunizations, and adverse events.

Section 13(1)(d): Administering Blood or Blood Products

Practice Overview:

An LPN is able to perform all aspects of blood and blood product (blood component) administration to clients of any age. This includes but is not limited to setting up the infusion line, picking up blood from the blood bank, and checking, initiating, titrating, monitoring, assessing, and managing client response throughout the infusion.

Note: Administering blood or blood products may require additional training or education for LPNs who graduated from an Alberta practical nursing program prior to June 2022 or from another jurisdiction. A CLPNA module is available. LPNs who graduated from an Alberta practical nursing program after June 2022 are not required to have additional training or education. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

STANDARD 6: Administering blood or blood product by transfusion or infusion

When an LPN administers a blood or blood product by transfusion or infusion, the LPN must:

- 6.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 6.2 following an authorized prescriber order or medically approved protocol prior to blood or blood product administration;
- 6.3 ensure written informed consent has been obtained from patient;
- 6.4 adhere to the rights and checks of administration and discontinuation of blood and blood products;
- 6.5 provide ongoing assessment and monitoring of the client, as per employer requirements, prior to, during & post administration of blood or blood products; and
- 6.6 immediately advise the authorized prescriber of any adverse reactions or side effects.

STANDARD 7: Administering medications containing blood products

It is important that the LPN remains current on which products contain blood for which LPNs are authorized to administer. Some procedures include the administration of blood products that LPNs are not authorized to administer. If you have questions about what blood products an LPN is not authorized to administer, please contact the CLPNA Professional Practice Department (contact information available on the CLPNA website).

When an LPN administers a medication containing a blood product, the LPN must:

- 7.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 7.2 ensure the administration of the specific medication containing a blood product is within the LPN authorization;

- 7.3 follow an authorized prescriber order or medically approved protocol;
- 7.4 adhere to the rights and checks of administration and discontinuation of specific medication containing a blood and blood products;
- 7.5 provide ongoing assessment and monitoring of the client, as per employer requirements, prior to, during and post administration of medication containing a blood or blood products; and
- 7.6 immediately advise the authorized prescriber of any adverse reactions or side effects.

Sections 13(1)(e) and 13(2): Dispensing a Schedule I or Schedule II drug (medication) if it is permitted in this Standards of Practice document

Practice Overview:

Generally, the legal authority to **dispense** a medication falls within the responsibility of pharmacy (pharmacist or pharmacy technician). An LPN is authorized to dispense medications incidental to the **practice of practical nursing**, according to this standard of practice and any listed exemptions. When pharmacy is not available to dispense the drug and immediate dispensing of the medication is required to meet the needs of the client, there must be a client specific order in place from an authorized prescriber.

Examples of when an LPN may dispense medications include:

1. providing a client specific prescribed medication for the client to take while on a facility “pass”;
2. providing a client with a small amount of “bridge” medication until the client can fill the prescription at a pharmacy; and
3. providing a client with specific prescribed medication as part of outpatient treatment programs.

An LPN is only authorized to dispense controlled drugs or substances listed in Appendix C.

Note: Dispensing medications may require additional training or education for LPNs who graduated from an Alberta practical nursing program prior to June 2022 or from another jurisdiction. A CLPNA module is available. LPNs who graduated from an Alberta practical nursing program after June 2022 are not required to have additional training or education. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

STANDARD 8: Dispensing medications

When an LPN dispenses a medication, the LPN must:

- 8.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 8.2 only dispense controlled drugs or substances listed in Appendix C;
- 8.3 have determined that pharmacy is not available to dispense the medication;
- 8.4 be knowledgeable about the CLPNA policy documents related to medication management;
- 8.5 ensure there is a complete client specific medication order or protocol from an authorized prescriber;
 - 8.5.1 If the order is incomplete, medications must not be dispensed until the medication order is clarified;
- 8.6 have a comprehensive understanding of preparation and dispensing as it relates to the practice of practical nursing and the care setting;
- 8.7 not charge the client a fee, nor receive a specific payment, for the preparation and dispensing of medication;

- 8.8 adhere to best practices and employer requirements in dispensing medication (i.e., rights and checks) to reduce the risk of medication error and ensure client safety;
- 8.9 inform and educate the client about the medications they are dispensing;
- 8.10 dispense the minimum amount of medication necessary to ensure the health, safety, and ongoing treatment requirements of the client (per prescriber's order and/or employer requirements);
- 8.11 dispense the medication in appropriate packaging with consideration to any need to protect against light, need for child resistant containers, or any other indications specific to the medication that must be considered; and
- 8.12 have a label affixed to the drug container or packaging that is legible and identifies the following:
- the name, address, and telephone number of the facility and unit from which the drug is dispensed;
 - the name of the client;
 - the name of the prescriber;
 - medication name, strength, and dosage;
 - instructions for use, time, and route of administration;
 - the date the drug was dispensed;
 - the quantity dispensed;
 - the drug identification number, if appropriate;
 - any information regarding storage and handling;
 - the expiry date; and
 - any additional information as required by the employer.

Section 13(1)(f): Applying non-ionizing radiation in ultrasound imaging

Practice Overview:

The LPN role in performing ultrasound imaging focuses on performing **point-of-care** nursing assessments and carrying out nursing care pursuant to an authorized practitioner order or an employer approved medical direction.

An LPN applies ultrasound which may or may not create an image (a form of non-ionizing radiation) in three areas of LPN practice:

1. performing point-of-care nursing assessments;
2. assisting the authorized practitioner at point-of-care while the practitioner is performing a clinical procedure in imaging not otherwise considered to be a bedside nursing assessment; and
3. obtaining a fetal heart rate or performing fetal heart rate monitoring.

Note: Applying non-ionizing radiation in ultrasound imaging may require additional training or education for LPNs who graduated from an Alberta practical nursing program prior to June 2022 or from another jurisdiction. A CLPNA module is available. LPNs who graduated from an Alberta practical nursing program after June 2022 are not required to have additional training or education. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

STANDARD 9: Applying ultrasound imaging to perform point-of-care nursing assessments

When an LPN applies ultrasound in point-of-care nursing assessments, **the LPN must:**

- 9.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 9.2 understand which equipment uses non-ionizing radiation in ultrasound imaging; and
- 9.3 report the results and perform any additional care that may be required.

STANDARD 10: Assisting an authorized practitioner while the practitioner is performing a clinical procedure using ultrasound imaging

When an LPN applies ultrasound imaging while assisting an authorized practitioner who is performing a clinical procedure, **the LPN must:**

- 10.1 adhere to common education and practice standards (**Standards 1 and 2**); and
- 10.2 apply the ultrasound imaging under the **direct supervision** of the authorized practitioner (the practitioner is present or immediately available at the point of care).

Sections 13(1)(f) and 13(3): Applying non-ionizing radiation in ultrasound imaging to a fetus for the purpose of fetal heart rate monitoring

Practice Overview:

The LPN role in applying ultrasound to a fetus focuses on performing point-of-care nursing assessments and carrying out nursing care pursuant to an authorized practitioner order or an employer approved medical direction.

Specific to fetal heart rate monitoring, the LPN scope of practice includes manual fetal auscultation and external fetal heart monitoring device to the obstetrical client for fetal heart rate monitoring. Note, manual fetal auscultation is not a restricted activity.

Supervision Requirement:

The LPN's role in applying non-ionizing radiation in ultrasound to a fetus to for the purpose of fetal heart rate monitoring is to collaborate with the health care practitioner who is responsible for the care of the client for interpretation. LPNs require **indirect remote supervision**, at minimum.

Note: Applying non-ionizing radiation in ultrasound imaging to a fetus requires additional training or education for LPNs who graduated from an Alberta practical nursing program prior to June 2022 or from another jurisdiction. A CLPNA module is available. LPNs who graduated from an Alberta practical nursing program after June 2022 are not required to have additional training or education. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

STANDARD 11: Applying non-ionizing radiation in ultrasound imaging to a fetus for the purpose of fetal heart rate monitoring

When an LPN applies non-ionizing radiation in ultrasound to a fetus for the purpose of fetal heart rate monitoring, **the LPN must:**

- 11.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 11.2 possess and maintain the competencies listed in the CLPNA Competency Profile related to performing electronic fetal heart rate monitoring, including understanding the technology being used;
- 11.3 ensure there is an authorized practitioner order or an employer approved protocol for performing electronic fetal heart rate monitoring;
- 11.4 have the ability to identify the risks and precautions, manage any adverse events, and provide ongoing assessment of the client and monitoring of the client and the fetus while performing electronic fetal heart rate monitoring;
- 11.5 perform fetal heart rate monitoring as part of a healthcare team;
- 11.6 engage in ongoing consultation with the authorized practitioner who is responsible for the care of the client at that time; and
- 11.7 provide the fetal heart rate monitor readings for interpretation and management of the results to the authorized practitioner who is responsible for the care of the client.

Section 14(a)(i): Inserting liquid under pressure, into the ear canal, for the purpose of removing wax from ears

Practice Overview:

An LPN with a client specific order from an authorized practitioner may perform the activity of inserting liquid under pressure into the ear canal, for the purpose of wax removal. This is commonly referred to as ear syringing. Prior to and following ear syringing, an LPN may use an otoscope as part of their assessment.

Supervision Requirement:

An LPN is authorized to perform ear syringing under **indirect supervision**. An LPN must ensure that an authorized practitioner is on site and available to provide assistance.

Note: Inserting liquid into the ear canal under pressure to remove ear wax may require additional training or education for LPNs who graduated from an Alberta practical nursing program prior to June 2022 or from another jurisdiction. A CLPNA module is available. LPNs who graduated from an Alberta practical nursing program after June 2022 are not required to have additional training or education. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

STANDARD 12: Inserting liquid into the ear canal under pressure to remove ear wax (ear syringing)

When an LPN performs ear syringing, the LPN must:

- 12.1 adhere to common education and practice standards (Standards 1 and 2);
- 12.2 ensure that an authorized practitioner is on site and available to provide assistance; and
- 12.3 ensure that there is an order or employer protocol in place.

Section 14(a)(ii): Administering diagnostic imaging contrast agents with direction from an authorized practitioner

Practice Overview:

An LPN, as part of a healthcare team, may administer diagnostic imaging contrast agents in preparation for diagnostic imaging. Contrast agents are administered by oral, rectal, and intravenous (IV) routes. In some cases, IV routes of these agents may cause severe or life-threatening reactions that require immediate response and management.

Supervision Requirement:

An LPN is authorized to administer oral, rectal, or IV diagnostic imaging contrast agents with direction from an authorized practitioner under indirect supervision. An LPN must ensure that an authorized practitioner is on site and available to provide assistance.

Note: Administering diagnostic imaging contrast agents may require additional training or education for LPNs who graduated from an Alberta practical nursing program prior to June 2022 or from another jurisdiction. A CLPNA module is available. LPNs who graduated from an Alberta practical nursing program after June 2022 are not required to have additional training or education. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

STANDARD 13: Administering diagnostic imaging contrast agents

When an LPN administers diagnostic imaging contrast agents, the LPN must:

- 13.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 13.2 adhere to the rights and checks of medication preparation and discontinuation of diagnostic imaging contrast agents to ensure client safety;
- 13.3 ensure that an authorized practitioner is on site and available to provide assistance;
- 13.4 provide ongoing assessment and monitoring of the client prior to, during, and post administration of diagnostic imaging contrast agents; and
- 13.5 monitor the administration of diagnostic imaging contrast agents as per employer requirements and immediately advise the authorized practitioner of any adverse reactions or side effects.

Section 14(b): Administering nitrous oxide for the purposes of anesthesia or sedation

Practice Overview:

The role of the LPN in administering nitrous oxide includes assisting the client to self-administer following a prescriber's order and administering nitrous oxide when an authorized practitioner is on site and available to provide immediate assistance if required.

Additional Requirement:

An LPN is authorized to administer nitrous oxide for the purposes of anesthesia or sedation when an authorized practitioner is on site and available to provide immediate assistance.

Note: Administering nitrous oxide may require additional training or education for LPNs who graduated from an Alberta practical nursing program prior to June 2022 or from another jurisdiction. A CLPNA module is available. LPNs who graduated from an Alberta practical nursing program after June 2022 are not required to have additional training or education. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

STANDARD 14: Administering nitrous oxide for anesthesia or sedation

When an LPN administers nitrous oxide for anesthesia or sedation, the LPN must:

- 14.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 14.2 provide ongoing assessment and monitoring of the client prior to, during, and post administration of nitrous oxide;
- 14.3 adhere to the rights and checks of medication administration and discontinuation of nitrous oxide;
- 14.4 ensure that an authorized practitioner is on site and available to provide immediate assistance; and
- 14.5 administer nitrous oxide, as per employer requirements, and immediately advise the authorized practitioner of any adverse reaction or side effects.

Sections 15(1) and 15(2): Performing a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs

(a) judgment,

(b) behaviour,

(c) capacity to recognize reality, or

(d) ability to meet the ordinary demands of life as a member of a multi-disciplinary team and while under the direction of an authorized practitioner who is available for consultation.

Practice Overview:

A psychosocial intervention is a restricted activity when it is performed with

an expectation of treating a *substantial disorder* of thought, mood, perception, orientation, or memory that *grossly impairs* (i) judgment, (ii) behavior, (iii) capacity to recognize reality, or (iv) ability to meet the ordinary demands of life.

Section 2(1)(p) of Schedule 7.1 of the *Government Organization Act*

Activities such as nursing assessment, client monitoring, and providing advice, support, and information on lifestyle choices etc. are not restricted activities and can be performed independently by the LPN. However, treating a client who has a substantial disorder using interventions such as psychotherapy or cognitive behavior therapy that alters thoughts or moods is a restricted activity.

Supervision Requirement:

An LPN is authorized to perform a psychosocial intervention as a member of a multi-disciplinary team **under direction** and with indirect remote supervision of an authorized practitioner who is available for consultation.

STANDARD 15: Performing psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory

When an LPN provides psychosocial intervention as a member of a multi-disciplinary team, **the LPN must:**

- 15.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 15.2 collaborate with and perform the interventions as a member of a multi-disciplinary team;
- 15.3 perform under direction from an authorized practitioner;
- 15.4 ensure that the authorized practitioner providing the direction is available for consultation; and
- 15.5 provide ongoing assessment and monitoring of the client.

RESTRICTED ACTIVITIES AND ADVANCED PRACTICE REQUIRING ADVANCED AUTHORIZATION

The following restricted activities and LPN advanced practice areas require advanced training approved by either the Registrar or CLPNA Council. These are separated below by type of CLPNA approved education.

Advanced training approved by the Registrar for performing restricted activities

- Medication administration via a central venous line (CVC, PICC, or IVAD);
- Inserting or removing instruments, devices, fingers or hands into an artificial opening into the body for the purposes of hemodialysis; and
- Administering parenteral nutrition.

Advanced training approved by CLPNA Council for performing restricted activities

- Cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis for the purpose of removing a corn or callus as part of the provision of foot care;
- Cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis for the purpose of performing activities under the direction of an authorized practitioner performing surgery; and
- Setting or resetting a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts under indirect supervision

Advanced training approved by CLPNA Council for performing in areas of LPN advanced practice

- Advanced Practice Foot Care;
- Advanced Practice Perioperative Nursing; and
- Advanced Practice Orthopedic Nursing.

For information about advanced authorization and education please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

It is required that the LPN completes the advanced training or education and have authorization by the Registrar *prior* to performing the restricted activity or performing in these areas of advanced practice.⁴ Below are standards for authorized restricted activities and areas of advanced practice requiring advanced authorization for all regulated members on all register categories.

The LPN Regulation section number is noted at the beginning of each individual restricted activity.

⁴ LPNs currently enrolled in advanced training or education in areas that require advanced authorization may practice under supervision in accordance with section 21(1) of the LPN Regulation.

Section 16(1)(a): Inserting or removing instruments, devices, fingers or hands into an artificial opening into the body for the purposes of performing dialysis.

Practice Overview:

Peritoneal dialysis is not a restricted activity, nor a restricted activity requiring advanced authorization. Peritoneal dialysis has been part of LPN practice prior to and since coming under the HPA in 2003. The related competencies to perform peritoneal dialysis are included in practical nurse entry-level education.

Hemodialysis is the process of removing blood from the body, filtering it through a machine for the purpose of dialysis, and returning it to the body. Hemodialysis involves inserting or removing an instrument or device into an artificial opening and, therefore, it is a restricted activity.

An LPN who has completed advanced training or education and has been authorized by the Registrar may perform hemodialysis.

STANDARD 16: Inserting or removing instruments, devices, fingers, or hands into an artificial opening into the body for the purposes of performing hemodialysis.

When an LPN performs hemodialysis involving inserting or removing instruments, devices, fingers, or hands into an artificial opening into the body, **the LPN must:**

- 16.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 16.2 have completed advanced training or education in hemodialysis as approved by the Registrar;
- 16.3 have received advanced authorization by the Registrar to perform hemodialysis; and
- 16.4 provide ongoing assessment and monitoring of the client prior to, during, and post hemodialysis.

Section 16(1)(b): Administering medication by an invasive procedure on body tissue below the dermis for the purpose of administering medication into a central venous line (CVC), peripherally inserted central catheter (PICC), or an implanted venous access device (IVAD)

Practice Overview:

An LPN administers medications and fluids via central venous lines (CVC, PICC, and IVAD) to all ages, in a variety of practice areas. Central venous lines may also be referred to as central venous access devices (CVADs). An LPN requires CLPNA approved advanced training or education prior to administering medication by an invasive procedure by CVC, PICC, or IVAD. An LPN who has completed advanced training or education and has been authorized by the Registrar may perform medication administration via CVC, PICC, or IVAD without supervision.

Note: For LPNs who graduated from an Alberta practical nursing entry-level program prior to June 2022, or graduated from another jurisdiction, completion of the CLPNA module on medication administration via CVC, PICC, or IVAD is required to obtain advanced authorization. LPNs who graduated from an Alberta practical nursing program after June 2022 are not required to have additional training or education. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

STANDARD 17: Administering medication by CVC, PICC, or IVAD

When an LPN administers medication by CVC, PICC, or IVAD, the LPN must:

- 17.1 have education or training to perform medication administration by CVC, PICC, or IVAD attained through:
 - 17.1.1 a CLPNA approved practical nurse entry-level education program or equivalent entry-level training; or
 - 17.1.2 the CLPNA post entry-level training or education approved by the Registrar;
- 17.2 adhere to common education and practice standards (**Standards 1 and 2**);
- 17.3 receive advanced authorization by the Registrar to administer medication by CVC, PICC, or IVAD;
- 17.4 adhere to all policies and best practices for central venous line care and management;
- 17.5 adhere to the rights and checks of medication administration for central venous lines;
- 17.6 provide ongoing assessment and monitoring of the client prior to, during and post medication administration via CVC, PICC, or IVAD; and
- 17.7 immediately advise the most responsible healthcare provider of any adverse reactions or side effects.

Section 16(1)(c): Administering Parenteral Nutrition

Practice Overview:

Parenteral nutrition is administered to clients of all ages. LPNs play an important role in the care of these clients by providing nursing care such as assessment, monitoring, documenting, and recording. Administering or initiating the flow of parenteral nutrition requires additional knowledge and skills.

Caring for clients who are receiving parenteral nutrition is not a restricted activity requiring advanced authorization. However, an LPN who wishes to initiate or administer parenteral nutrition to their clients must ensure they have the appropriate CLPNA approved advanced training or education and authorization by the Registrar.

Note: For LPNs who graduated from an Alberta practical nursing entry-level program prior to June 2022, or graduated from another jurisdiction, completion of the CLPNA module on administering parenteral nutrition is required to obtain advanced authorization. LPNs who graduated from an Alberta practical nursing program after June 2022 are not required to have additional training or education. For more information please see the CLPNA Policy on *Practice and Education Requirements for Restricted Activities and Advanced Practice*.

STANDARD 18: Administering parenteral nutrition

An LPN who administers parenteral nutrition **must**:

- 18.1 have education or training to perform administration of parenteral nutrition attained through:
 - 18.1.1 a CLPNA approved practical nurse entry-level education program or equivalent entry-level training; or
 - 18.1.2 the CLPNA post entry-level training or education approved by the Registrar;
- 18.2 adhere to common education and practice standards (**Standards 1 and 2**);
- 18.3 receive advanced authorization by the Registrar to administer parenteral nutrition;
- 18.4 adhere to the rights and checks of administration and discontinuation of parenteral nutrition;
- 18.5 provide ongoing assessment and monitoring of the client prior to, during, and post parenteral nutrition administration; and
- 18.6 immediately advise the authorized prescriber of any adverse reactions or side effects.

Section 16(2)(a): cutting a body tissue, administering anything by an invasive procedure on body tissue, or performing surgical or other invasive procedures on body tissue below the dermis for the purposes of removing a corn or callus as part of the provision of foot care

Practice Overview:

An LPN requires advanced training approved by the Council and authorization by the Registrar to become an advanced practice foot care LPN. After receiving advanced authorization the LPN may:

- cut a body tissue, administering anything by an invasive procedure on body tissue, or performing surgical or other invasive procedures on body tissue below the dermis for the purposes of removing a corn or callus as part of the provision of foot care; and
- perform advanced practice foot care.

An LPN does not have full authorization for the cutting of tissue on the foot like that of a physician or a podiatrist. An LPN only removes a corn or callus.

An LPN who has completed advanced training or education and has been authorized by the Registrar may remove a corn or callus as part of the provision of foot care without supervision and may perform advanced practice foot care.

Standard 19 refers to the specific restricted activity of removing a corn or callus.

Standard 20 refers to advanced practice foot care as outlined in the CLPNA Competency Profile.

STANDARD 19: Cutting a body tissue, administering anything by an invasive procedure on body tissue, or performing surgical or other invasive procedures on body tissue below the dermis for the purposes of removing a corn or callus as part of the provision of foot care

When an LPN cuts a body tissue, administers anything by an invasive procedure on body tissue, or performs surgical or other invasive procedures on body tissue below the dermis for the purposes of removing a corn or callus as part of the provision of foot care **the LPN must:**

- 19.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 19.2 complete advanced training or education in removing a corn or callus as approved by the Council;
- 19.3 receive advanced authorization by the Registrar for removing a corn or callus;
- 19.4 adhere to policy and best practices in infection prevention and control as required by the *Alberta Reusable & Single-Use Medical Devices Standards* and related legislation;
- 19.5 assess and refer those clients whose condition requires further treatment by another regulated health professional; and
- 19.6 meet CLPNA requirements related to self-employed practice when removing a corn or callus as part of their self-employed practice.

STANDARD 20: Advanced Practice Foot Care

When an LPN performs advanced practice foot care the LPN must:

- 20.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 20.2 completed advanced training or education in advanced practice foot care as approved by the Council;
- 20.3 receive advanced authorization by the Registrar for advanced practice foot care;
- 20.4 meet best practices in infection prevention and control as required by the *Alberta Reusable & Single-Use Medical Devices Standards* and related legislation;
- 20.5 adhere to policy and best practices regarding advanced practice foot care including, but not limited to, safe infection prevention control, the safe operation of tools and devices used in advanced practice foot care, and CLPNA requirements for preparing and sanitizing reusable medical devices;
- 20.6 assess and refer those clients whose condition requires further treatment by another regulated health professional; and
- 20.7 meet CLPNA requirements related to self-employed practice when providing advanced practice foot care as part of their self-employed practice.

Section 16(2)(b): cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis under direction of an authorized practitioner who is performing surgery

Practice Overview:

An LPN requires advanced training approved by the Council and authorization by the Registrar to become an advanced practice perioperative LPN. After receiving advanced authorization the LPN may:

- engage in cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis under direction of an authorized practitioner who is performing surgery; and
- perform advanced practice perioperative nursing.

Perioperative LPNs provide preoperative, intraoperative, and immediate post-operative client care. The Canadian Council for Practical Nurse Regulators (CCPNR) *Standards of Practice and Competencies for Perioperative Licensed Practical Nurses* and the CLPNA Competency Profile set out competency requirements for advanced practice perioperative nursing.

Standard 21 refers to the specific restricted activity of cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis under direction of an authorized practitioner who is performing surgery.

Standard 22 refers to advanced practice perioperative nursing as outlined in the CLPNA Competency Profile.

STANDARD 21: Cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis under direction of an authorized practitioner who is performing surgery

When an LPN engages in cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis under direction of an authorized practitioner who is performing surgery nursing, **the LPN must:**

- 21.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 21.2 complete advanced training or education approved by the Council;
- 21.3 receive advanced authorization by the Registrar; and
- 21.4 perform activities under direction of an authorized practitioner who is performing surgery.

STANDARD 22: Advanced Practice Perioperative Nursing

When an LPN engages in perioperative nursing, the LPN must:

- 22.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 22.2 complete advanced training or education in advanced practice perioperative nursing approved by the Council;
- 22.3 receive advanced authorization by the Registrar for advanced practice perioperative nursing;
- 22.4 meet the *Standards of Practice and Competencies for Perioperative Licensed Practical Nurses*; and
- 22.5 perform activities under direction of an authorized practitioner who is performing surgery.

Sections 17(a) and 17(b): Setting or resetting a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts

Practice Overview:

An LPN requires advanced training approved by the Council and authorization by the Registrar to become an advanced practice orthopedic LPN. After receiving advanced authorization the LPN may:

- set or reset a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts under the direction of (including verbal and written direction) an authorized practitioner provided an authorized practitioner is onsite and available to provide assistance; and
- perform advanced practice orthopedic nursing.

Standard 23 refers to the specific restricted activity of setting or resetting a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts.

Standard 24 refers to advanced practice orthopedic nursing as outlined in the CLPNA Competency Profile.

STANDARD 23: Setting or resetting a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts

When an LPN engages in the practice of setting or resetting a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts, **the LPN must:**

- 23.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 23.2 complete advanced training or education in setting or resetting a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts as approved by the Council;
- 23.3 receive advanced authorization by the Registrar for setting or resetting a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts;
- 23.4 have a verbal or written order from an authorized practitioner prior to initiating procedures related to setting or resetting a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts; and
- 23.5 ensure an authorized practitioner is on site and available to provide assistance.

STANDARD 24: Advanced Practice Orthopedic Nursing

When an LPN engages in the advanced practice of LPN orthopedic nursing, **the LPN must:**

- 24.1 adhere to common education and practice standards (**Standards 1 and 2**);
- 24.2 complete advanced training or education in advanced practice orthopedic nursing as approved by the Council;
- 24.3 receive advanced authorization by the Registrar for advanced practice orthopedic nursing; and
- 24.4 have direction from an authorized practitioner.

APPENDICES

Appendix A – LPN Regulation Excerpt of Restricted Activities

Restricted Activities

Authorized activities

13(1) A regulated member may, in the practice of licensed practical nursing, perform the following restricted activities in accordance with the standards of practice:

- (a) with the exception of the activities described in section 16(1)(a), inserting or removing instruments, devices, fingers or hands
 - (i) beyond the point in the nasal passages where they normally narrow,
 - (ii) beyond the pharynx,
 - (iii) beyond the opening of the urethra,
 - (iv) beyond the labia majora,
 - (v) beyond the anal verge, or
 - (vi) into an artificial opening into the body;
- (b) with the exception of the activity described in section 16(1)(b), administering anything by an invasive procedure on body tissue below the dermis for the purpose of administering injections or for starting a peripheral intravenous line;
- (c) administering vaccines for the purpose of providing immunizations where the recipient of the immunization is 5 years of age or older;
- (d) administering blood or blood products;
- (e) subject to subsection (2), dispensing a Schedule 1 or Schedule 2 drug within the meaning of the *Pharmacy and Drug Act* when incidental to the practice of licensed practical nursing;
- (f) subject to subsection (3), applying non-ionizing radiation in ultrasound imaging.

(2) A regulated member referred to in subsection (1) shall not dispense a Schedule 1 or Schedule 2 drug within the meaning of the *Pharmacy and Drug Act* if that drug is set out in a Schedule to the *Controlled Drugs and Substances Act* (Canada), unless that drug has been specifically exempted for the purpose of this section in the standards of practice.

(3) A regulated member referred to in subsection (1) shall only apply non-ionizing radiation in ultrasound imaging to a fetus for the purpose of fetal heart rate monitoring.

AR 81/2003 s13;131/2019

Activities authorized with supervision

14 A regulated member may, in the practice of licensed practical nursing, perform the following restricted activities in accordance with the standards of practice:

- (a) if an authorized practitioner is on site and available to provide assistance
 - (i) where it is specifically authorized by an authorized practitioner, inserting liquid, under pressure, into the ear canal for the purpose of removing wax from ears;
 - (ii) administering diagnostic imaging contrast agents with direction from an authorized practitioner;

- (b) if an authorized practitioner is on site and available to provide immediate assistance, administering nitrous oxide for the purposes of anaesthesia or sedation.

AR 81/2003 s14;131/2019

Psychosocial intervention

15(1) Subject to subsection (2), a regulated member may, in the practice of licensed practical nursing and in accordance with the standards of practice, as a member of a multi-disciplinary team, perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs

- (a) judgment,
- (b) behaviour,
- (c) capacity to recognize reality, or
- (d) ability to meet the ordinary demands of life.

(2) A regulated member shall only perform a psychosocial intervention referred to in subsection (1) with direction from an authorized practitioner who is available for consultation.

AR 81/2003 s15;131/2019

Activities requiring advance authorization

16(1) A regulated member who has completed advanced training approved by the Registrar and has been specifically authorized to do so by the Registrar on the basis of that training may, in the practice of licensed practical nursing, perform the following restricted activities in accordance with the standards of practice:

- (a) inserting or removing instruments, devices, fingers or hands into an artificial opening into the body for the purposes of performing dialysis;
- (b) administering medication by an invasive procedure on body tissue below the dermis for the purpose of administering medication into a central venous line, peripherally inserted central catheter or an implanted venous access device;
- (c) administering parenteral nutrition.

(2) A regulated member who has completed advanced training approved by the Council and has been specifically authorized to do so by the Registrar on the basis of that training may, in the practice of licensed practical nursing and in accordance with the standards of practice, perform the restricted activity of cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis for the purposes of performing the following activities:

- (a) removing a corn or callus as part of the provision of foot care;
- (b) performing activities under the direction of an authorized practitioner who is performing surgery.

AR 81/2003 s16;131/2019

Activities requiring advance authorization and supervision

17 A regulated member who has completed advanced training approved by the Council and has been specifically authorized to do so by the Registrar on the basis of that training may, in the practice of licensed practical nursing and in accordance with the standards of practice, perform the restricted activity of setting or resetting a fracture of a bone for the purposes of inserting and removing orthopaedic devices and applying casts, if

- (a) the regulated member has direction from an authorized practitioner, and
- (b) an authorized practitioner is on site and available to provide assistance.

AR 81/2003 s17;131/2019

18 and 19 Repealed AR 131/2019 s10.



Appendix B – Schedule 10 of the *Health Professions Act*

Practice

3. In their practice, licensed practical nurses do one or more of the following:
 - (a) apply nursing knowledge, skills and judgment to assess patients' needs,
 - (b) provide nursing care for patients and families,
 - (b.1) teach, manage and conduct research in the science, techniques and practice of nursing, and
 - (c) provide restricted activities authorized by the regulations.

RSA 2000 cH-7 Sched. 10 s3;2008 c34 s24

Appendix C – Drug Schedule for Standard 8

Generally, the legal authority to dispense a medication falls within the responsibility of pharmacy (pharmacist or pharmacy technician). Sections 13(1)(e) and 13(2) of the LPN Regulation authorizes LPNs to dispense Schedule I or Schedule II drugs as per the *Standards of Practice on Restricted Activities and Advanced Practice*.

In accordance with Section 13(2) of the LPN Regulation, LPNs are authorized to dispense the following schedules of drugs if the dispensing of a specific drug is *incidental to the practice of practical nursing* outlined in Standard 8:

LPNs may dispense Schedule I and II controlled drugs or substances as listed in the *Controlled Drugs and Substances Act* (<https://laws-lois.justice.gc.ca/eng/acts/c-38.8/>).

Appendix D – Overview Tables for Standards of Practice on Restricted Activities and Advanced Practice

Important: LPNs are responsible to ensure they have any required education or training and the individual competence prior to performing these restricted activities.

Key

- ★ = Required for graduates of Alberta PN programs before June 2022
- = CLPNA module available, but not required
- = CLPNA module required for advanced authorization
- ▲ = Additional Education is only needed if the LPN is going to be performing the restricted activity

Definitions:

Restricted Activity: a high-risk health service listed in Schedule 7.1 of the *Government Organization Act*.

Advanced Authorization: activities and areas of advanced practice that require the LPN to have advanced training or education and authorization by the Registrar.

Restricted Activity	Standard	Advanced Auth.	Supervision (at minimum)	Additional Education	AB PN Program (Pre-2022)	AB PN Program (Post-2022)
Inserting or removing instruments, devices, fingers or hands during client care	3	No	N/A	N/A	Yes	Yes
Administering anything by an invasive procedure on body tissue below the dermis for the purpose of administering injections or for starting a peripheral intravenous line	4	No	N/A	Possible ● ▲	Yes	Yes
Administering vaccines for the purpose of providing immunizations where the recipient of the vaccine is 5 years of age or older	5	No	N/A	Yes ★ ● ▲	Has Related Competencies	Yes
Administering Blood or Blood Products	6 & 7	No	N/A	Yes ★ ● ▲	Has Related Competencies	Yes
Dispensing a Schedule I or Schedule II drug (medication) ("pass" and "bridge" medications)	8	No	N/A	Yes ★ ● ▲	Has Related Competencies	Yes

Restricted Activity	Standard	Advanced Auth.	Supervision (at minimum)	Additional Education	AB PN Program (Pre-2022)	AB PN Program (Post-2022)
Applying non-ionizing radiation in ultrasound imaging (general)	9	No	N/A	Yes ★ ● ▲	Has Related Competencies	Yes
	10	No	Yes – Direct	Yes ★ ● ▲	Has Related Competencies	Yes
Applying non-ionizing radiation in ultrasound imaging to a fetus for the purpose of fetal heart rate monitoring	11	No	Yes – Indirect Remote	Yes ★ ● ▲	Has Related Competencies	Yes
Inserting liquid under pressure, into the ear canal, for the purpose of removing wax from ears	12	No	Yes – Indirect	Possible ● ▲	Yes	Yes
Administering diagnostic imaging contrast agents with direction from an authorized prescriber	13	No	Yes – Indirect	Yes ★ ● ▲	Has Related Competencies	Yes
Administering nitrous oxide for the purposes of anesthesia or sedation	14	No	Yes – Direct	Possible ● ▲	Yes	Yes
Performing a psychosocial intervention	15	No	Yes – Indirect Remote	Possible ● ▲	Yes	Yes
Inserting or removing instruments, devices, fingers or hands into an artificial opening into the body for the purposes of performing hemodialysis	16	Yes	N/A	Yes – Registrar approved ▲	No	No
Administering medication by CVC, PICC, or IVAD	17	Yes	N/A	Yes – Registrar approved ■ ▲	Has Related Competencies	Yes

Restricted Activity	Standard	Advanced Auth.	Supervision (at minimum)	Additional Education	AB PN Program (Pre-2022)	AB PN Program (Post-2022)
Administering Parenteral Nutrition	18	Yes	N/A	Yes – Registrar approved ■ ▲	Has Related Competencies	Yes
Cutting a body tissue, administering anything by an invasive procedure on body tissue, or performing surgical or other invasive procedures on body tissue below the dermis for the purposes of removing a corn or callus as part of the provision of foot care	19	Yes	N/A	Yes – Council approved ▲	No	No
Cutting a body tissue, administering anything by an invasive procedure on body tissue or performing surgical or other invasive procedures on body tissue below the dermis under direction of an authorized practitioner who is performing surgery	21	Yes	No Supervision – practice under direction	Yes – Council approved ▲	No	No
Setting or resetting a fracture of a bone for the purposes of inserting and removing orthopedic devices and applying casts	23	Yes	Yes – Indirect	Yes – Council approved ▲	No	No

Area of Advanced Practice	Standard	Advanced Auth.	Supervision (at minimum)	Additional Education	AB PN Program (Pre-2022)	AB PN Program (Post-2022)
Advanced Practice Foot Care	20	Yes	N/A	Yes – Council approved ▲	No	No
Advanced Practice Perioperative Nursing	22	Yes	No Supervision – practice under direction	Yes – Council approved ▲	No	No
Advanced Practice Orthopedic Nursing	24	Yes	No Supervision – practice under direction	Yes – Council approved ▲	No	No