



The Manitoba Nurses Union (MNU) and the College of Licensed Practical Nurses of Manitoba (CLPNM) are concerned about two issues, which are negatively impacting on the practice and working lives of Licensed Practical Nurses. The MNU and CLPNM believe it is important to raise awareness of government supported and/or imposed barriers which limit the practice of LPNs and have an impact on LPN employment in all regional health authorities. Although the competencies required to carry out these functions are well within the scope of practice of LPNs they are restricted from doing so by regulation and policy. Continuance of this restrictive practice affects, the client, the LPN, the employer and the cost effectiveness of the system.



Specifically LPNs are restricted from:

1. Viewing the Body Following Death – the Chief Medical Examiner has designated, for nursing, only registered nurses and registered psychiatric nurses can carry out this function. It has been reported that this barrier exists at the direction of Manitoba Health and was implemented to be consistent with Manitoba Health policy related to personal care homes. This has negatively affected the practice of LPNs.
2. Restraint Regulation – the Manitoba Personal Care Home Standard Regulation 17(3) states, “if positive methods of preventing harm have been explored and determined to be ineffective, a physician, registered nurse or a registered psychiatric nurse may order a physical restraint to be used”. Enactment of this regulation has also negatively impacted the practice of LPNs.

Limiting the practice of LPNs below their potential, wastes precious nursing human resources at a time when the health care system can ill afford it. Eliminating practice barriers is essential to ensuring the public receives safe, affordable, accessible and timely care. As well these barriers unnecessarily increase cost to the system. There has been considerable discussion and concern raised by both LPNs and nursing managers regarding these practice restrictions and their impact on staffing and facility financial resources. Many LPNs are concerned that if these restrictive practices continue employment opportunities for LPNs will diminish.

Educational programs in Manitoba provide licensed practical nurses with knowledge of the normal changes that occur after death; differentiation of normal changes from bruises, lesions, fractures or other types of injuries that require investigation and the assessment skills to conduct a thorough examination.

As well inherent in the educational program are competencies related to professional/clinical judgment and critical thinking to assess and intervene in situations where the safety of a resident or others may be compromised.

### **Viewing the Body Following Death**

When viewing the body, the nurse recognizes this might be the last time the body is examined by medical personnel. The unclothed body is to be examined for bruises, fractures, or any other type of injury that could have contributed to the death. If there are any concerns or suspicions, notification must be made immediately to the local medical examiner or Office of the Chief Medical Examiner.

### **Impact on LPN**

Pronouncement of death and viewing the body following death has always been a part of LPN practice. Restricting LPNs from carrying out “viewing of the body” did not surface until the

early 2000's. LPNs are extremely frustrated, what was once common practice is now a practice barrier, which is impacting on their employment and in some instances, creating dissension within the workplace.

### **Impact on Health Facility**

From a human resource perspective the MNU and CLPNM believe, when unnecessary barriers well within the LPNs scope of practice are imposed, it not only impacts on the LPN, other nurses working with the LPN, it also effects staffing pattern decisions and increases cost.

### **Restraint Policy**

Licensed Practical Nurses recognize that physical restraint is an intervention of last resort. In an emergency situation where it is deemed necessary to protect the resident or others, it is within the LPNs knowledge base and scope of practice to assess and determine if a physical restraint is temporarily required.

Prior to the enactment of the current regulation nurses (LPNs, RNs and RPNs), carried out such assessments and decision making as part of their practice. All nurses were faced with the same barrier – a physician order was required prior to implementation. All nurses expressed concern regarding this barrier and their ability to, in an urgent situation, address in a timely manner the safety needs of the resident or others. Enactment of the Personal Care Home Standards removed the barrier for RNs and RPNs by allowing them to order a physical restraint. However the barrier remains for LPNs. LPNs are frustrated and are questioning why this barrier continues to be imposed on their practice.

Licensed practical nurses currently do the assessment and if they determine a physical restraint is advisable they must contact a registered nurse, registered psychiatric nurse or physician to obtain an order. The order to apply the physical restraint is based on **THEIR** assessment of the situation. Why is this extra step imposed on the LPN?

### **Impact on LPN**

Licensed Practical Nurses are frustrated that this barrier continues to be imposed on their practice and are concerned regarding their ability to address an urgent safety need of the resident or others. LPNs are also concerned that if this barrier remains it will negatively impact on the employment of LPNs in personal care homes.

### **Impact on Resident**

The resident is placed at risk as prompt and timely intervention is delayed due to the time required to contact and consult with a registered nurse, registered psychiatric nurse or physician.

### **Impact on Health Facility**

The facility/nurse may be at risk for failure to provide timely intervention to prevent injury. There is an increased cost in nursing human resources to the facility.

The MNU and CLPNM strongly support quality practice environments, which support nurses in practice resulting in job satisfaction and improved staff retention. Therefore, the MNU and CLPNM strongly believe that these barriers must be eliminated and encourage Manitoba Health to work closely with MNU and CLPNM to enact the necessary changes in government policy and regulation to remove these barriers.