



Practice directions assist Manitoba's practical nurses to understand their professional responsibilities and legal obligations, enabling them to make safe and ethical decisions within their practice. All CLPNM registrants are expected to practice in accordance with the information disseminated in practice directions. Failure to do so may result in an investigation for misconduct and/or a practice audit.

### Fitness to Practice

Manitoba's practical nurses (referred to simply as "nurses" in this document) have a responsibility to adhere to their professional standards, articulated in the Standards of Practice and Code of Ethics of their profession. These standards include:

- demonstrating the knowledge, skill and judgment relevant to their practice
- identifying, responding to, and reporting situations of unsafe practice
- displaying the characteristics and attributes of a professional
- maintaining personal well-being, and
- accepting accountability and taking responsibility for their professional conduct and decisions.

In order to meet these standards and to provide safe, competent and ethical care, nurses are expected to take responsibility and to accept accountability for their fitness to practice.

Nursing roles differ, and a nurse's fitness to practice will be dependent on the nurse's specific duties, the environment in which the nurse is practicing, and the population for whom the nurse is providing care. The CLPNM interprets fitness to practice as having the physical, mental and psychological capacity to consistently meet the demands of the nurse's position and to care for clients safely, competently and ethically.

Fitness for nursing practice includes but is not limited to having the consistent ability to: meet the physical demands of the position, think critically, perform complex calculations, make appropriate judgments, sustain focus and concentration, communicate effectively, and learn and recall complex concepts and skills appropriate to the practice area. A nurse whose capacity to perform these functions is impaired may not be fit to practice.

### The Nurse's Role

As a nurse, you are expected to engage in reflective self-assessment and to take responsibility for ensuring that you are fit to practice before doing so.

This responsibility includes, but is not limited to:

- taking reasonable and timely action to address risks to your personal well-being if those risks might also contribute to a marked departure in your capacity for safe, competent and ethical practice
- reporting to your employer when your fitness to practice is limited by a short-term but acute condition (e.g., illness or injury), so that your employer can arrange for accommodations and/or alternative staffing

- reporting to both your employer and to the CLPNM if
  - you have an ongoing condition, disorder or addiction, or
  - you are on a treatment plan, such as a medication regimen, that has the potential to result in a marked departure from the capacity for safe, competent and ethical practice
- not working while impaired by the use drugs or alcohol, and
- reporting situations of unsafe practice to appropriate authorities, which includes reporting when you believe that another health care provider is, or has been,
  - impaired at work by the use of drugs or alcohol, or
  - suffers from a condition, disorder, or addiction of a nature or to an extent that the member is not fit to practice.<sup>1</sup>

Note that if you have an ongoing condition, disorder or addiction that impairs, or is likely to impair, your fitness to practice, the duty to self-disclose the matter to the CLPNM applies even if you are on an extended leave of absence from your employment. This provides the CLPNM the opportunity to carry out an assessment of your fitness to practice before you return to work.

It is also important for nurses to be aware that the consumption of drugs and alcohol will not be accepted as a valid reason for falling below the accepted standard of practice, even if the drug is legal and taken pursuant to a prescribed medication regimen. Nurses are knowledgeable about pharmacology, and therefore, are aware that many medications can contribute to impaired cognition and functioning. Examples

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<sup>1</sup> See also the CLPNM's Interpretive Document on the Duty to Report at <http://clpnm.ca/wp-content/uploads/Duty-to-Report.pdf>

include but are not limited to cannabis, opioids and benzodiazepines. If you are on a medication regimen that has the potential to cause a marked departure in your capacity for safe, competent and ethical practice, the CLPNM will not seek to interfere with your treatment; however, in keeping with its duty of public protection, the CLPNM must assess whether it is safe for you to continue to practice without accommodations or restrictions during the course of your treatment.

If you are unsure if your health condition, disorder, addiction, or medication regimen poses a risk to your clients, contact the CLPNM before returning to work.

### The CLPNM's Role

The CLPNM is mandated, in legislation, to regulate the profession of practical nursing in a manner that serves and protects the public interest. This duty includes protecting the public from unsafe and incompetent practice.

Practical nursing is a safety-sensitive profession. Therefore, if a concern regarding your fitness to practice arises, the CLPNM must conduct a fitness to practice assessment to determine whether any action is necessary to protect the public from a risk of harm. In order to conduct the assessment, the CLPNM may direct you to provide documentation, including reports from health care providers, employers, and others.

Each circumstance is different. Having a health condition or disorder does not mean that you will be deemed unfit to practice. A health condition that is appropriately managed may pose no risk to the public at all. Even if your capacity for practice is diminished and the CLPNM identifies that there is some risk to the public, you may still be able to practice safely with appropriate accommodations and/or restrictions on your practice that mitigate the risk.



Making a self-disclosure about your fitness to practice allows the CLPNM to gather the information necessary to determine the presence and extent of the risk, and work with you and your employer to identify appropriate options. Proactively reporting your condition to the CLPNM also demonstrates insight, good judgment, professionalism, and a desire to protect your clients from harm.

In some circumstances, a fitness to practice concern may also be associated with, or may lead to, a concern about your professional conduct. Examples include:

- failing to identify and mitigate a risk to your clients resulting from a marked departure in your capacity for safe, competent and ethical practice, even if it is temporary
- failing to proactively self- disclose to the CLPNM an ongoing health condition, disorder, addiction, or treatment plan, that a reasonable and prudent nurse would expect to impair your capacity for safe, competent and ethical practice
- being untruthful when responding to any question about your fitness to practice posed by the CLPNM, for example, at the time of initial, renewal or reinstatement of registration
- working while impaired by the use of drugs or alcohol,
- any fitness to practice concern that contributes to professional misconduct (e.g., when a substance use disorder is associated with one or more acts of drug diversion).

If a fitness to practice concern is associated with a concern about your professional conduct, the

matter may be referred to the CLPNM's Investigation Committee.

However, when a nurse is forthright, takes appropriate action, and proactively discloses the matter to the CLPNM, the nurse and the CLPNM will work together to identify the solutions that best serve and protect the interests of Manitobans.

## Conclusion

By promoting, maintaining and taking responsibility for your fitness to practice, you can help to ensure your clients receive safe and appropriate care, while also helping to maintain trust and confidence in your profession.

## For More Information

Contact us with questions at  
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## About the CLPNM

The CLPNM is the governing body for licensed practical nurses (LPNs), graduate practical nurses (GPNs) and student practical nurses (SPNs) in Manitoba. Its duty is to govern its registrants in a manner that serves and protects the public interest. The CLPNM establishes professional standards for the provision of safe and effective nursing care.

## References

The following documents were consulted during the development of this practice direction.

- Canadian Council of Practical Nurse Regulators (2013). *Becoming a Licensed Practical Nurse in Canada: Requisite Skills and Abilities*. Retrieved from: <http://www.ccpnr.ca/wp-content/uploads/2013/09/IJLPN-RSA-Final.pdf>
- Canadian Human Rights Commission (2017). *Impaired at Work: a guide to accommodating substance dependence - Frequently Asked Questions* [webpage content]. Retrieved from: <http://www.chrc-ccdp.gc.ca/eng/content/impaired-work-guide-accommodating-substance-dependence-frequently-asked-questions>
- CLPNM (2003). *Standards of Practice*.
- CLPNM (2014). *Code of Ethics*.
- CLPNM (2016). *Regulatory Bulletin: Duty to Report*.
- College and Association of Registered Nurses of Alberta (n.d.). *Fitness to Practise* [webpage content]. Retrieved from: <http://www.nurses.ab.ca/content/carna/home/maintain-my-registration/requirements/fitness-to-practice.html/>
- College of Licensed Practical Nurses of Alberta (2015). *Fitness to Practice and Incapacity: Interpretive Document*. Retrieved from: <http://www.nurses.ab.ca/content/carna/home/maintain-my-registration/requirements/fitness-to-practice.html/>
- College of Licensed Practical Nurses of Nova Scotia (n.d.). *Fitness to Practice and Incapacity: Guidelines for LPNs and Others*. Retrieved from: <http://clpnns.ca/wp-content/uploads/2015/09/Fitness-to-Practice-and-Incapacity-FINAL.pdf>
- College of Nurses of Ontario. (2009). *Incapacity: A process guide*. Retrieved from: [http://www.cno.org/Global/docs/ih/42008\\_fsIncapacity.pdf](http://www.cno.org/Global/docs/ih/42008_fsIncapacity.pdf)
- College of Nurses of Ontario (2012). *Nursing and fatigue*. Retrieved online at: <http://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/nursing-and-fatigue/>
- College of Registered Nurses of British Columbia. (2008). *Fitness to Practice: The challenge of maintaining physical, mental and emotional health*. Retrieved from: <https://www.crnbc.ca/Standards/ProfessionalStandards/Documents/329FitnessPractice.pdf>
- College of Registered Nurses of Manitoba (2010). *Substance Abuse/Misuse: Fact Sheet*. Retrieved from: [https://www.crnmb.ca/uploads/ck/files/RN\(NP\)s%20MAID%20may17.pdf](https://www.crnmb.ca/uploads/ck/files/RN(NP)s%20MAID%20may17.pdf)

Health Canada (2013). Information for Health Care Professionals: Cannabis (marihuana, marijuana) and the cannabinoids. Retrieved online at: <https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-use-marijuana/information-medical-practitioners/information-health-care-professionals-cannabis-marihuana-marijuana-cannabinoids.html>

Louisiana State Board of Nursing (2010). Advisory Statement Regarding Practicing While Taking Prescribed Narcotic Medication. Retrieved from: <https://www.lsbn.state.la.us/Portals/1/Documents/DeclaratoryStatements/Declarat20.pdf>

Malliarakis, K.D., Smiths, V., Darbo, N. (2012). Regulatory Management of Substance Use in High-Risk Nurse Populations. *Journal of Nursing Regulation*, 2(4), 32-39.

Manitoba (2001). *The Licensed Practical Nurses Act*. C.C.S.M. c. L125

National Council of State Boards of Nursing (2016). A Changing Environment: 2016 NCSBN Environmental Scan. *Journal of Nursing Regulation*, 6(4), 4-37. [http://dx.doi.org/10.1016/S2155-8256\(16\)31007-9](http://dx.doi.org/10.1016/S2155-8256(16)31007-9)