

**BC Nurses' Union Submission to the BC Ministry of Health
Re: Proposed Nurses Regulations**

As a union representing over 45,000 nurses, of which close to 2,000 are Registered Psychiatric Nurses and 9,000 are Licensed Practical Nurses, the BC Nurses' Union is pleased to submit our comments regarding the current proposed changes to nurse regulations.

As a nurses' union we share the goal of protecting the public through safe care, advocating for:

- education that prepares nurses to work to their full scope
- system supports that enable safe practice, and
- safeguards that ensure that our members' licenses are not put at risk.

Nurses (Licensed Practical) Regulation

Much of what we submitted as comment on the first proposed changes in 2012 remains the same.

In general, BCNU views the proposed LPN Regulation as a positive step forward as it supports standardized, autonomous practice for LPNs. Nurses in BC have been working for a long time without role clarity and the enactment of this new regulation will be welcomed.

BCNU recognizes that the proposed regulation generally speaks to entry-level competencies for LPNs which will provide challenges for LPNs who have additional education and have been carrying out activities that will be viewed as beyond the scope of practice articulated in the regulation. Currently, LPN practice is uneven throughout the province. In our view, this is related to the fact that standardized, credentialed post-basic education for LPNs is sorely lacking in BC. Examples (but not an inclusive list) of needed education are mental health, LPN Orthopedic Technician, dialysis, peri-operative, peri-natal and learning related to expanded roles in community nursing. We strongly advocate for such education, as well as appropriate supports in the workplace to enable all nurses to work safely to their full potential. In addition, we hope that health authorities will embrace the new regulation and support LPNs to work to the new scope.

Regarding the issue of RNs/RPNs issuing orders for patients/clients/residents being cared for by LPNs, it is BCNU's expectation that the process will be identical to that of a physician issuing an order in that the RN/RPN will not be expected to assess an individual LPN's ability to carry out the order.

Since our original submission, we have had time to reflect on feedback from the many LPNs we have met with regarding nursing activities they are currently carrying out. We are therefore very pleased to see the expanded Section 6 list of activities that LPNs may carry out without an order.

In Section 7, we applaud the inclusion of (b) cast a fracture of a bone, which we called for in our previous submission.

The one activity we see missing from Section 7 is venipuncture for the purpose of establishing intravenous access, maintaining patency or managing hypovolemia. Theory to support this activity is included in the provincial PN curriculum. In addition, health authorities have created learning modules for establishing competency in this activity which are aimed at all regulated nurses. Therefore, it is puzzling that activity has not been included, especially when the CLPNBC will issue the appropriate limits and conditions.

Nurses (Registered Psychiatric) Regulation

BCNU generally is in support of bringing the RPN proposed regulation in line with other nurse regulations, with the addition of restricted activity descriptions. However, there are several areas that create concern that RPN practice could be restricted. The Mental Health Strategy for Canadaⁱ in Priority 6.3 calls for strengthened mental health human resources and states (page 118) “it is clear that currently there are shortages of professionals in many disciplines...” The expertise of RPNs is needed in a wide variety of care settings and they are needed in greater numbers.

As with LPNs, there is also limited standardized and credentialed post-basic education for RPNs which would support career pathways. For example, Psychiatric Nurse Practitioners could provide a useful service to British Columbians, yet in BC, there is no direct entry to a Nurse Practitioner program for a degree-prepared RPN. Another example is the lack of post-basic education so that RPNs could work in obstetrics, contributing expertise in the management of post-partum depression/psychosis.

For many years, BCNU has taken the position and ensured through collective bargaining under the Nurses Bargaining Association, that RPNs should access any entry level position. Data from CIHIⁱⁱ indicate that RPNs are working in a variety of settings in BC, including medical-surgical units and residential care. In keeping with the premise that new regulations should not restrict service delivery, any restriction imposed by a new regulation is unacceptable. The new definition of psychiatric nursing in the proposed regulation could be interpreted to restrict this access. The definition “(b) prevention, treatment and palliation of illness and injury with a focus on psychosocial, mental or emotional disorders and conditions and **associated or comorbid** physiological conditions...” could leave the

impression that RPNs would work only in mental health or psychiatric settings. However, as one example, RPNs provide valuable expertise when working on general medical units - a patient may have a primary diagnosis of Congestive Heart Failure with associated co-morbidity of dementia. We therefore suggest that the definition be revised to “(b) prevention, treatment and palliation of illness and injury with a focus on psychosocial, mental or emotional disorders and physiological conditions...”

In Section 6, we are in support of the expanded list of restricted activities, particularly being able to prescribe Schedule II drugs without an order. The ability to prescribe nicotine replacement therapy for treating tobacco addiction is particularly useful.

Nurses (Registered) Regulation

BCNU is pleased to see the expansion of scope for RNs, particularly the addition of prescribing drugs for a broader range of emergency situations. It is also appropriate to align activities requiring orders amongst the three regulated nursing bodies, such as casting a fracture of a bone and putting a hearing device into the ear canal.

ⁱ Mental Health Commission of Canada (2012) *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author

ⁱⁱ CIHI (July 2014) *Spending and Health Workforce. Regulated Nurses 2013*