

INFO NURSING

VOLUME 50 ISSUE 2 FALL 2019



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Nurses Association
OF NEW BRUNSWICK



2020 NANB ELECTION Be a Nursing Leader!

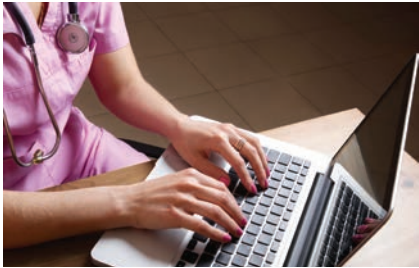
Answer the call for nominations
for Director, Regions 1 and 3.
Learn more on page 32.



Cover

Confusion about the differences between professional associations, professional colleges/regulatory bodies, and unions for professional groups is common.

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Nurses Association of New Brunswick

Nurses shaping nursing for healthy New Brunswickers. In pursuit of this vision, the Nurses Association of New Brunswick regulates registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent and ethical nursing care in the interest of the public.

..... The NANB Board of Directors



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Submissions

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Change of address

Notice should be given six weeks in advance stating old and new addresses as well as registration number.

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Nurses: It's Time for Bold Innovation and Transformative Ideas

AS I NEWLY EMBARK on this journey as President of NANB, I want to thank the nurses of New Brunswick for entrusting me with this exciting and challenging role. I also want to convey my sincere appreciation to outgoing president, Karen Frenette, for her dedication, leadership, and service to this organization.

I would like to direct this column to the current nursing shortage, a topic that has been highlighted by the NANB for decades and continues to be at the forefront of most Board of Director meetings. As many of you know, the provincial government recently launched a Nursing Resource Strategy, which projects a shortage of a minimum of 130 RNs each year over the next ten years. The reasons are multiple and include the aging workforce with 41% of RNs being 50 years of age or older, declining enrolments in NB Bachelor of Nursing programs down from 522 in 2011 to 325 in 2017 with 30% attrition rates for NB nursing students, and a 4.4% decrease in the number of employed RNs from 2013 to 2017.

In December 2017, a Nursing Resource Strategy Steering Committee was established with a mandate to develop a 10-year nursing resource strategy. NANB has been represented on this committee by our Executive Director, Laurie Janes. Nine stakeholders, representing multiple organizations worked together to develop the strategy. Nursing student perspectives were captured through focus groups targeting third and fourth year students from the Université de Moncton and the University of New Brunswick. The final report includes twenty one actions with corresponding recommendations reflecting a plan that is dynamic in nature. Its four pillars include: promotion of the RN profession in NB, enhancement of nursing education in NB, recruitment of internationally educated nurses, and enhancement of RN employment and work-life balance (www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/nursing/nursing_resource_strategy.pdf).

All stakeholders must be boldly innovative and transformative in developing and adopting effective human resource strategies and employ best practices in building a positive work culture and work environment. Nursing stakeholder groups must part with outdated methods and be creative pioneers. New Brunswick must become more competitive for talent and treat nurses and potential nurses as a precious commodity with knowledge, skill, care, and compassion.



Maureen Wallace

MAUREEN WALLACE
President, president@nanb.nb.ca

By-Law Changes: We Want to Hear From You

RECOGNIZING THE IMPORTANCE of member engagement, transparency and the difficulty for nurses to attend NANB's AGM, last year we started to share proposed by-law changes with you during the renewal period. This year is no different, as we seek your input on six resolutions presented at this year's AGM. We recognize that clarity of information presented was necessary on a couple of resolutions.

As many of you know, NANB recognizes long or outstanding service to the Association awarding Life Memberships. After extensive review across Canada, best practice dictates that only practising nurses should be voting and/or holding office as a Board Director; therefore we are proposing to continue awarding members with Life Membership, however granting privileges that would not include voting or holding office.

The ongoing NANB governance review also revealed that establishing a Governance Committee could combine the current Executive Committee and Nominations Committee roles into one committee rather than three committees. If approved, executive agendas and nomination planning can be continued as part of the ongoing work of the Governance Committee. Of course, as with all other NANB standing and special committees, final decisions and/or approvals remain with consensus of the full NANB Board of Directors. Board of Directors and committee members are volunteers at NANB, and the purpose of utilizing the Governance Committee to complete executive, governance and nomination work is to make the most meaningful and efficient use of volunteer hours. Governance, executive decisions and nominations are important foundational work within the Association.

During this renewal period, please read the information provided on the proposed resolution changes and share your perspective to strengthen Board decisions.



LJanes

LAURIE JANES
Executive Director, ljanes@nanb.nb.ca



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CAROLYN LORDON, MSc, MA
Registrar and Quality Assurance
Program Manager, NANB



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EMILY CHAMBERS, SN4
University of New Brunswick,
Saint John



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DANA MANZER, MN, PhD
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SYLVETTE GUITARD, RN, MN
Nurse Consultant, NANB



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LAURIE JANES, RN, MN
Executive Director, NANB



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SUSANNE PRIEST, RN, MN
Nurse Consultant, NANB

Call For Entries

Do you have a story idea or article you would like to see in *Info Nursing*? Do you have someone you'd like to see profiled or an aspect of nursing you'd like to read more about? Please submit your ideas and suggestions to:

Jennifer Whitehead,
Manager of Communications
and Government Relations

jwhitehead@nanb.nb.ca
165 Regent St, Fredericton, NB E3B 7B4

THE BOARD OF DIRECTORS MET ON JUNE 3 AND 4, 2019 AT THE NANB HEADQUARTERS IN FREDERICTON.

Board of Director Election Results

2019 Election results were as follows:

- President-elect: Julie Weir (elected)
- Region 2: Rosanne Thorne (acclaimed)
- Region 4: Vicky Doiron (acclaimed)
- Region 6: Christian Rousselle (elected)

Candidates begin their three year mandate June 1, 2019 with the president-elect continuing on a two year term.

Jennifer Ingram has also been appointed by the Lieutenant-Governor as public member effective immediately.

Regulation

The Board approved three submitted

resolutions for presentation to membership. The resolutions pertain to nurse practitioner hours; nurse practitioner continuing education; and nurse practitioners and collaborating physicians.

The Board approved a motion to change Rule 3.15 and 3.16 reflecting the administration of the nurse practitioner registration examination.

Need to Know Files

NANB has been working with CASN (Canadian Association of Schools of Nursing) on a Memorandum of Understanding with the University of New Brunswick to pilot a joint accredi-

tation process and program approval for the 2020 BN program.

NANB added a statement of clarification to the NP Standards which the Board approved Rule 14.03, which clarifies the expectations of nurse practitioners prior to prescribing the drug methadone.

The Board approved a motion to retire the document *Standards of Infection Prevention and Control* and replace it with a *Fact Sheet: Infection Prevention and Control* that would provide credible resources to guide RN and NP practice.

Notice of Annual Meeting

In accordance with Article XIII of the bylaws, notice is given of an annual meeting to be held May 12th, 2020 at the Delta Fredericton, Fredericton, NB. The purpose of the meeting is to conduct the affairs of the Nurses Association of New Brunswick (NANB).

Practising and non-practising members of NANB are eligible to attend the annual meeting. Only practising members may vote. Confirmation of membership will be required for admission. Nursing students are welcome as observers.



Resolutions for Annual Meeting

Resolutions presented by practising members according to the prescribed deadline, April 1, 2020 will be voted on by the voting members. During the business session, however, members may submit resolutions pertaining only to annual meeting business.

Voting

Pursuant to Article XII, each practising nurse member may vote on resolutions and motions at the annual meeting either in person or by proxy.

Laurie Janes
Executive Director
NANB



New & Revised NANB Documents

NANB Nurse Consultants regularly produce documents to support safe, competent and ethical nursing practice or documents directly related to questions that members have asked. In 2019, NANB has produced the following documents. All documents are available on the NANB website at www.nanb.nb.ca.

- *Standards of Practice for Registered Nurses*
- *Position Statement: Cosmetic Medical Procedures*
- *Guideline: Caring for Clients Authorized to Use Medical Cannabis (NANB/ANBLPN)*
- *Guideline: Medical Assistance in Dying*
- *Guideline: Practicing with Limited Resources (NANB/NBNU)*
- *Guideline: A Collaborative Approach to Assigning, Delegating and Teaching in Health Care (NANB/ANBLPN)*
- *Fact Sheet: Applying the Standards of Practice for Registered Nurses*
- *Fact Sheet: Maintaining Patient Safety During a Job Action*
- *Fact Sheet: Workplace Violence*
- *Fact Sheet: Infection Prevention and Control*
- *Fact Sheet: Cosmetic Medical Procedures*
- *FAQ: Fitness to Practice*
- *FAQ: Signing for Medication Administration*
- *FAQ: Medical Assistance in Dying*
- *Cannabis Toolkit*
- *Opioid Toolkit*
- *Transition to Practice Toolkit*

CNF/NANB Nursing Award Recipients 2019–2020



NANB CNA Centennial Award

KIMBLERY WILBUR,
University of New Brunswick

During the past four decades I've strived to demonstrate a high level of professionalism and engagement in my nursing practice. As the oldest child in a family living on a small farm in Northern New Brunswick I was always very curious and had a passion for learning. I understood early on the importance of hard work, responsibility, leadership and the value of being a member of a large extended family and community. It's no surprise as I reflect upon my career that I have been very much a pioneer and advocate, drawn towards the care of vulnerable populations. My nursing career has provided me with the privilege to develop many 'firsts' from clinical trial and research initiatives to foundational community-based programming and models of care.

Today, working with highly complex and at-risk populations requires all my expertise from maternal health, chronic conditions and communicable diseases to systems navigation and community resources. The care of marginalized populations requires a depth of nursing knowledge that comes from experience and I am absolutely committed to improving the lives of our most vulnerable citizens. I now find myself in a position to impart this knowledge to the next generation of nurses through my role as a nurse educator and in the completion of my graduate research thesis at the University of New Brunswick. I will be forever grateful to the many, many individuals and families living with mental health and substance use challenges who have so graciously included me in their lives.



NANB / TD Meloche Monnex Centennial Doctoral Award

VICKY DOIRON,
Université Laval

As soon as I came into contact with healthcare, I knew that I would make it my career. My first experience came during a student project in a nursing home. At that time, I observed the work of skilled and passionate nurses, which ignited the spark of my passion for nursing which has since developed into a tall flame. My professional journey was not the most traditional. Upon graduating with my bachelor degree, I began working in critical care and remained in this setting for almost 10 years.

Although my passion for this work was intact, I wanted to learn more and I completed a Masters of Nursing—Nurse Practitioner program. This experience was highly rewarding. However, when I was given the opportunity to communicate my passion and my knowledge by teaching nursing at the Edmundston Campus of Université de Moncton, I seized it with open arms. I am teaching disciplines such as complex and critical care.

I am completing a PhD in Nursing at Université Laval. Besides contributing to train future nurses, I can now have a positive influence on nursing research in Canada. I am particularly interested in the nurse-patient relationship and the constraints placed upon nurses in their work environment. I am honored to have received this scholarship and I sincerely thank CNF and NANB for this contribution to my doctoral studies.



New Brunswick PhD Nursing Award

MYLÈNE SUZIE MICHAUD,
University of Ottawa

Becoming a nurse was not a preconceived decision. I rather discovered the nursing profession through my personal and professional experiences, both good and bad. I have now been working for eight years in critical care nursing, where my expertise and my passion lie.

Shortly after graduating with my bachelor degree in nursing, I completed the New Brunswick Critical Care Nursing Program (NBCCNP) and began my career in the intensive care unit. My clinical practice in this setting raised my awareness of the many challenges faced by intensive care patients, especially when they are on respirators.

To improve the nursing care of patients on respirators, I enrolled in the Masters of Nursing program at the University of Ottawa. In the fall of 2017, I graduated with my masters degree, obtained my Critical care nursing certification from the Canadian Nurses Association (CNA), and began doctoral studies in nursing at the University of Ottawa.

I am grateful to the Canadian Nurses Foundation (CNF) and the Nurses Association of New Brunswick (NANB) for granting me a PhD nursing scholarship. This financial support will allow me to pursue full-time post-graduate studies while making me a more productive researcher.

New NANB Staff



Joanne LeBlanc-Chiasson

Joanne LeBlanc-Chiasson, RN, BSN, accepted the position of Nurse Consultant with the NANB in February 2019, working remotely from the southeastern area of the province.

Joanne joins the team with almost 30 years of varied nursing experience and knowledge, having worked in assorted roles, as a direct nursing care provider in various settings (including medicine, surgery, pediatrics, maternity, orthopedics, geriatrics, IV therapy and oncology), as a clinical monitor for the Nursing Program at Université de Moncton, as a clinical research nurse and coordinator in the fields of oncology / cardiology / nephrology. She also practised in nursing administration and standards & policy development roles, as a Nursing Workload Coordinator and Breast Health Program Coordinator, and more recently in the area of professional

practice as a Nursing Practice Advisor and Regional Coordinator.

In many of these positions, Joanne has participated in the work of Provincial Advisory Committees and Provincial Collaborative Initiatives in the interest of ensuring safe and quality nursing care and the advancement of Nursing Practice in NB. In addition, she has been actively involved with the Nurses Association of NB volunteering as a past board member and as a member of various NANB standing committees.

Joanne is engaged in supporting the regulatory mandate and Board of Directors of the Association in ensuring the provision of safe, competent and ethical care for the interest of the population of NB, and is looking forward to engaging with various stakeholders, the public and members of the NANB.

Anne Marie Lavigne

Anne Marie Lavigne, RN MN accepted the position of Professional Conduct Review Consultant with NANB and started in her role on July 8, 2019. She will be working remotely from Northern New Brunswick.

Anne Marie joins the NANB team with a diverse clinical background in the acute care sector. Her experience extends from staff nurse in various acute care and critical care units, Nursing Supervisor, University Instructor with UNB, Surgical Access Manager, Regional Director of Geriatric Services and most recently as a Staff Educator. She

completed her Bachelor of Nursing with UNB in 2001 and a Master of Nursing with Athabasca University in 2014. Most recently she completed the New Brunswick Critical Care Nursing Program with UNB in 2018, as well as completing certifications in ACLS and PALS.

During her time as a NANB Board member (2017-2019), she became interested in professional practice, regulation and governance which encouraged her decision to assume a role with NANB. She is looking forward to this new professional challenge.



Melissa Everett Withers

Melissa Everett Withers, BA, LLB, joined NANB as General Counsel in July 2019. Originally from Cape Breton, Nova Scotia, Melissa has called New Brunswick home for 19 years. After obtaining her Bachelor of Arts at St. Thomas University and her law degree at UNB, Melissa practiced law with Stewart McKelvey, focusing on labour, employment and administrative law. As part of her administrative law practice, Melissa provided advice and counsel to NANB in the course of Review Committee submissions, hearings and orders, and also represented numerous healthcare

practitioners in peer review proceedings, workplace harassment claims, and claims by Medicare Compliance and Enforcement. Melissa's interest and involvement in the healthcare sector extends beyond her professional practice, as she has been a Director of the Chalmers Foundation for over seven years.

Following her years in private practice and before joining NANB, Melissa was General Counsel to Accreon, a technology and business services company catering primarily to clients in the healthcare space.

Carolyn Lordon

Carolyn Lordon, MA, M.Sc, joined NANB in February 2019 as Registrar and Quality Assurance Manager. Carolyn was originally trained as a dietitian, completing a Bachelor of Science at Acadia University, a Master of Science at the University of Saskatchewan, and a dietetic internship at the Health Sciences Centre in Winnipeg.

After practising in front line, management and education roles, Carolyn's practice moved to health regulation. From 2007-2019, she worked for the College of Dietitians of Ontario (CDO), first as Practice Advisor and Policy Analyst, then as the Manager of the

Registration Program. Carolyn represented CDO on a variety of national and provincial committees and working groups, including serving as Co-chair of the Ontario Regulators for Access Consortium and Chair of the Partnership for Dietetic Education and Practice (the national accrediting body for dietetics education programs). In 2016, Carolyn completed a Master of Arts in Public Policy and Administration at Ryerson University.

Originally from Miramichi, Carolyn is excited to be returning home to New Brunswick to share her knowledge and experience in health regulation.





RENEWAL 2020

ONLINE REGISTRATION RENEWAL
OCTOBER 1, 2019 – NOVEMBER 30, 2019

Renewal Date and Deadline

Members' registrations expire on November 30, 2019. If you intend to practise after November 30, 2019, you must renew your registration prior to December 1, 2019.

Avoid the Late Fee: Renew Your Registration Early

Registrations that are renewed after December 1, 2019 will be subject to a late fee of \$57⁵⁰. Any nurse, who practises while not being registered, is also in violation of the *Nurses Act* and may be charged an additional unauthorized practice fee of \$287⁵⁰.

UPDATE

Employers Will Be Notified About Expired 2019 Registration

The renewal deadline is 11:59 pm on November 30, 2019. Under NANB bylaws, your registration will automatically expire if you have not completed your renewal on or before the deadline.

On December 2, 2019, all members whose registration has expired will receive a notice by email. In addition, NANB will be contacting all NB employers to provide a list of members whose registration has expired.

Online Registration Renewal

Online registration renewal opens on October 1, 2019, and closes at 11:59 pm on November 30, 2019. In early October, members will receive an email reminder to renew registration online. If your email address has changed, please contact the Registration Services at 1-800-442-4417 or 1-506-458-8731.

Renew Online Via Your My Profile Account

Registration renewals are to be completed online via your *My Profile* account. Login to your secured *My Profile* account

or create your profile at *Create My Profile*. Remember, your USER NAME is your registration number.

Payroll Deductions and Payment Options

Members participating in employer payroll deduction of registration fees must renew online by November 15, 2019. After November 15, payroll deduction fees must be returned by NANB to the employer and members will have to use their debit or credit card to renew online.

Payment Options Online For Those Not On Payroll Deduction

You have the option to pay your online registration renewal fee by VISA, MasterCard and debit. Debit (Interac) is only available to clients of Scotia Bank, TD, RBC or BMO.

NEW!

Pre-authorized Debit (PAD) Option Coming For 2021 Renewal

NANB is pleased to announce that starting in January 2020, members will have the option to pay annual renewal fees by pre-authorized debit (PAD). The PAD payment option will be open to all active practice members who intend to renew their registration the following year. For more information see page 14.

Important Information About Late Renewal

NANB's registration year runs from December 1 to November 30. Each year, members renew their registration by completing the Continuing Competence Program, submitting the annual renewal form, and paying the annual fees. The online renewal portal is available through the NANB website for 60 days, from October 1 to November 30.

Your Registration Expires November 30

Under NANB by-laws if a member does

not renew their registration by the established deadline, their certificate of registration automatically expires and they are no longer authorized to practise as a nurse or nurse practitioner in the province of New Brunswick. Members are not permitted to renew their registration until they pay a late payment fee. An additional penalty fee is charged if the member is found to have been practising nursing during the time that their registration has expired.

You Have No Insurance Coverage If Your Registration Has Expired

There is significant risk, to both the nurse and the public, if a former member continues to practice after their registration has expired. Your registration fees with NANB include the fees for professional liability insurance through the Canadian Nurses Protective Society (CNPS).

If a lawsuit or complaint is filed against you for practice that you engaged in while not registered, you will not be covered by CNPS for the costs of legal fees or any damages or fines that may be awarded. You may also be excluded from your employer's insurance coverage, if the terms of the insurance cover services provided by "registered nurses" or "regulated health professionals" and you were not registered at the time that you provided the services.

NANB Will Notify All Employers About Expired 2019 Memberships

Each year, NANB speaks with many nurses who have continued to practice nursing even though their registration has lapsed. On December 2, 2019, all members whose registration has expired because they failed to renew on or before the deadline of November 30 will receive a notice by email.

In addition, NANB will be contacting all NB employers to provide a list of members whose registration has expired. The renewal portal is open for 60 days. Don't wait until the last minute.

CCP Program

The CCP program is mandatory for all practising members. To renew registration for the 2020 practice year you must have:

- completed a self-assessment to determine your learning needs: RNs assess their practice based on the NANB *Standards of Practice for Registered Nurses*; and NPs assess their practice based on the NANB *Standards of Practice for Primary Health Care Nurse Practitioners*;
- developed and implemented a learning plan that outlines learning objectives and learning activities;
- evaluated the impact of your learning activities on your practice; and
- reported on the registration renewal form that you have completed the CCP requirements for the 2018 practice year.

A user friendly electronic version of the CCP is available via your *My Profile* account. Login to *My Profile* using your registration number as your username along with your password. CCP information and resources, including downloadable forms are also available on the website at www.nanb.nb.ca.

CCP Revision

The CCP is under revision. Expect to receive information on the new CCP starting in January 2020 through direct e-mail, NANB's ebulletin and *Info Nursing*. Information will also be available on Facebook and www.nanb.nb.ca.

CCP Audit

Compliance with the CCP is monitored through an annual audit process. In August 2019, a randomly selected group of RNs and NPs received notification to complete a CCP Audit Questionnaire related to their CCP activities for the 2018 practice year. These members are required to complete the online

questionnaire by September 30, 2019, prior to registration renewal.

Complete Your CCP Worksheets Online

NEW!

Your online CCP worksheets are located through your *My Profile*. You can create, edit, save and store your CCP worksheets in your *My Profile*'s secure and confidential area. Log in to *My Profile* to access this user-friendly feature!

If this is the first time you have completed your CCP worksheets online, please view the Completing your CCP Online Webinar (www.nanb.nb.ca/media/webinars/CCP_webinar_E.mp4). If you still have questions after viewing the webinar, please contact us at 1-800-442-4417 or nanb@nanb.nb.ca. If you require a paper copy of the CCP worksheets you will need to contact the NANB office.

NEW IN 2020

Pay NANB Fees By Preauthorized Debit

NANB is pleased to announce that starting in January 2020, members will have the option to pay annual renewal fees by pre-authorized debit (PAD). The PAD payment option will be open to all active practicing members who intend to renew their registration the following year.

How will the PAD program work?

NANB will collect members' annual

renewal fees for the upcoming year in eight monthly payments, from January to August. When the member logs in to complete their annual renewal, the fees already collected will be credited to their accounts.

How do I register for the program?

The registration form will be available under *My Profile* on the NANB website starting in October 2019.

Once you have logged in with your NANB registration number and password, click the link to the PAD registration form. You will be required to read the PAD program policy, provide the banking information for the account that you wish to use for the preauthorized payments, and confirm your authorization for NANB to deduct the

monthly payment from your account.

Your completed registration form must be submitted by January 15 in order to participate in the PAD program for 2020.

Is there a cost to participate in the PAD program?

There is a \$20 administration fee required to participate in the PAD program. Your monthly fee will be your annual fee plus the \$20 administration fee, divided by eight.

What if I decide not to renew or to withdraw from the program?

Members who withdraw from the program will receive a refund of all preauthorized fees paid for that year, minus the \$20 administration fee.

Are You Really a Non-Practising Member?

READ THESE TIPS TO AVOID ENGAGING IN UNAUTHORIZED PRACTICE

By CAROLYN LORDON



DURING ANNUAL RENEWAL, ALL MEMBERS MUST MAKE A DECISION ABOUT THEIR REGISTRATION STATUS FOR THE UPCOMING YEAR. FOR MOST MEMBERS THAT MEANS CHOOSING BETWEEN ACTIVE PRACTICE OR NON-PRACTISING STATUS. DO YOU UNDERSTAND THE DIFFERENCE?

Tip 1: Are You Using Your Nursing Knowledge?

The most important question to ask yourself when choosing between active practice and non-practising status is “Am I using my nursing-specific knowledge, skills, or judgment”? If the answer is yes, then you must register as an active practice nurse or nurse practitioner.

Tip 2: Work Status is Different From Practice Status

Many nurses assume that if they stop working or retire from their long-term job, they should choose non-practising status. This is not the case.

Just because you retire from your job doesn't mean that you stop practising as a nurse. If you are engaged in any activity (paid or volunteer), where you are relying on your nursing knowledge and skills, then you are practising nursing. This includes volunteer, casual, contract, or consulting work.

Tip 3: Going on Leave? Read Tips 1 & 2!

Not everyone who goes on leave stops practising nursing. To decide whether to take a non-practising status while on mater-

nity leave, long-term disability, or other leave, you must ask yourself the question whether you will be using your nursing knowledge while on leave. Teaching a first aid class? Doing a presentation at your child's school? These would be considered active practice.

Tip 4: Practising While Not Registered Can be Costly

Only nurses and nurse practitioners who are registered and in good standing with NANB as active practice members are authorized to practice nursing or as a nurse practitioner in the province of New Brunswick.

Under NANB rules, if you are found to have been practising as a nurse or nurse practitioner while not registered, you may be required to pay a penalty fee before you can complete your renewal. The fee can vary depending on how long you were practising without a registration and whether you have engaged in unauthorized practice before.

In extreme cases, the *Nurses Act* permits NANB to apply for an injunction to prevent a person from continuing to engage in unauthorized practice.

Do You Know What it Means to Have Your RN or NP Practice Assessed by NANB?

WHY DOES NANB ASSESS A REGISTERED NURSE OR NURSE PRACTITIONER'S PRACTICE?

By CAROLYN LORDON

At registration and annual renewal, all registered nurses (RNs) and nurse practitioners (NPs) must meet the active practice hours requirement. To demonstrate that they meet this requirement, most RNs and NPs provide verification from their employer about the hours that they have worked. When an RN or NP is self-employed, or if they work in a new or emerging area of practice, NANB requires them to submit a detailed description of their work activities. After comparing the work activities against the definitions of active practice in the by-laws and rules, NANB staff notifies the member about whether the activities can be used to meet the active practice requirement for registration/renewal.

It is important for members to know if their work activities are considered active practice. In addition to helping the members to monitor their active practice hours for meeting the renewal requirement, it also provides important information about professional liability insurance coverage. Insurance provided by the Canadian Nurses Protective Society (CNPS) only covers RN or NP practice. If you are self-employed and engaged in non-registered nursing/non-nurse practitioner activities, you may need to ensure you have supplemental insurance coverage to protect yourself and your clients.

Does this mean NANB endorses my self-employed business?

The answer is no. This is a common misunderstanding among RNs and NPs, which may be related to the use of the term "practice", which can have two separate definitions and understandings:

- The activities performed by an individual related to the exercise of their profession. For example, Alan works in a long-term care home. His nursing practice

involves direct care of patients in an institutional setting.

- The business and administrative structure in place to enable a person or group of people to exercise their profession. For example, Brenda is a nurse practitioner who works in private practice in her own office. Her practice serves over 300 patients and employs three staff members.

NANB regulates RNs and NPs. NANB's assessment of a member's practice is limited to determining whether the member meets the required hours of practice for annual renewal, and to confirm their eligibility for professional liability insurance through the CNPS.

NANB does not review, approve or endorse a member's business. If you have any advertising which suggests that NANB has approved or endorsed your business, you will be required to correct it.

How can I advertise to the public that NANB has assessed my practice?

It is not appropriate to use NANB's name or logo in any advertising of your services, as this has the potential to suggest to the public that NANB is recommending your services over the services of another member.

If you are asked to provide evidence that your practice is considered an active registered nurse or nurse practitioner practice, you can provide the letter you received from NANB.

Otherwise, the way to communicate your qualifications to the public is to use the title of Registered Nurse or Nurse Practitioner.

Verification of Registration Status

Employers are required under the *Nurses Act* to annually verify that nurse employees are registered with NANB. A quick and efficient way to verify the registration status of nurse employees is to go to the NANB website and access the registration verification system as follows:

1. go to the NANB website at www.nanb.nb.ca;
2. select Registration from menu at the top of the screen;
3. select Registration Verification.

This login page will allow you to:

- Access your nurse registration list if you are currently registered as an employer with NANB. Enter your user ID and password to verify the registration status of your nurse employees. You may verify registration of a nurse for the first time by entering her name or registration number and adding it to your list;
- Register as an employer with NANB if you have not done so previously.

Once approved, you will be able to create and save a list of your nurse employees with their registration status;

- Verify the registration status of an individual nurse without having to use a password.

Individual registered nurses can use the registration verification system to verify their own registration status one business day after completing their online renewal.

Is Your Address On File With NANB Up-to-Date?

NANB uses multiple formats to communicate with members. General information for all members may be communicated through the ebulletin (*The Virtual Flame*), *Info Nursing* journal, on the website, or through mail or email.

For important communications related to your registration, however, NANB will communicate via mail or email.

Don't miss a deadline because you forgot to update your address. When you move or change jobs, add NANB to the

list of companies that you notify as soon as possible.

NEW!

Check The Email Address You Have On File With NANB

NANB uses both mail and email to communicate confidential information to members about their registration. For this reason, an email address that is shared with co-workers or other members of your family is not appropriate.

The email provided to NANB should be private, and one you check frequently.

During 2020 renewal, all members will be required to provide an email address that is private and that you check personally on a regular basis.

NANB Office Hours

The NANB office is open Monday to Friday 08:30 to 16:30. For assistance with any registration issue please contact NANB Registration Services at 1-800-442-4417 (toll-free in NB) or 1-506-458-8731 during regular business hours.

NEW IN 2020

Jurisprudence Learning Module Mandatory During 2021 Renewal

In order to strengthen nursing accountability to the public and promote safe, competent, and ethical nursing practice, the regulatory bodies for registered nurses in Canada agreed to work toward adding the requirement to complete education regarding nursing jurisprudence.

NANB's Jurisprudence Learning Module is an interactive online module designed to increase RN and NP

understanding and awareness of how the *Nurses Act* and other relevant legislation applies to nursing practice in New Brunswick.

In 2019, the module was introduced as a new registration requirement for all applicants for registration with NANB. In the fall of 2020, the module will be a mandatory part of the Continuing Competence Program for all members as part of the 2021 renewal process.

Improving Communication With LGBTQ2S Patients

By EMILY A. CHAMBERS, PAM PASTIRIK, DANA MANZER



Nurse Jessica enters Mr. Smith's room to complete his assessment. She notices that Mr. Smith is holding hands with his male visitor, who he introduces as his husband, Jake. Nurse Jessica starts to feel a little anxious. She does not have much experience with gay people, and isn't sure what to say. What if she says the wrong thing and offends them? She didn't even know that it was legal for two men to get married.

The scenario described above is one nurses might find themselves in. The feeling of uncertainty when speaking to a patient from the LGBTQ2S population can feel unsettling due to a lack of experience and knowledge. Basic knowledge can begin by understanding what LGBTQ2S means. LGBTQ2S is an acronym that stands for lesbian, gay, bisexual, transgender, queer and two-spirit. The LGB all relate to sexual orientation, or who an individual is physically, emotionally, or sexually attracted to. The term lesbian refers to women who are attracted to other women, whereas gay refers to persons who are attracted to the same sex, a term typically used with men. Bisexual relates to individuals who feel emotional and/or physical attraction to both women and men (Registered Nurses Association of Ontario [RNAO], 2007). The T stands for transgender. An individual's gender identity is the perception of being male, female, or another gender. Individuals who are transgender have a gender identity or gender expression that differs from their assigned gender at birth (World Professional Association for Transgender Health [WPATH], 2012). Queer is used inclusively to describe a wide range of non-heterosexual persons. Two-spirit or 2S is a term used within Indigenous communities to describe individuals who have both feminine and masculine spirits related to sexual orientation or gender identity (RNAO, 2007).

The need for continued equality in care for individuals across Canada is becoming increasingly recognized, therefore emphasizing the importance of informed practitioner communication with individuals who identify as LGBTQ2S. Communication between registered nurses (RNs) and patients is the foundation for the development of the therapeutic relationship (Arnold and Boggs, 2016). RNs are often the primary point of contact for many patients identifying as LGBTQ2S. Therefore, nurses have the ability to set the tone for the patient's health care experience by being knowledgeable, caring, and non-judgmental (Wardecker & Johnston, 2018). This is important because effective communication between RNs and patients can have a significant impact on health outcomes (Elliot et al., 2015; Gahagan & Subirana-Malaret, 2018; Gonzales & Hemming-Smith, 2017).

A primary barrier to communication with patients identifying as LGBTQ2S is RNs limited knowledge about the population, such as specific terminology and key health or social issues (Gahagan & Subirana-Malaret, 2018; McNeil & Elertson, 2018; Radix & Maingi, 2018). Consider a nurse who is caring for a transgender woman but refers to her using male pronouns. This can hinder the development of a trusting nurse-patient relationship, and lead to a poor patient experience (Hagen & Galupo, 2014).

Poor communication experiences could also occur if a nurse reacts negatively towards a patient when they disclose their sexual orientation or gender identity. Patients who have had a previous negative interaction with a nurse are less likely to disclose information such as sexual practices/partners or health concerns in the future. Insensitive or misinformed communication by nurses can cause patients to miss important screenings or follow-up care. Furthermore, nurses' lack of recognition and awareness of sexual orientation or gender identity may prevent recognition of possible health issues (Gahagan & Subirana-Malaret, 2018).

Supportive communication with LGBTQ2S patients should occur throughout the therapeutic relationship, beginning from the initial encounter between the patient and the nurse. Key components of supportive communication include active listening, empathy, and trust (Arnold & Boggs, 2016). Confidentiality is also essential. While studies have shown that patients prefer to have the opportunity to disclose their sexual orientation and/or gender identity, provided it is safe to do so, few health care providers ask patients questions about sexual orientation or gender identity (Kamen, Smith-Stoner, Heckler, Flannery and Margolies, 2015; Maragh-Bass et al., 2017).

When working with patients, it is important for RNs to avoid making assumptions, which serve to further marginalize LGBTQ2S people. For example, if a female patient states they are married, the nurse could ask "what is your partner's name?" rather than "what is your husband's name?" Nurses' are also encouraged to be direct and ask the patient how they prefer to be identified by integrating the question "how would you like to be addressed?" into the initial health history (Baldwin et al., 2018). The provider should ask patients what their preferred pronoun is (she/he/them/they) and communicate this information to other practitioners working with the patient through standardized admission forms. The use of gender neutral terms is also supported if the RN is unsure of the patient's gender identity (e.g. they/them when speaking of an individual, instead of she/he). This facilitates the formation of trusting relation-

LGBTQ+ Quick Guide FOR NURSES

Bisexual—Individuals who experience sexual, romantic, and/or emotional attractions to people of more than one gender.

Cis or cisgender people—Individuals who identify with the gender that was assigned to them at birth (i.e., people who are not transgender).

Gay—A sexual and affectional orientation toward people of the same gender (male or female).

Gender identity—An individual's sense of being female, male, or an alternative gender (i.e. transgender).

Lesbian—women who experience sexual, romantic, and/or emotional attractions to other women.

LGBTQ2S—lesbian, gay, bisexual, transgender, queer, two-spirit.

Non-binary gender and gender-nonconforming people—Umbrella terms for individuals who do not fit into traditional “male” and “female” gender categories.

Queer—An umbrella term to refer to all LGBTQ2S+ people. It is also a non-binary term used by individuals who see their sexual orientation and/or gender identity as fluid.

Sexual identity—describes a person's identification to their own sexual orientation.

Sexual orientation—Defined as who an individual is emotionally, romantically, and sexually attracted to.

Transgender—Umbrella term for individuals whose gender identity and/or expression is different from the gender assigned to them at birth.

Two-spirit—A term created by Aboriginal communities in Canada to describe individuals within their culture who identify as LGBTQ2S.

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ships with patients and allows for patient-centered care to be provided (Baldwin et al., 2018; Hagen & Galupo, 2014; Manzer, O'Sullivan & Doucet, 2018)

Another consideration is the implementation of indirect communication in the form of LGBTQ2S positive posters, rainbow symbols, and safe space signage within places such as waiting rooms. The use of symbols can allow patients to recognize safe spaces, but should always be supported by informed and open-minded RNs who are willing collaborate in order to overcome barriers to care (Wolowic, Heston, Saewyc, Porta, & Eisenberg, 2016). There are many resources available to help nurses become more knowledgeable and integrate these communication strategies into practice through organizations and associations such as RNAO or WPATH.

The use of effective communication with LGBTQ2S patients requires knowledge of language and sensitivity to the barriers faced by this population. Knowing proper terminology and developing confidence in using it will lead to enhanced positive experiences and remove barriers to healthcare for individuals identifying as LGBTQ2S.

About the Author

Emily Chambers is a fourth-year nursing student at the University of New Brunswick in Saint John. Emily identifies as a member of the LGBTQ2S community and has a passion for working towards a better future in healthcare for this population.

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New Nurse Practitioner Locum Program to Assist NPs to Meet Practice Hours Requirement

The New Brunswick Government has announced a new program to permit nurse practitioners to fill fee-for-service physician locums. The program came about as the Government recognized that many nurse practitioners are at risk of losing their registration as a result of inability to meet the practice hour requirements and at the same time, fee-for-service physicians are having difficulty filling locum positions which could be filled by NPs.

To participate in the program, NPs must meet eligibility requirements, which include:

- NBNU member
- Current registration with NANB
- Currently eligible to practice as an NP

- Require NP hours to maintain registration as an NP
- Currently employed at a regional health authority in a classification other than RNCD

NANB sends notice to all members who are at risk of not meeting the practice hours requirements. The 2019 notices were sent in March. If you have questions about your hours of practice, please contact registration@nanb.nb.ca.

More details about the Nurse Practitioner Locum Program can be found on the Government of New Brunswick website (look for *Fee-For-Service Family Physician—Nurse Practitioner Locum Program*, under the heading of **Medicare**).

NPs who wish to explore accessing the NP Locum Program should contact their employer and/or the Government of New Brunswick's Chief Nursing Officer.

FACT SHEET

Infection Prevention & Control

By SYLVETTE GUITARD



Infection prevention and control (IPC) is a practical, evidence-based approach which prevents patients and healthcare providers from being harmed by avoidable infections. Effective IPC requires constant action at all level of the health system, from policy-makers to facility managers, health care providers and those who access health services (WHO, 2016). It is important for health care providers to practise IPC in healthcare settings to help reduce the spread of both regular and resistant microbes (Government of Canada (GC), 2018).

Registered nurses (RN) and nurse practitioners (NP) have the responsibility to ensure they practise safely and competently at all times, including the use of safe and effective IPC measures. To do so, RNs and NPs, whether employed by an organization or self-employed, are expected to be aware of applicable legislation, NANB standards, best practices and organizational policies related to IPC and to advocate for quality practice environments (NANB, 2019).

RNs and NPs each play a vital role in IPC by:

- Applying evidence-informed measures such as routine practices to prevent and control transmission of micro-organisms;

- Exercising clinical judgement relevant to each patient situation and IPC practices;
- Using a risk assessment to determine the level of protection required to protect themselves;
- Reducing the risk of infection to self and others by handling, cleaning and disposing of materials, equipment and waste according to standards and best practices; and
- Using effective and timely communication strategies with patients and their families, the healthcare team and the community when discussing IPC issues.

NANB has compiled several resources to help RNs and NPs remain knowledgeable and apply best practices in IPC.

Resources for RNs and NPs Hand Hygiene

- Framework for developing programs, policies and procedures for hand hygiene in healthcare settings: Hand Hygiene Practices in Healthcare Settings (GC)
- Canada's Hand Hygiene Challenge: Hand Hygiene for Patient and Provider Safety in Canada (CPSI)

Antibiotic Resistance

- Infographic that highlights the key elements of routine IPC practices: Help Reduce Antibiotic Resistance (GC)
- Other helpful resources from the GC: Infection Prevention and Control
- Latest recommendations for antibiotic prescribing: Bugs & Drugs (GC)
- Key clinical points for treating older adults: Prescribe Antibiotics Wisely (GC)

Routine Practices and Additional Precautions

- Framework for developing policies and procedures for routine IPC practices and additional precautions in healthcare settings: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings (PHAC)
- Educational Resources: Infection Prevention and Control (CNA)
- IPC guidelines, policies and standards to support documentation and best practices: Guidelines &

Standards (IPAC)

- IPC key strategies, guidelines, tools and other resources: Infection Prevention and Control (WHO)
- Activities focus on preventing disease and injuries, promoting good physical and mental health, and providing information to support informed decision making: Public Health Agency of Canada (GC)

NANB has developed case studies to provide RNs and NPs guidance regarding IPC measures (see pages 24–26). If you have additional questions about this document, please contact NANB at 1-800-442-4417 or nanb@nanb.nb.ca.

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Case Study 1: Wounds

Julie, a home-visiting RN, is taking care of a patient with an open drain wound on her abdomen. A recent wound culture found the antibiotic resistant organism. How should Julie demonstrate appropriate IPC?

Response

According to NANB's standard 4 of the *Standards of Practice for Registered Nurses*, indicator 4.5 states that the RN contributes to and supports initiatives that improve the health system and population health. This also applies to protecting patients from infection risks. All RNs, regardless of their position, need to advocate for quality practices which may include professional

development systems, organizational supports, equipment and care delivery processes. They demonstrate maintaining commitment to quality practice environments by:

- Continually evaluating the health-care setting to identify opportunities for improving the quality of care;
- Conducting a risk assessment to determine level of protection required to protect the health care providers and other clients;
- Respecting employer policies;
- Sharing concerns about the setting or processes that alter or don't allow IPC as per best practices;
- Exploring solutions within the setting to meet the patient's and the setting's needs; and by
- Advocating for nursing input on patient care policies.

Julie can reduce her patient's and her risk of infection by:

- Reviewing relevant employer policies on IPC;
- Identifying patient and RN risks by:
 - identifying hazards and injury potential;
 - intervening and providing appropriate care to patient(s), self or another healthcare provider after exposure;
- Reporting an infection control technique breach and taking action to limit further harm and to prevent risks;
- Applying and advocating for evidence-based practice such as:
 - applying hand hygiene principles;
 - choosing appropriate measures to prevent and control infection transmission such as using appropriate protection equipment;

- applying principles for safely handling, cleaning and disposing of materials and equipment;
- Communicating and educating the patient (for instance, expectations, rationale);
- Collaborating with the patient and healthcare team on a plan of care that meets the patient's needs, respects IPC measures and promotes safety.

This scenario is an adaptation of the *Infection Prevention and Control* education tools from the College of Nurses of Ontario.

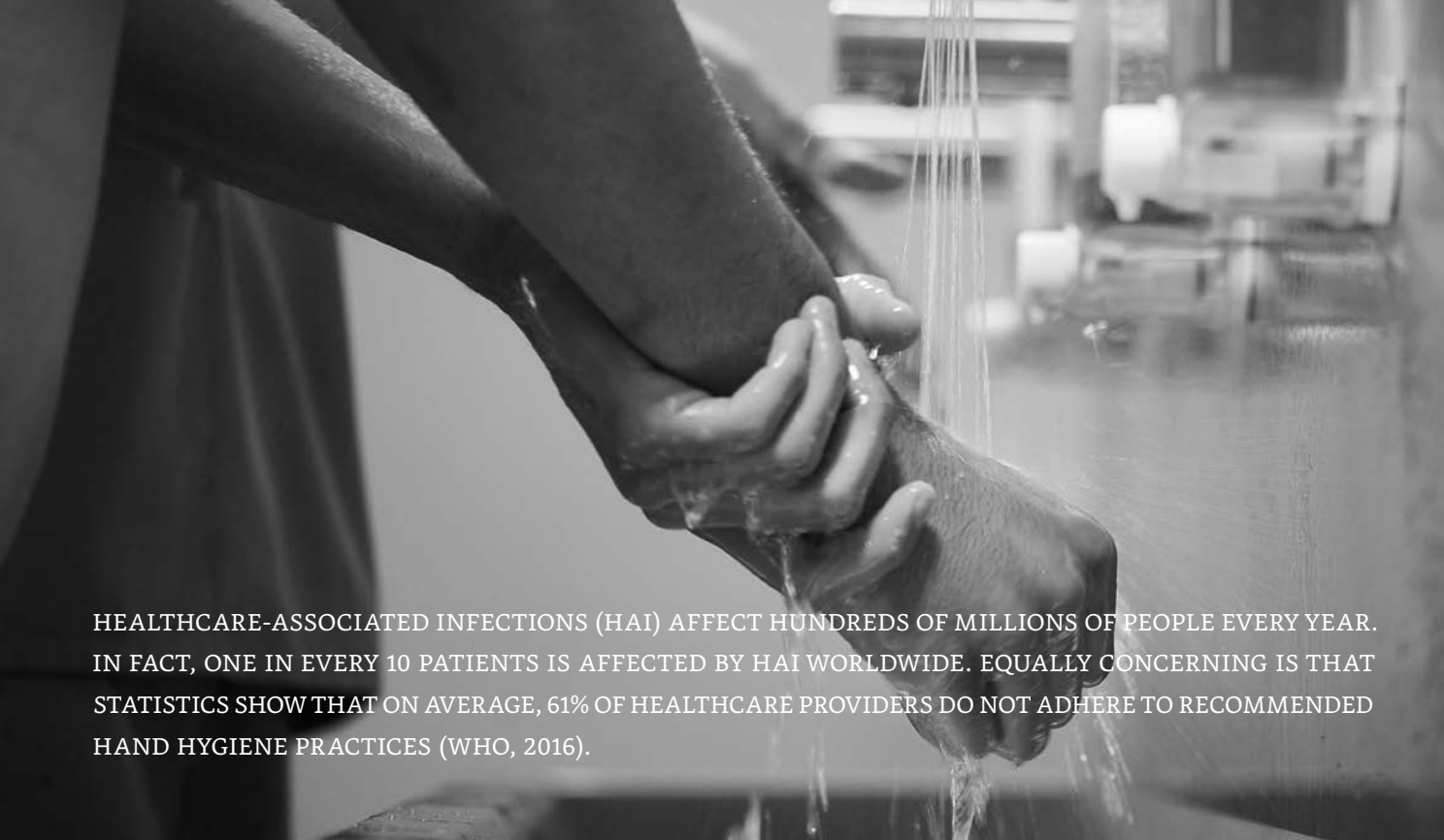
Case Study 2: Hand-Washing

A patient enters a hospital emergency department (ED) complaining of nausea, vomiting, diarrhea and a low-grade fever. As Lisa, an RN, begins to assess the patient he has an episode of diarrhea. In keeping with the employer's policies on infection control, Lisa puts on a pair of gloves and a gown before providing personal care and changing the bed linen. The ED is busy, and when she finishes patient care she quickly disposes the soiled laundry and removes her gloves and gown. She then begins assessing her next patient's vital signs. Lisa does not wash her hands before performing her assessment. How does Lisa's practice impact IPC?

Response

By not washing her hands, Lisa potentially transmits micro-organisms from one patient to another, and breaches employer policies on infection control. Her actions also place the public at harm. As highlighted by *Infection Prevention and Control Canada*, proper hand hygiene is the single most-important IPC practice.

It is stated in the *Standards of Practice for Registered Nurses* that RNs use credible research findings and apply evidence-informed practices and take actions in situations where patient safety is potentially or actually at risk (see Standard 1, indicators 1.6 and Standard 2, indicator 2.6). This accountability includes identifying situations that place a patient at risk of harm and taking evidence-informed measures to



HEALTHCARE-ASSOCIATED INFECTIONS (HAI) AFFECT HUNDREDS OF MILLIONS OF PEOPLE EVERY YEAR. IN FACT, ONE IN EVERY 10 PATIENTS IS AFFECTED BY HAI WORLDWIDE. EQUALLY CONCERNING IS THAT STATISTICS SHOW THAT ON AVERAGE, 61% OF HEALTHCARE PROVIDERS DO NOT ADHERE TO RECOMMENDED HAND HYGIENE PRACTICES (WHO, 2016).

minimize and prevent such risks.

The following principles guide nursing practice when implementing IPC measures:

- Placing patient safety and well-being at the centre of the care plan;
- Reflecting on nursing practice, including factors impacting clinical decision-making and professional judgment;
- Incorporating best available evidence to inform practice;
- Maintaining quality professional practice environments;
- Advocating and collaborating to create policies based on the best available evidence;
- Documenting situations where care is compromised.

This scenario is an adaptation of the *Infection Prevention and Control* education tools from the College of Nurses of Ontario.

Case Study 3: Syringe Use

Richard is an RN providing cosmetic filler injections in a medical spa. Richard injects approximately six

patients per day using pre-loaded syringes that come packaged with two sterile needles from the manufacturer. The manufacturer label states that the product is for single use. At times, there may be leftover filler in the syringe, so he removes the used needle, caps the syringe with the plastic cap, and stores the used syringe for later use. Richard reuses the leftover filler syringe, with a new sterile needle, on other patients. How does Richard's practice impact IPC?

Response

By reusing a syringe on another patient, even with a new, sterile needle attached, Richard potentially transmits micro-organisms from one patient to another. His actions place other patients at risk because he failed to assess the risk of potential infectious disease transmission related to syringe reuse.

Richard did not read the product monograph that indicates the product is single-use only and that any remaining unused product needs to be discarded. The *Practice Standard: Medication Administration* states that RNs prepare, administer and document the provision of medications to patients in a safe, competent and ethical manner. This includes taking appropriate action to resolve or minimize the risk of patient harm with any medication practice.

It is stated in the *Standards of Practice for Registered Nurses* that RNs use credible research findings and apply evidence-informed practices and take actions in situations where patient safety is potentially or actually at risk (see Standard 1, indicators 1.6 and Standard 2, indicator 2.6). This accountability includes identifying situations that place a patient at risk of harm and taking evidence-informed measures to minimize and prevent such risks.

This scenario is an adaptation of the *Infection Prevention and Control* education tools from the College of Nurses of Ontario.

Case Study 4: IPC-Community Setting

Stephanie, an NP, works at a community health center. Currently, there is a rising number of influenza cases and numerous patients are calling to consult with her. Stephanie suggested having a meeting with the healthcare team to discuss measures to prevent the transmission of this virus. What should be suggested as best practices for IPC in this situation?

Response

It is stated in the *Standards for the Practice of Primary Health Care Nurse Practitioners* that NPs perform procedures (non-invasive and invasive) for the clinical

management/prevention of disease, injuries, disorders or conditions (see Standard 3, indicator 3.11). This also applies to protecting patients from infection risks.

During their meeting, the team consulted the document Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. After discussion, this is what was decided:

- When scheduling appointments for routine clinic visits, patients with symptoms of an acute infection

should be identified and asked that, if possible, they defer routine clinic visits until symptoms of the acute infection have subsided.

- Patients who cannot defer their routine clinic visit (i.e., those who need assessment of symptoms/condition) should be informed to follow hand hygiene and/or respiratory hygiene recommendations as indicated by their symptoms. These patients should perform hand hygiene, put on a surgical mask and be directed into

an examining room as soon as they arrive and/or schedule their appointment for a time when other patients are not present.

- Signs at the entrance to the clinic reminding symptomatic patients to perform hand hygiene and/or respiratory hygiene as indicated by their symptoms should be posted.

This scenario was developed by the Nurses Association of New Brunswick.

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Regulation Trends

IN CANADIAN NURSING ORGANIZATIONS

A paradigm shift across Canada is contributing to a trend where nursing organizations with dual mandates are transitioning, to a single regulator focus, with public protection at the forefront. As health care evolves, so does the complexity of knowledge and skill required by nurses providing care to the public.



College

Mandated to protect the public

Participation in a college is mandatory. Registrants pay for licensure.

A college functions by:

1

Establishing and monitoring standards of practice/education and professional ethics

2

Establishing and maintaining a continuing competence/quality assurance program

3

Supporting nurses in meeting the standards, taking action when standards are not met



Association

Mandated to represent members' interests

Participation in an association is usually voluntary where fees provide certain privileges and benefits.

An association functions by:

1

Advocating for nurse members

2

Promoting, lobbying and supporting research that supports advocacy positions

3

Providing education opportunities, as well as, advocacy and lobbying activities



Nurses Association
OF NEW BRUNSWICK

Nursing Organizations in New Brunswick

WHO DOES WHAT?

By LAURIE JANES

Prior to 1916, a member of the public could represent themselves as a nurse without any specified education; there were no organized advocacy or lobbying groups for nurses, and no nursing unions existed. In New Brunswick, the first group of nurses committed to the provision of a certain standard of care to the public, forming the New Brunswick Association of Graduate Nurses. The work of this group evolved over many years to protect the use of the title registered nurse under specific regulatory parameters, to the formation of advocacy and lobby groups as associations, and to the formation of specific nursing union groups. These groups continue to exist, all with a focus on nursing, however with different responsibilities and mandates.

Nursing unions began to emerge in Canada in the late 1960's in the larger provinces. As a primarily female profession, concerns arouse regarding pay equity, as well as financial recognition of the important contributions made by nurses in their daily work. Although nursing unions were initially formed to focus entirely on labour contract work for members, nursing union work has evolved since to include member advocacy. Current issues such as reduction of violence in nursing and pay equity (yes this is still an issue in 2019) are being led by Canadian nursing unions. Not all nurses in Canada are unionized; however, for those who are members, nursing unions play an important and integral role in supporting quality of work life, addressing financial compensation, and workplace benefits,

and representing members in employee/ employer conflicts. At times nurses' unions may weigh in on specific issues of interest to the public, the nurses' union campaign on a national public Pharmacare campaign being one of the most recent examples.

Associations act in the interest of the group represented, such as physicians, lawyers, engineers, teachers, and nurses. Separate associations for nurses, nurse practitioners and registered psychiatric nurses exist in some Canadian provinces. Professional associations act as advocacy groups and lobbyists. Advocacy work may include providing education, and the coordination of conferences and workshops. Examples of lobbying activities include the presentation of a nursing groups' position such as lobbying for nurse practitioners' right to engage in private practice, or for specific public health policy such as tobacco-use reduction. Choice of advocacy and/or lobbying work depends on the interest and support of association members.

In this way, some work of nursing unions and nursing associations may be similar. In the case of both types of organizations the focus and commitment are in the interest of nursing members. Currently, it is mandatory to be a member of the union in most employment settings in New Brunswick. For most associations, membership is voluntary.

Until recently, most Canadian nursing associations also acted as nursing regulators. Professional nurse regulators enact an important role in nursing; however, the role is different from the role of a union or association. Nurse regulators set the require-

ments for entry to the profession, and for the practice of the profession. Regulators also intervene when the standard of nursing care being delivered to the public is in question. The primary goal of a nurse regulatory body is to protect the public.

In order to attain and maintain this objective, regulators provide nurses with the necessary information required in terms of education, practice and entry to the profession in ways that assure the provision of safe, competent care. Quality assurance programs with a focus on continuing competency throughout a professional career are also a responsibility of regulators. In order to practice nursing in New Brunswick, registered nurses and nurse practitioners must be on the NB nursing registry, and in good standing.

The word “association” has been used in different titles of the New Brunswick nursing regulatory body since the beginning in 1916, when the goal was to protect the nursing title, set requirements for nursing education programs, and thus enhance the quality and safety of nursing care provided to the public. These are all regulatory responsibilities; however, in 1916, regulation was not an identified concept.

Throughout the history of NANB, the organization has enacted all three roles: association, union and regulatory body. NANB became a voice for professional advancement, public policy, member rights, and improved financial compensation. In the early years, the New Brunswick Nurses Union (NBNU) was a division of NANB. In 1984, following many years of lobby efforts and advocacy, the *Nurses Act* was passed. This *Act* commenced the requirement for baccalaureate of nursing as entry

sons offering nursing care, and for providing for the welfare of both the public and the profession. In a recent review of the *Act*, only one other sentence pertained to supporting members in the interest of the public. All other legislative language regarding the role of NANB implies clearly a nursing regulatory body in New Brunswick. Considering all of this, it is no wonder that members, the public and other stakeholders are often confused about NANB.

Adding to that confusion is the multitude of names representing the same functions of a professional organization. Association and Society are very similar, College and Professional Standards Authority are also similar, and a Society and a Union often play similar roles.

In order to communicate clearly what the NANB role is and is not, NANB is embarking on a rebranding and communication exercise with an emphasis on the transition to nursing regulation (as per the NB nursing legislation) in a collaborative model with other nursing organizations in NB and across Canada. The objectives of the project include:

- Public awareness of the role NANB (the New Brunswick College of Nurses or NBCN) plays in assurance of safe, competent, ethical nursing care;
- Member clarity on requirements for nursing licensure in NB (entry and continuing competence);
- Stakeholder understanding of the unique responsibilities of

CONFUSION ABOUT THE DIFFERENCES BETWEEN PROFESSIONAL ASSOCIATIONS, PROFESSIONAL COLLEGES/REGULATORY BODIES, AND UNIONS FOR PROFESSIONAL GROUPS IS COMMON.

to practice education and was later amended to include nurse practitioners. Legislative requirements in the *Act* map out a clear regulatory role—one that was entrusted to NANB by the provincial government. In 2019, the *Nurses Act* celebrated 35 years.

Over the past 10 years or so, most provincial governments have determined that there is an inherent conflict with dual mandate organizations such as NANB (nursing association as nursing regulatory body). Interests of the public and interests of the profession are not always in conflict, but there are situations where those interests are different. Regulators set requirements for entry to the profession, which limit the number of individuals who may qualify. Regulators place limits and conditions on professional scope of practice, which professionals may object to. Regulators introduce mechanisms to assure continued competency, which may be seen as burdensome. Regulators intervene when the standard of professional practice is questioned, which some members may find intrusive.

NANB is also a self-regulated professional body. This poses an inherent risk to the public interest, as it is difficult in many cases to protect public and member interests simultaneously. For this reason, several provincial governments are separating professional nursing associations and nursing regulatory organizations. In review of the *Nurses Act*, the initial opening paragraphs state that NANB is responsible for advancing the standard of nursing in NB, governing and regulating those per-

NANB (NBCN), and the relationship and collaboration with other NB (and Canadian) nursing organizations;

- Employer awareness of how and when to access nursing regulatory services; and
- Member clarity on which nursing organization to access for a specific service.

This project is supported by the communications business firm M5. M5 offers bilingual services and will be conducting public and member focus groups and surveys as the project moves forward. For members and future members, the important concept to note is that as a nursing regulator, NANB business and responsibilities will not change. The *Nurses Act* legislation decreed and defined those responsibilities. What should change is the NANB business name to better reflect and communicate the legislated role. Members should also understand why NANB does not do advocacy and lobby work, although reporting on emerging trends and best practices in the nursing profession will be maintained.

NANB encourages members and the public to participate in upcoming M5 exercises. Your feedback is important for us to achieve the best possible outcomes. If you have questions about this project, please contact NANB Communications Department at 1-800-442-4417 or nanb@nanb.nb.ca.

2019 NANB AGM

Nurses: No Ordinary Leaders



EDITOR'S NOTE: The following is an abridged version of Karen Frenette's presidential address delivered at the 2019 Annual General Meeting this past June.



PRESIDENT'S ADDRESS

By KAREN FRENETTE

Fellow nurses, it has been such an honor to serve as your President for the past two years. I have always embraced a challenge and it was not long into my presidency that it became evident that I would be challenged. Yet with each challenge comes opportunity. With the wise and valued perspectives from the Board of Directors, the Executive Director, and the NANB staff, decisions have been made and will continue to be made in the best interest of the public and in fulfilling the mandate of the Nurses Association of New Brunswick.

As I prepared to address the membership, I reflected on my nursing journey and the wonderful opportunities that I have had. Throughout my career, I have chosen to participate in different professional nursing organizations – NANB, NBORN, ORNAC and CNA. These experiences have helped me to grow as a professional, they have challenged me, and they have made me truly understand that maintaining the status quo is no longer an option in the nursing profession and for professional organizations. As the world around us changes, as our healthcare system evolves, so must the profession of nursing.

We must keep abreast of national trends and the changing environment as we prepare for the future. Through this journey, I recognize the need for a strong regulatory body, championed through the years by nurses, who continue to pursue a vision for safe, competent and ethical care, and who will advocate for nursing regulatory excellence into the future. This designation of trust by our public is what we value most as an organization. Therefore, the Nurses Association of New Brunswick continues to work to maintain that value. The nursing profession is acknowledged and respected by all governing parties in the Legislature, reiterating that nurses are a key part of our provincial health system.

Representing New Brunswick on the CNA Board of Directors provided the opportunity to influence, discuss and appreciate nursing from a national context. Having the New Brunswick

voice at the table continues to ensure we are heard and our input is present. CNA is also transforming as they set the path for the future. Membership is now available for the family of nursing. As jurisdictions throughout our country change so must our national association. I would like to thank Claire Betker, CNA President, for her leadership and vision, as well as President-elect Tim Guest, as they guide the Board of Directors and set the path for the future. I would be remiss not to mention the Executive Director of CNA, Michael Villeneuve, for his leadership and guidance through this transformation. NANB continues to maintain a close relationship with CNA.

NANB continues to work towards a resolution to the Entry to Practice Exam. We recognize the impact placed on graduate nurses and their families, the employers in New Brunswick, and on our healthcare system. Whatever decision is taken, it is necessary to ensure that New Brunswickers continue to receive safe, quality nursing care.

NANB is involved in the scheduled review of New Brunswick nursing education standards. As our profession evolves so must nursing education. To meet the health care needs of our population today and into the future, education and expectations must align. New Brunswick has an aging population, an increase in mental health issues, and limited access to primary health care. Are our new graduates prepared for this environment? Working together in the best interest of our profession will have positive results.

The Governance Committee of NANB began its journey in 2017. A governance review commenced with the development of a framework that will support best practice and a strong decision matrix. This includes bylaw changes and policy work. This is all part of NANB's transformation.

I would like to sincerely thank my employer, Vitalité Health Network, for their support and understanding throughout this journey. To my wonderful team of nurse managers, your patience and support was greatly

appreciated. I have been incredibly blessed to have had this opportunity.

As I end my term as President, I must commend the exceptional work of our Executive Director, Laurie Janes. Laurie has been a visionary, wisely prepared in all issues that arise, thorough, transparent, and accountable. Laurie possesses the innate ability to navigate through change effectively. She has an eye for detail and a phenomenal wealth of knowledge. She has faced numerous challenges since her first day with the Association. On behalf of the entire Board – thank you – you are an exceptional leader!

To the entire staff of NANB – thank you. With transformation comes change, and it is often the staff that are feeling most affected by this organizational change. We have welcomed many new and exceptional team players over my two-year term. You are a phenomenal group of leaders and your dedication is greatly appreciated.

I would like to take the opportunity to thank each member of the Board of Directors. You have been visionary and outstanding as we met the challenges and opportunities that we have encountered over the past two years. Your level of engagement in fulfilling our responsibility as a Board of Directors has been exemplary. Your leadership was evident in all that you have done for the profession of nursing!

I wish to congratulate incoming President Maureen Wallace. Enjoy every minute of this experience. Embrace the challenges and the opportunities! Thank you for your support throughout my presidency. I wish much success as you continue this journey in leading NANB through this necessary transition!

To you, the membership – take the time to reflect on your career and the wonderful profession of nursing. I challenge each of you to truly understand your professional responsibilities, share your knowledge and become involved. Your profession is what you make of it! As nurses, you are no ordinary leaders!

Thank you so very much!

Call for Nominations: Director Regions 1 & 3

See the nomination to NANB's Board of Directors and become part of the most progressive association of health professionals in New Brunswick.

Positions

Director—Region 1 (Moncton)
Term: 2020–2023

Director—Region 3 (York-Sunbury)
Term: 2020–2023

Qualifications

The successful candidates are visionaries who want to play a leadership role in creating a preferred future. Interested persons must:

- be registered with NANB;
- have the ability to examine, debate and decide on values that form the basis for policy;
- understand pertinent nursing and health related issues; and
- have a willingness to embrace a leadership and decision-making role.

Role

The Board of Directors is the Association's governing and policy-making body. On behalf of registered nurses in New Brunswick, the Board ensures that the Association achieves the results defined in the Ends policies in the best interest of the public.

Information

For further information, please contact NANB headquarters at 1-800-442-4417, 506-458-8731 ext 852 (local) or via email: nanb@nanb.nb.ca.

Deadline: The deadline to submit nominations is January 31, 2020.

Why Should I Run For Office?

Nominations for The 2020 Elections Are Now Being Accepted

This is your opportunity to:

- Influence health care policies;
- Broaden your horizons;
- Network with leaders;
- Expand your leadership skills; and
- Make things happen in the nursing profession.

How can I become a candidate?

Any practising member of the Association may nominate or be nominated for positions on the board of directors of the Association.

Nominees for president-elect must be willing to assume the presidency.

Nominations submitted by individuals must bear the signatures and registration numbers of two practising members. Nominators must obtain the consent of the candidate(s) prior to submitting their names.

Nomination Restrictions

Only nominations submitted on the proper forms signed by current practising members will be valid.

No director may hold the same elected office for more than six consecutive years (two terms).

A director is eligible for re-election after a lapse of two years.

If there is only one person nominated, the nominee is elected by acclamation and no vote will be required.

Information and Results of Elections

Information on candidates will be posted on the NANB website in March 2020. Voting will take place online.

The names of the elected candidates will be announced at the 2020 Annual Meeting and will be published in the September edition of *Info Nursing*.



Nomination Form

ELECTIONS 2020

The following nomination is hereby submitted for the 2020 election to the NANB Board of Directors. The nominee has granted permission to submit her or his name and has consented to serve if elected. All of the required documents accompany this form.

Position

Candidate's Name

Registration Number

Address

Telephone

Home

Work

Signature

Registration No.

Signature

Registration No.

Nomination forms must be postmarked no later than **January 31, 2020**. Return to:

Nominating Committee

Nurses Association of New Brunswick
165 Regent Street
Fredericton NB E3B 7B4

Acceptance of Nomination

ELECTIONS 2020

(The following information must be returned by nominee)

Declaration of Acceptance

I, _____ a nurse in good standing with the Nurses Association of New Brunswick, hereby accept nomination for election to the position of

_____. If elected, I consent to serve in the foregoing capacity until my term is completed.

Signature

Registration No.

Biographical sketch of nominee

Please attach separate sheets when providing the following information:

- basic nursing education, including institution and year of graduation;
- additional education;
- employment history, including position, employer and year;
- professional activities; and
- other activities.

Reason for accepting nomination

Please include a brief statement of no more than 75 words explaining why you accepted the nomination.

Photo

For publication use, please forward an electronic self-image to jwhitehead@nanb.nb.ca. Return all of the above information, postmarked no later than **January 31, 2020**, to:

Nurses Association of New Brunswick
165 Regent Street
Fredericton NB E3B 7B4

Cosmetic Medical Procedures

By SUSANNE PRIEST

Cosmetic medical procedures are in demand more than ever before, resulting in RNs and NPs asking questions related to their role in medical cosmetics. The procedures, techniques, and principles of medical cosmetics or aesthetic medicine¹ are focused on enhancing or improving a client's appearance. The Nurses Association of New Brunswick (NANB) expects nursing practice to meet regulatory standards², legislation and best practice guidelines in all practice areas, including cosmetic medical procedures. For additional information please see NANB's *Position Statement: Cosmetic Medical Procedures*.

Cosmetic medical procedures can be performed on areas of the head, neck, and body, but because these treatments are not required to maintain health and because the body functions without the proposed intervention, cosmetic medical procedures are considered elective and not primary health care. Therefore, Primary Health Care NPs, should not be authorizing cosmetic medical procedures. If an NP chooses to work as an RN in cosmetic medicine, those practice hours are considered RN practice and do not count towards NP practice hours.

It is important to note that there is a difference between cosmetic medical procedures and plastic surgical procedures. While both cosmetic medical procedures and plastic surgical procedures deal with improving a patient's body, the overarching philosophies and goals for patient outcomes are different. Cosmetic medical procedures are focused on enhancing appearance. Improving aesthetic appeal, symmetry, and proportion are the key goals. Plastic surgical procedures are reconstructive in nature and focus on repairing defects due to birth disorders, trauma and disease³.

RN injectors or a 'nurse injector' refers to an RN who has specific education and training for the administration of cosmetic substances such as dermal fillers, volume enhancers, and neurotoxins. A 'nurse injector' practises under the direction of a physician and within employer policy, NANB standards and legislation.

The RN practising in the specialized area of medical cosmetics must be competent and should be able to show how competency was attained and is being maintained. RNs are not taught to perform cosmetic medical procedures in basic nursing programs and require additional education and experience to ensure that the RN is competent and safe to practice. Education and training should include best practices regarding infection control. RNs are expected to engage in ongoing learning activities specific to the knowledge and skill associated with cosmetic medical procedures.

RNs must follow a physician's order to carry out cosmetic medical procedures. Cosmetic medical procedures are not without risk⁴ to clients, therefore, appropriate medical support must be readily available to deal with potential side effects or negative outcomes. Plans, including employer policies, should be in place on how to intervene in the event of an emergency.

Obtaining client consent for nursing procedures only, and documentation of all nursing interventions are required as outlined in the NANB publications: *Standards of Practice for Registered Nurses*, *Standards for Documentation*, and *Guidelines for Consent*.

If a directive is being used, it must outline interventions within the scope of practice of the RN. It must be signed by an authorized prescriber and meet the criteria of a directive as outlined by the employer and the NANB. RNs must use knowledge and judgment when implementing a directive, as the RN is accountable to judge the appropriateness of the cosmetic medical procedure in each situation. Please refer to the NANB publication *What Is A Directive?* for further details on what is expected when practising under a directive.

Esthetic procedures do not need to be performed by an RN (e.g. facials, waxing, piercings, tattooing, etc.). The NANB does not consider such activities to meet the definition of nursing as outlined in the *Nurses Act*⁵ and an individual performing such services cannot use the title RN, nor count these hours as RN practice.

For more information regarding cosmetic medical procedures, please contact NANB at 1-800-442-4417 or nanb@nanb.nb.ca.

Resourceful Links

- The Canadian Society Of Aesthetics Specialty Nurses <https://csasn.org/> provides members with opportunities to be professionally educated, trained and regulated to ensure patient safety in all aspects of aesthetic surgical and non-surgical procedures.
- Link to the College of Physician and Surgeons of Ontario regarding medical cosmetics: www.cpso.on.ca/Policies-Publications/Positions-Initiatives/Cosmetic-Procedures-Improving-Patient-Safety/Get-the-Facts-What-you-should-know-about-Cosmetic
- The Canadian Nurses Protective Society provides legal considerations for providing medical cosmetic services: <https://www.cnps.ca/cosmetic>

1 Link regarding the regulation of medical aesthetics in Canada: www.camacs.ca/Medspa_task_force.php

2 Please review and practise according to the NANB Standards found at: <http://www.nanb.nb.ca/practice/standards>

3 Link to the American Board of Cosmetic Surgery: <https://www.americanboardcosmeticsurgery.org/patient-resources/cosmetic-surgery-vs-plastic-surgery/>

4 Please read infoLaw: *Considerations for Providing Cosmetic Services*: <https://www.cnps.ca/index.php?page=345>

5 Under the *Nurses Act*, NANB is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick: <http://www.nanb.nb.ca/media/resource/NANB-NursesAct-2008-Bilang.pdf>.

SUSPENSION CONTINUED

On April 16, 2019, the NANB Discipline Committee found that Chandra Dawn Hume (former name Crouse), registration number 020792, demonstrated incompetence, professional misconduct, conduct unbecoming a member of the Association, and a lack of judgement by failing to adhere to the NANB Standards for the Practice of Primary Health Care Nurse Practitioners and the Standards for Medication Administration and Documentation. The Committee also found that the member failed to adhere to the Code of Ethics and demonstrated a disregard for the safety and welfare of patients.

The Discipline Committee reprimanded the member for not adhering to the NANB Standards for the Practice of Primary Health Care Nurse Practitioners and the Standards for Medication Administration and Documentation. The Committee ordered

that the suspension of the member's registration be continued until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that she pay costs to NANB in the amount of \$5,000 within 24 months of returning to the active practice of nursing.

CONDITIONS IMPOSED

In a decision dated August 14, 2019, the NANB Discipline Committee found that Chandra Dawn Hume (former name Crouse), registration number 020792, demonstrated incompetence, professional misconduct, conduct unbecoming a member of the Association, a lack of judgment, a failure to adhere to the Code of Ethics, and a disregard for the welfare and safety of patients. The Committee reprimanded the Member for not adhering to the NANB Standards of Practice for Registered Nurses, the Standards for the

Practice of Primary Health Care Nurse Practitioners, the Standards for the Therapeutic Nurse-Client Relationship, the Standards for Documentation, the Practice Standard: Medication Administration and the Code of Ethics for Registered Nurses.

The Discipline Committee ordered that the Member be eligible for a non-practicing membership for the sole purpose of undertaking a specified list of courses. Upon successful completion of the courses, the Member will be eligible to apply for a conditional registration. The Committee further ordered the Member to pay costs to NANB in the amount of \$1,000 within 24 months of returning to the active practice of nursing.

CONDITIONS LIFTED

The conditions imposed on the registration of registrant number 018163 have been fulfilled and are hereby lifted effective June 14, 2019.

Plan ahead. Register for Supplementary Protection.

As a nurse, you hope to never receive a complaint about your care. When it happens, you can turn to **CNPS**.

NANB members can register for **Supplementary Protection** for a fee of \$85 plus taxes. This protection generally includes assistance with:

- ✓ Regulatory matters regarding your nursing care (complaints)
- ✓ Disciplinary and fitness-to-practise hearings

Call us: **1-844-4MY-CNPS** (1-844-469-2677)

Visit: **cnps.ca/complaints**

Follow Us:  /CNPS.SPIIC  @CNPS_SPIIC



BENEFITS OF THE EHR FOR NURSE PRACTITIONERS

Enhanced patient care experience. EHRs improve patient care quality and make health care more convenient for health care providers and patients.

Clinical Decision Support. Real time access to important health information such as lab tests, medications, and diagnostic imaging reports in one source.

Improved patient safety. Stay connected to health information in rural, remote areas or in urgent situations. Improved quality of health information (standardized terminology) helps reduce medical errors.

Improved care coordination. Records are readily available at the point of care. Shared information supports collaborative patient care teams. Fewer duplicate tests.

Supporting transitions of care. Perform medication reconciliation or best possible medication histories more accurately and quickly. Reduced gaps in communication between health care providers.



REGISTRATION SUSPENDED

On June 12, 2019, the NANB Complaints Committee suspended the registration of Nicole Lyne Ruest (former name Daigle), registration number 026602, pending the outcome of a hearing before the Discipline Committee.

REGISTRATION SUSPENDED

On June 21, 2019, the NANB Complaints Committee suspended the registration of registrant number 017629 pending the outcome of a hearing before the Review Committee.

REGISTRATION SUSPENDED

On June 25, 2019, the NANB Complaints Committee suspended the registration of registrant number 026149 pending the outcome of a hearing before the Review Committee.

REGISTRATION SUSPENDED

The Nurses Association of New Brunswick hereby gives notice that the

registration of registrant number 024993, is suspended effective March 15, 2019 pending the outcome of a hearing before the Review Committee.

REGISTRATION SUSPENDED

On April 2, 2019, the NANB Complaints Committee suspended the registration of registrant number 022033 pending the outcome of a hearing before the Review Committee.

REGISTRATION SUSPENDED

On April 24, 2019, the NANB Complaints Committee suspended the registration of Pamela Anne Harvey (former name Garland), registration number 022890, pending the outcome of a hearing before the Discipline Committee.

REGISTRATION SUSPENDED

On April 25, 2019, the NANB Complaints Committee suspended the registration of Joseph Luc Blaqui re, registration number 019895, pending the outcome of

a hearing before the Discipline Committee.

REGISTRATION SUSPENDED

On May 2, 2019, the NANB Complaints Committee suspended the registration of Jasmine Elizabeth Murchison-Perley, registration number 030211, pending the outcome of a hearing before the Discipline Committee.

REGISTRATION SUSPENDED

The Nurses Association of New Brunswick hereby gives notice that the registration of registrant number 026247 is suspended effective May 10, 2019 pending the outcome of a hearing before the Review Committee.

OCTOBER 7–8, 2019

NANB BoD Meeting

- NANB Headquarters, Fredericton, NB
- » www.nanb.nb.ca

OCTOBER 20–23, 2019

31st Annual CANO Conference, *Oncology Nursing: Celebrating our Diversity*

- Winnipeg, MN
- » www.cano-acio.ca/page/cano2019

OCTOBER 23–25, 2019

16th Biennial Custody and Caring Conference on the Nurse's role in the Criminal Justice System: *Social Justice in Forensic Mental Health and Correctional Nursing*

- Saskatoon, SK
- » <https://nursing.usask.ca/events/2019/10/Custody-and-Caring.php>

OCTOBER 24–26, 2019

Canadian Association of Nephrology Nurses and Technologists Annual Conference: *Sharing our Stories Down by the River*

- Edmonton, AB
- » <https://cannt-acitn.ca/>

OCTOBER 24–26, 2019

48th Annual Scientific and Educational Meeting: *Navigating the Tides of Aging Together*

- Moncton, NB
- » <https://cag2019.ca/>

NOVEMBER 8, 2019

Living Well, Dying Well Conference

- Hospice Greater Saint John, Saint John, NB
- » www.hospicesj.ca/events/

NOVEMBER 8–10, 2019

CAPWHN 9th Annual Conference, *Breaching the Status Quo: Advancing Quality Improvement, Best Practice and Advocacy in Perinatal and Women's Health*

- Vancouver, BC
- www.capwhn.ca/en/capwhn/2019_Conference_p4915.html

FEBRUARY 21–22, 2020

Perinatal Services BC's 4th Biennial Conference, *Healthy Mothers and Healthy Babies 2020*

- Vancouver, BC
- » <https://interprofessional.ubc.ca/initiatives/hmhb2020/>

MARCH 23, 2020

NANB BoD Meeting

- NANB Headquarters, Fredericton, NB
- » www.nanb.nb.ca

Hours & Dates

The NANB Office is open Monday to Friday, from 08:30 to 16:30

NANB WILL BE CLOSED

October 14, 2019	Thanksgiving Day
November 11, 2019	Remembrance Day
December 24, 2019 - January 2, 2020	Holiday Closure

DATES TO REMEMBER

October 1, 2019	Registration Renewal Opens
October 7-8, 2019	NANB Board of Director's Meeting
November 15, 2019	Payroll Deduction Deadline
November 30, 2019	Registration Renewal Deadline
January 31, 2020	Deadline for NANB Election Nominations
March 23, 2020	NANB Board of Director's Meeting

Follow and Like NANB on Facebook and Twitter!

NANB has joined the world of social media, as an added media presence and monitoring tool; as well as an opportunity to promote to members, both existing and future, of the Association's events, supports and services available while increasing traffic to our existing website.

You can follow NANB at www.twitter.com/nanb_aiinb. There is also a direct link to the account from our website homepage www.nanb.nb.ca.

2019 MEMBER RECOGNITION AND PRESIDENT AWARD *Recipients*



Nurses: No Ordinary Leaders

Seven nurse members were recognized by their peers along with six nurse graduates for their academic and clinical excellence. Congratulations to all!

For this year's award recipients, please visit:

www.nanb.nb.ca/agm/awards



Should I Renew?

ONLINE REGISTRATION RENEWAL 2020

Open October 1–November 30, 2019

I am planning to practice or use my protected title (RN or NP) in New Brunswick between December 1, 2019 and November 30, 2020.

YES

I am currently registered as an RN or NP.

NO

I may return to practice in the future.

YES

Renew Registration

1. Go to NANB's website www.nanb.nb.ca and log in to *My profile*. You will need your 6-digit registration number and password.
2. Complete the Online Continuing Competency requirement for 2020.
3. Complete the 2020 registration form and submit payment online. Methods of payment include: payroll deduction, Master Card, Visa and debit.

We encourage you to print your registration certificate.

NO

Apply for Reinstatement

Complete the Application for Reinstatement and mail it to NANB.

We ask that you apply to return to practice eight weeks before you start work or orientation.

Be Aware: You may not practice nursing or use the title of RN or NP until you receive confirmation from NANB that your reinstatement has been processed.

YES

Non-practising Registration

1. Go to NANB's website www.nanb.nb.ca and log in to *My profile*. You will need your 6-digit registration number and password.
2. Complete the online registration form, and select non-practising status.
3. Submit payment online. Methods of payment include: payroll deduction, Master Card, Visa and debit.

NO

Choose to Retire or Resign

Be Aware:

You are not authorized to practice nursing in New Brunswick.

This includes:

- volunteer work
- consulting work
- any activities where you use your nursing-specific knowledge.

If you intend to engage in any activities where you use your nursing or nurse practitioner knowledge, you must register for active practice status (RN or NP).