

Indigenous Services  
CanadaServices aux  
Autochtones Canada**Key Considerations for RPNs working in Nursing Stations**

The purpose of this document is to highlight some of the key points from CNO and ISC policy related to RPN scope for managers, NICs and CHNs working integrating RPN role into Remote/Isolated FN Community Nursing Stations:

**Triage** – According to CNO (Ask Practice), because of the unpredictability of how clients will present and their health care needs, triage is beyond the level of educational preparation of an RPN. Our own policy also restricts RPNs from triaging (in person or by phone). **All clients should be triaged and deemed stable before being assigned to an RPN.**

**Acutely ill children** – our policy restricts RPNs from seeing acutely ill children as may be unstable. They can support the implementation of MD/NP orders

**Initiating controlled acts/Delegation:**

See CNO Practice guideline – RHPA: Scope of Practice, Controlled Acts Model ([https://www.cno.org/globalassets/docs/policy/41052\\_rhpascope.pdf](https://www.cno.org/globalassets/docs/policy/41052_rhpascope.pdf)) and Authorizing Mechanisms ([http://www.cno.org/globalassets/docs/prac/41075\\_authorizingmech.pdf](http://www.cno.org/globalassets/docs/prac/41075_authorizingmech.pdf)). Also see FNIHB-OR Policy: Controlled Acts. The controlled acts policy discusses what RNs have to consider when delegating acts and/or assigning tasks. These should be reviewed by RNs working with RPNs in nursing stations

For example, CPGs allow RNs working in remote and isolated FN communities to diagnose and prescribe in certain instances (also see FNIHB-OR Policy: RN Initiated Drug Therapy). While this policy allows the RN to perform these controlled acts, although they are not in the RN scope of practice, the RN cannot delegate an RPN to dispense the medications as the RN does not have the authority under the Nursing Act to perform the controlled act of dispensing.

An RN cannot **sub-delegate** an order received from an NP/MD to an RPN.

RPNs can dispense and administer with an order from an NP/MD, not from RN.

RPNs can do POCT with MD order. They cannot do at direction of RN/NP.

**Medical Directives:**

- STI Medical Directive only applies to RNs but RPNs could do the contact tracing and education piece
- TB Medical Directive for skin testing applies to RPNs but immunization certificate is required

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**Clinical Practice Guidelines -** The guidelines grant the registered nurse employed by Health Canada, limited authority to diagnose, request diagnostic tests (for example, laboratory tests and diagnostic imaging), and treat clients as per each health condition included in the guidelines. RPNs are not covered to use the CPGs for any of the above.

**Tasks Reasonable for RPNs (given they have the knowledge skill and judgement to perform)**

- immunization/well baby (could attend the surge orientation components starting July 29 to get imm cert and do well baby portion Aug 7)
- COVID education/ f/u with stable clients (needs clear relationship with RN that can take over if client decompensating)
- wound care, will need order packing/debriding
- chronic disease followup, with care directed by the authorized provider
- phlebotomy
- health education for stable clients
- could monitor **stable** clients awaiting medevac i.e. shoulder dislocation with stable vitals IF an RN is immediately available to step in if client condition changes
- can hand out and educate on harm reduction supplies including naloxone
- can dispense OTC meds if the client has an established diagnosis by authorized provider (MD/NP) or self-diagnosis (see Policy III-10 OTC meds in public health facilities)
- MD clinic & processing of MD orders
- Supply inventory and completion of stores order for submission to NIC
- Pharmacy inventory and completion of order for submission to NIC
- Shelving supplies as they arrive
- QC for POCT (e.g. hemocue, glucometer, istat with training)
- Set-up/Stocking of exam rooms
- Vaccine stocking/ordering
- IV starts
- Would be a valuable asset to work in tandem with the NP in a chronic disease/health promotion and protection program (i.e. handing chronic disease monitoring, cancer screening tracking and education)
- Monitor stable clients receiving infusions e.g. Iron transfusion, daily IV meds
- Clinical technician (do ECGs, BP checks, chronic labs etc.)
- Assist with charting/runner in code blue situation
- Suboxone/Kadian/TB Meds direct observed therapy (DOT)
- Could be certified to give Sublocade
- In an emergency CPR & AED use are within the scope of an RPN

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1. Immunization certification
2. ISC well baby training
3. Venipuncture experience
4. Cultural Training
5. CDS certificate

**Evaluation:**

Agency evaluation for agency RPNs

***From CNO related to RN/RPN role in facilities:***

*The designated nursing authority (which is the nurse with the highest level of authority for nursing in the practice environment) is accountable for ensuring there are mechanisms in place such as policies, procedures, guidelines and other resources to support the following:*

- *utilization decisions that take into account client, nurse and environment factors, and that are evidence-based*
- *nurse collaboration and consultation*
- *clear and well-understood role descriptions*
- *professional nursing practice and*
- *continuity of client care.*