



Registered Practical Nurses  
Association of Ontario

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September 2, 2020

Anne Coghlan  
Executive Director & Chief Executive Officer  
College of Nurses of Ontario  
101 Davenport Rd.  
Toronto, ON  
M5R 3P1  
Re: Revisions to RPN scope of practice

Dear Ms. Coghlan,

I am writing regarding the proposed changes to Registered Practical Nurse (RPN) scope of practice that are scheduled for discussion and final review at the College of Nurses of Ontario's (CNO) upcoming Council meeting on September 17<sup>th</sup> 2020.

At a time when we are seeing growing pressures in our health system, it is essential that we make sure all health professionals are putting their education and experience to best use to ensure patients receive the excellent care they deserve. WeRPN has been a strong advocate for modernizing the existing regulatory framework governing RPN scope of practice to deliver improved access to timely care and better reflect current RPN knowledge and experience. When the existing regulations were enacted, RPN education looked very different than it does today. Over the past several years, RPN education has expanded from a one-year certificate to a two-and-a-half-year diploma and the body of knowledge required of an RPN has grown considerably. It is important for these regulations to evolve to reflect those changes to meet the needs of our 21<sup>st</sup> century health system.

As you know, WeRPN worked with the CNO, government and other stakeholders through a robust two-year consultation to arrive at the four modest proposals under consideration that put patient safety and care above all else. The four proposed modest changes to RPNs' scope of practice would bring better care to our most vulnerable people and better value to our health system. These proposed changes reflect current practice and involve tasks that RPNs are currently allowed to perform in certain circumstances. Specifically, RPNs are already authorized to *perform* these four procedures, however they can only do so after being delegated by a Registered Nurse (RN), Nurse Practitioner (NP) or physician. We believe that RPNs with the appropriate knowledge and judgement should be given the authority to independently decide and *initiate* these common practices, which include wound care and starting an IV. Patients who are in urgent need, including those in emergency or isolated situations, don't have time to wait while an educated and competent RPN seeks permission to provide care she or he is qualified to give.

These are practices which RPNs already *perform* regularly. Giving RPNs the ability to *initiate* these procedures in situations where it is appropriate to do so will improve access to timely care. There is an especially critical need for this change in our home and community care system. It will help address the pressures in our health system by enabling qualified RPNs to immediately perform actions without taking an RN away from other vital care to provide the order. More importantly, it will ease patients' suffering and ensure that concerns can be addressed quickly to avoid conditions worsening.

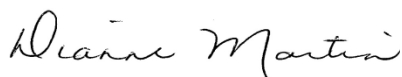
Wound care provides a powerful example of the benefit of moving forward with these changes. As you know, many RPNs perform wound care procedures in the home. Some of these nurses are wound care experts. However, when clients require wound care beyond cleansing, soaking, and dressing, the RPN is required to contact an RN for an order to initiate these procedures. In many cases, the RN provides the order without personally assessing the wound, whereby the RPN is in effect initiating the additional procedures based on his or her own knowledge, skill, and judgement. In this situation, the RN "initiation" is substantively administrative in nature, rather than clinically based. In other cases, the RPN may not be able to get a hold of the RN for an order and have to return at a later date, potentially denying the client the care they need, or resulting in a deterioration of the client's wound that requires additional treatment that might include hospital admission. Amending the wound care regulation in accordance with the RPN's advancing education would enable those RPNs with the necessary knowledge and skill to provide enhanced wound care to their clients. This would improve client care, allow RNs to focus on caring for more complex clients, and possibly reduce client morbidity and hospital admissions.

We have heard from RPNs, patients, families and other care providers across the province that giving RPNs the ability to initiate procedures they already have the experience, expertise and authorization to perform will help ensure people who need help get it without delay. This is particularly important for those in rural and remote communities. In emergency situations, when a patient's condition rapidly deteriorates and they require immediate access to fluids and/or medication, timely access to care is essential. RPNs are equipped with the knowledge, skill, and judgement to initiate venipuncture and often may not have access or time to request an order from an RN. The proposed amendment would ensure equitable and timely access to this essential emergency care across Ontario.

We urge the Council to move forward with these important changes to RPN scope of practice that will ultimately deliver improved, safe quality of care for Ontarians. In the attached appendix, we have further outlined the importance of modernizing these regulations to ensure they align with RPN knowledge and experience.

Should you have any questions or wish to discuss further, please don't hesitate to contact me.

Sincerely,



Dianne Martin  
Chief Executive Officer

Cc: WeRPN Board of Directors

## APPENDIX 1: Proposed Scope of Practice Changes

*Note: As always, RPNs must have the knowledge, skill, and judgment to safely perform the procedure, whether they are initiating or performing the act.*

Proposed Change	Description	Current Status	Proposed Change	Rationale
Wound maintenance	Irrigating, probing, debriding, and packing the wound. The associated controlled act refers to procedures below the dermis.	RPNs are authorized to initiate cleansing, soaking and dressing wounds. Currently require an order to irrigate, probe, debride or pack a wound.	RPNs with the appropriate knowledge, skill, and judgement would be able to irrigate, probe, debride, and pack wounds without an order.	Treatment is often delayed when RPNs wait for initiation, ultimately creating a negative environment for the patient.
Venipuncture for IV access	Initiating a peripheral IV and saline to keep the vein open. The associated controlled act refers to procedures below the dermis.	RPNs can perform such an act after an order from an RN.	RPNs with the appropriate knowledge, skill, and judgement would be able to initiate the controlled act without an order from an RN if the delay in obtaining the order could result in harm.	It is rare that an RPN would need to initiate this procedure. In an emergency situation, nurses regardless of category should be authorized to initiate this potentially life-saving procedure.
Insertion of Finger Beyond Labia Majora	Initiating an assessment procedure that involves insertion of finger or hand into the vagina.	RPNs can initiate such a procedure for patient health management (such as insertion of a tampon). An order is required for the purpose of assessment.	RPNs with the appropriate knowledge, skill, and judgement would be able to insert a finger or hand beyond a client's labia majora in order to assess, without an order.	Assessment precedes implementation. Potential circumstances may require assessment to determine the appropriateness of insertion to support health management activities.
<i>Insertion of Finger or Instrument Beyond Artificial Opening</i>	For example, suctioning a tracheostomy	RPNs can perform such an act after an order is given.	RPNs with the appropriate knowledge, skill and judgment could perform the act without an order.	This change would transform long-term care nursing. In LTC environments, the RPN is often left in charge and circumstances can arise where a delay in obtaining an order can lead to complications and/or harm to the patient.