

NWT Clinical Practice Information Notice

UPON RECEIPT: (1) PLEASE FOLLOW THE DIRECTIONS BELOW
(2) FILE THIS NOTICE IN SECTION C, CLINICAL PRACTICE INFORMATION BINDER FOR FUTURE REFERENCE

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

Hospitals Community Health Centers Public Health Units Doctors' Offices Social Services Offices Other: _____

The information contained in this document is a Departmental:

Policy Standard Protocol Procedure Guidelines

Title: NWT Community Health Nursing Administrative Policies and Guidelines Manual

Effective Date: April 1, 2010

Statement of approved clinical practice:

The Deputy Minister of Health and Social Services, upon the recommendation of the NWT Northern Nursing Leadership Committee approves the NWT Community Health Nursing Administrative Policies and Guidelines Manual.

The policies and guidelines in the *Community Health Nursing Administrative Policies & Guidelines Manual* are derived from legislation and best-practice standards. These are for Health and Social Services Authorities (HSSAs) to use to assist in meeting regulatory and other mandated requirements for facility operations. These policies and guidelines shall not limit the ability of Authority-specific policies, procedures, and guidelines to supersede the minimum requirements mandated in these policies.

Attachments:

- NWT Community Health Nursing Administrative Policies and Guidelines Manual.

An electronic copy of this notice is also available on the Department of Health and Social Services Public Website at: <http://hlthss.gov.nt.ca> Once you have accessed the site, click on "Manuals". The Clinical Practice Information Notice can be found in the *NWT Clinical Practice Information* manual.

This clinical practice is approved.

Original Signed By Paddy Meade

Deputy Minister



Chief Medical Officer of Health



Director, Child & Family Services



Director, Adoptions



Northwest Territories

Community Health Nursing

Administrative Policies & Guidelines

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Foreword

This manual was first published under the title *Standards, Policies, Guidelines: Nursing Administrative Manual* in 1990 with notable revisions in 1992 and 1996. This edition of the manual reflects a significant update resulting from the extensive work and collaboration between the Department of Health and Social Services, nurses from all Health and Social Services Authorities in the Northwest Territories, as well as a number of other agencies.

Much has changed since this manual was first published that has significantly impacted nursing and health care in the North. Some of these changes include the creation of Nunavut, the transition from five regional branches to eight Health and Social Services Authorities, and the adoption of the Integrated Service Delivery Model (ISDM) in Primary Community Care delivery.

Using this Manual

The policies and guidelines in the *Community Health Nursing Administrative Policies & Guidelines Manual* are derived from legislation and best-practice standards. These are for Health and Social Services Authorities (HSSAs) to use to assist in meeting regulatory and other mandated requirements for facility operations. These policies and guidelines shall not limit the ability of Authority-specific policies, procedures, and guidelines to supersede the minimum requirements mandated in these policies.

This manual also provides direction for Community Health Nurses detailing many of the specific operational and practice requirements in their role. Implementation and use of these administrative policies and guidelines promote the provision of safe, equitable and consistent Community Health Nursing service delivery to the public.

Organization of Manual

The policies and guidelines in this manual are organized into the following categories:

General

Operations

Facilities and Operations

Equipment

Documentation

Risk Management & Safety

Nursing Practice

General

Scope & Certification

Diagnostics

Laboratory

Radiology

Pharmacy

Policies are numbered in whole numbers (101, 102, 103, etc.). Guidelines, reference sheets, and other information related to the policy are attached as a subsection of the policy number (101.1, 101.2, 101.2.1, etc.).

This manual is available on-line at:

www.hlthss.gov.nt.ca

For questions about this manual, please e-mail:

nursing@gov.nt.ca

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General 100-199

100 Community Health Nursing Administrative Policy Maintenance
This manual will be updated at least once every three years.

- 100.1 Community Health Nursing Administrative Policy Maintenance Guidelines
- 100.2 Community Health Nursing Administrative Policy Change Request Form

Operations 200-399

Facilities and Operations 200-249

- 200 Reserved
- 201 Orientation
Orientation shall be provided to each new employee
 - 201.1 Orientation Guidelines
- 202 Approved Reference Materials
Nurses shall use approved references to guide practice decisions.
 - 202.1 Recommended Reference Resources Guidelines
- 205 Legislation
Nurses must be informed of the legislation and regulations governing their practice.

210 Reduction or Suspension of Core Community Health Nursing Programs/Services
Under certain conditions health centre services may be reduced or suspended.

210.1 Procedure for the Reduction of Core Community Health Nursing Services

210.2 Procedure for the Suspension of Community Health Nursing Services

210.3 Core Community Health Nursing Programs: Minimum Program Standards During Reduced Services

210.4 Procedures for Preparing for Suspension of Core Community Health Services

Equipment

220 Equipment Management System
Biomedical equipment must be available in Community Health Centres

220.1 Emergency Equipment Standards List

221 Maintenance and Repair of Biomedical Equipment
Biomedical Engineering maintains all approved equipment

225 Quality Assurance of Biomedical Equipment
Quality assurance checks of equipment are completed on a scheduled basis

225.1 Quality Assurance and Cleaning Guidelines for Medtronic LIFEPAK 20 Defibrillator

225.2 Medtronic LIFEPAK 20 Defibrillator Quality Assurance Checklist

225.3 Community Health Centre Defibrillator Use Review Form

225.4 Quality Assurance and Cleaning Guidelines for Medtronic LIFEPAK CR Plus AED

225.5 Medtronic LIFEPAK CR Plus AED Quality Assurance Checklist

225.6 Community AED Use Review Form

225.7 Cleaning Guidelines for the Hospira A+ Infusion Device

225.8 Quality Assurance Guidelines for the Hospira Plum A+ Infusion Device

226 Infusion Pump Training and Usage Policy
Initial and ongoing training for infusion pumps must be provided

226.1 Infusion Pump Training and Usage Guidelines

Documentation 250-299

250 Documentation
All client care is documented according to employer policies and guidelines

250.1 Quality Documentation - Documentation Standards Guidelines

250.2 Quality Documentation - Guidelines for Charting

252 Documentation format
SOAP is the standard format used for documentation in Community Health Centres

252.1 SOAP Documentation Guidelines

252.2 Documentation of Immunizations During Seasonal or Pandemic Influenza Vaccination Campaigns

255 Time and Date Format
The standard time and date format shall be used in all documentation

256 Acceptable Abbreviations
Only acceptable abbreviations shall be used in documentation

256.1 List of Acceptable Abbreviations and Symbols

257 Dangerous Abbreviations
Dangerous abbreviations shall not be used

257.1 List of Dangerous Abbreviations, Symbols and Dose Designations

260 Health Records
Health records are handled and maintained in an appropriate manner.

Risk Management & Safety 300-349**300 Risk Management**

Processes to identify and reduce risk are followed

300.1 Risk Management Guidelines

300.2 Risk Management Incident Reporting System Guidelines

300.3 LPIP Position Statement on Proactive Disclosure of Adverse Events

301 Continuous Quality Improvement (CQI) Program

A formal CQI program shall be followed by all HSSAs.

305 Confidentiality

Client confidentiality is rigorously maintained

305.1 Privacy policies

310 Critical Incident Stress Management (CISM)

Each HSSA shall develop and implement a CISM plan

310.1 Critical Incident Stress Management Guidelines

Safety**320 Safety Training and Education**

Safety training and education is conducted at least annually.

325 Client Identification

Clients must be identified by at least two identifiers before any procedure or service.

330 Infection Control

Infection control procedures must be followed

Nursing Practice 400-599

General 400-449

- 400 Community Health Nursing Philosophy Statement
Community Health Nursing is founded in the principles of Primary Health Care
- 401 Community Health Nursing Practice – Employer Responsibilities
The employer must ensure compliance with responsibilities when hiring Registered Nurses
 - 401.1 Guidelines for Role-Specific Nursing Functions
- 402 Community Health Nursing Practice - Employee Responsibilities
The Registered Nurse must ensure compliance with responsibilities when hired
- 405 Working with Unregulated Health Care Providers
Unregulated Health Care Providers have clear roles and reporting responsibilities
 - 405.1 Guidelines for Working with Unregulated Health Care Providers
 - 405.2 Guidelines for Working with Unregulated Health Care Providers - Five Rights of Delegation
 - 405.3 Decision Guidelines for Teaching or Delegating the Performance of a Procedure
- 410 Emergency Situation
In the event of an emergency providing necessary care by Registered Nurses is authorized
 - 410.1 Emergency Situation – Nursing Profession Act Reference Sheet
 - 410.2 Emergency Situation – Emergency Medical Aid Act Reference Sheet

415 Documentation/Handling of a Stillbirth
Stillbirths must be documented and registered

- 415.1 Handling of a Stillbirth - Required Documentation Guidelines
- 415.2 Handling of a Stillbirth - Examination Guidelines
- 415.3 Registration of Stillbirth Forms

420 Pronouncement of Death
Registered Nurses may pronounce death in the absence of a physician

- 420.1 Notifying Coroner of a Death

421 Documentation of Death
The death of an individual must be documented and registered

- 421.1 Registration of Death Forms

422 Release of Patient Information to Coroner
Information can be released to a coroner without a warrant only under specific circumstances

425 Telephone Advice
Telephone advice may be provided by Community Health Nurses

- 425.1 Telephone Advice Guidelines

430 Elective Evacuation of Obstetrical Clients
Obstetrical clients are sent for confinement at the appropriate time in pregnancy

Scope and Certification 450-499**450 Transferred Health Functions**

Transferred health functions are defined and authorized through a specific process

450.1 Transferred Health Function Policy Guidelines

450.2 Transferred Health Function Policy Guidelines-
Deciding When to Act450.3 Transferred Health Function Policy Guidelines –
Should this be a Transferred Health Function?**451 Competency for Transferred Health Care Functions**

Transferred health functions require instruction and supervised practice

455 Certification Programs

Health functions requiring certification are identified

455.1 Functions Recommended for Certification

456 Specialty Areas in Nursing

Specialty areas in nursing require additional education and skills

457 In-Service Education

In-service programs are developed and delivered collaboratively between HSSAs

Diagnostics 600-699

Laboratory 600-649

600 Laboratory Procedures
Performing specific laboratory procedures by Registered Nurses is authorized

 600.1 Laboratory Procedure Guidelines

 600.2 Guidelines for Obtaining Post Mortem Samples

 600.3 Guidelines for the Use of Sexual Assault Kits

605 Requisitioning Laboratory Studies
Registered Nurses may requisition specific laboratory studies in accordance with approved clinical practice guidelines.

610 Identification of Laboratory Specimens
Laboratory specimens must be labelled with at least four identifiers

615 Interpretation of Laboratory Studies
Registered Nurses may interpret basic laboratory results in order to initiate care

Radiology 650-699

650 X-ray Procedures in Community Health Centres
Registered Nurses in Community Health Centres may perform specific X-rays

 650.1 Guidelines for X-ray Instruction

651 Types of Sanctioned X-rays
The following specific X-rays may be initiated in Community Health Centres

655 Interpretation of X-rays
Registered Nurses in Community Health Centres may interpret basic X-rays in order to initiate care

660 Radiation Monitoring and Protection Systems
X-ray exposure by staff and patients must be monitored

Pharmacy 700-799

700 Pharmaceutical and Therapeutics Inventory Control Program
Pharmaceutical agents are managed and controlled

701 Regulation of Controlled Drugs and Substances
Procedures related to controlled drugs and substances must be followed

702 Audit of Controlled Drugs and Substances
Controlled drugs and substances are audited at least once every six months

705 Dispensing Pharmaceutical Agents
Registered Nurses may dispense pharmaceuticals in accordance with approved policies

706 Repackaging of Pharmaceutical Agents
Registered Nurses may repackage pharmaceutical agents in accordance with approved policies

707 Simple Compounding of Medications
In Community Health Centres Registered Nurses may undertake simple compounding of medications

708 Specialized Drug Administration
Certain drugs and routes of administration require specialized training and competency

710 Labeling and Documentation of Pharmaceutical Agents
Pharmaceutical containers dispensed from a health facility shall be appropriately labelled.

711 Pharmaceutical Agent Container Specifications
Child-resistant containers are used when dispensing pharmaceuticals

715 Pharmaceutical Agent Emergency Treatment
In an emergency situation a Registered Nurse may administer emergency medications

General 100-199

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Section: General	COMMUNITY HEALTH NURSING ADMINISTRATIVE POLICY MAINTENANCE
Page 1 of 1	Policy 100

BRIEF	THIS MANUAL WILL BE UPDATED AT LEAST ONCE EVERY THREE YEARS
POLICY	The Department of Health and Social Services (DHSS) shall establish a process to initiate, prepare, update, and maintain Community Health Nursing administrative policies and guidelines every three years.
PRINCIPLES	<ul style="list-style-type: none"> Community Health Nursing policies and guidelines are directives for Health and Social Services Authorities (HSSAs) to use in development and maintenance of Authority specific policies, administrative directives, and standard operating procedures. Implementation and use of these administrative policies and guidelines promote the provision of equitable and consistent Community Health Nursing service delivery to the public, and fair and equitable treatment of Community Health Centre staff across HSSAs. In accordance with accreditation and Integrated Service Delivery Model (ISDM) principles, the process is collaborative involving nursing leaders from DHSS and HSSAs. Maintenance of policies and guidelines ensures best practices and current evidence are reflected in the directives.

APPROVAL	Paddy Meade, Deputy Minister Scott Robertson, Chief Nursing Officer	EFFECTIVE April 1, 2010
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Section: General	COMMUNITY HEALTH NURSING ADMINISTRATIVE POLICY MAINTENANCE GUIDELINES
Page 1 of 1	Guideline 100.1

GUIDELINE	<ul style="list-style-type: none"> • The <i>Community Health Nursing Administrative Policies and Guidelines Manual</i> is intended for use by HSSAs and the Primary Community Care team. • Although every effort has been made to ensure that the information contained in the manual is accurate and reflective of current best practice, it should be understood that best practice continues to evolve. • The opportunity is provided for users of this manual to submit suggested changes and to assist with the update process of the manual. See <i>Change Request Form</i> located at the front of this manual and attached as Form 100.2. • Every three years, a committee to review the <i>Community Health Nursing Administrative Policies and Guidelines</i> shall be established under the umbrella of the Northwest Territories Nursing Leadership Network (NNLN). This committee shall review any outstanding suggested changes and the policies and guidelines themselves. A quality assurance/risk management officer from the HSSAs/DHSS shall be asked to partner with this committee. • The NNLN shall include the <i>Community Health Nursing Administrative Policies and Guidelines Manual</i> review as a project on their workplan and assign a committee to conduct the review and update. • In the three-year interim, a special ad hoc working group of the NNLN may be established to deal with more critical issues that cannot wait until the next revision date.
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Section: General

COMMUNITY HEALTH NURSING
ADMINISTRATIVE POLICY CHANGE
REQUEST FORM

Page 1 of 1

Attachment 100.2

PROPOSED CHANGE (check one): Addition Deletion Revision

Policy Title & Number :

SUGGESTED NEW POLICY: Please attach

RATIONALE:

PLEASE ATTACH SUPPORTING DOCUMENTATION

Requested by	Signature	Date

FOR USE BY NNLN SUBCOMMITTEE

Date of Committee Meeting:

Request Approved: Yes No

Request modified: Yes No

Changes Made and Rationale:

Date approved by NNLN	Date approved by ADM	Date Distributed

Form is also available online at: www.hlthss.gov.nt.ca

Submit Completed form with attachments to:

Nursing Consultant Group

Department of Health and Social Services

Box 1320

Yellowknife NT X1A 2L9

Fax: (867)-873-0196

e-mail: nursing@gov.nt.ca

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April 1, 2010

Operations 200-399

Facilities and Operations 200-219

Equipment 220-249

Documentation 250-299

Risk Management & Safety 300-349

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BRIEF

ORIENTATION SHALL BE PROVIDED TO EACH NEW EMPLOYEE

POLICY

Each HSSA shall develop and implement a process to deliver a coordinated orientation program for all healthcare providers. The orientation program shall be initiated at the time of hire prior to arrival at the work site and continue throughout the probation period.

The orientation program shall be developed in partnership with the Department of Human Resources (DHR), the Department of Health and Social Services (DHSS) and the HSSA, and structured to ensure optimal utilization of all resources.

It is the employer's responsibility to ensure orientation materials are readily available to all employees regardless of work setting.

The HSSA shall outline the process and timeline of orientation to each healthcare provider at the time of hire.

Evaluation of the orientation program shall be completed by the manager and employee at the end of the orientation period to ensure it met the needs of new employee and of the organization.

Operational requirements may preclude a formal orientation from being immediately available prior to the healthcare provider commencing employment. At minimum, the healthcare provider must be supplied with the following before commencing work:

- a written job description with clearly defined job responsibilities
- an orientation manual
- access to approved references, such as those listed in Guideline 202.1 – Recommended Reference Resources Guidelines
- access to an identified resource person for questions that may arise about healthcare delivery in the community health setting.

Delaying formal orientation for operational reasons is an interim measure only.

DEFINITIONS

Orientation is the process by which staff become familiar with all aspects of the work environment and their responsibilities. (Canadian Council on Health Services Accreditation, 2006)

PRINCIPLES

- A structured, organized, and well-executed orientation program helps the new employee understand the social, technical and cultural aspects of the workplace.
- An effective orientation program is an essential component of risk management.
- A standard orientation program for components that are the same throughout the Northwest Territories is desirable. This allows for sharing limited resources when organizations are challenged with time restraints and lack of experienced human resource and managerial staff.
- Orientation is an ongoing process. Orientation activities are a shared responsibility between the employer, manager, and employee. Effective orientation programs have been proven to build a “retention culture” by reducing unwanted turnover and workplace disruptions by improving immediate performance and enhancing long-term capacity.

Section: Operations Facilities and Operations	ORIENTATION
Page 3 of 3	Policy 201

- Tools should exist for monitoring the progress of orientation within the Authority/Agency.
- For more GNWT orientation information and manual, please refer to the Health and Social Services website at: <http://hssportal.hlthss.gov.nt.ca/sites/internal/default.aspx>

ATTACHMENTS 201.1 Orientation Guidelines

SEE ALSO 202.1 Recommended Reference Resources Guidelines

REFERENCES Canadian Council on Health Services Accreditation (2006).
Glossary 6th Edition. Retrieved December 18, 2007, from <http://www.cchsa-ccass.ca/upload/files/pdf/International/ GlossaryEng2007-e.pdf>

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 Scott Robertson, Chief Nursing Officer EFFECTIVE
 April 1, 2010

GUIDELINE When developing a program for employee orientation the following points should be considered:

Organization and Governance

- Communities
- Key contacts
- ISDM
- Core services
- Policies, Standards, Directives, Guidelines
- Accreditation standards and required organizational practices

Workplace Orientation

- Physical
- Social
- Employee support
- Terms and conditions of employment

Government of the Northwest Territories

- Legislation
- Policies

Working in the HSSA (*An operations manual, if available, would cover these topics*)

- Specialist visits
- Hospital access
- Health travel/medivac procedure

SEE ALSO

202 Approved Reference Materials

202.1 Recommended Reference Resources Guidelines

REFERENCES Deh Cho Health and Social Services Authority. (2002).
Orientation Manual. Ft. Simpson, NT.

Sahtu Health and Social Services Authority. (2006).
Orientation Manual. Norman Wells, NT.

Yellowknife Health & Social Services Authority. (2006).
Community Health Orientation Checklist [List].
Yellowknife, NT.

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Scott Robertson, Chief Nursing Officer

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April 1, 2010

Section: Operations Facilities and Operations	APPROVED REFERENCE MATERIALS
Page 1 of 2	Policy 202

BRIEF	NURSES SHALL USE APPROVED REFERENCES TO GUIDE PRACTICE DECISIONS
POLICY	<p>Registered Nurses shall use references approved by the GNWT Department of Health and Social Services (DHSS) and their employing HSSA to guide their practice decisions.</p> <p>An approved reference list shall include but is not limited to GNWT Department of Health and Social Services (DHSS) approved clinical practice standards and guidelines manuals as well as the national resources that are adopted by DHSS.</p> <p>The Recommended Reference Resources in attachment 202.1 have been reviewed by the DHSS and are approved for clinical reference for Registered Nurses employed in community health settings. It is the responsibility of the HSSA to ensure every Registered Nurse has a method to access to these resources.</p> <p>Where additional resources are approved by the HSSA the list shall be provided to Registered Nurses and information how each reference can be accessed.</p>
PRINCIPLES	<ul style="list-style-type: none"> • Accessibility to reference materials is essential for assessment, planning, implementation, and evaluation of nursing care. • An approved list ensures references are consistent with accepted standards, policies, regulations, and legislation.

Section: Operations
Facilities and Operations

APPROVED REFERENCE MATERIALS

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Policy 202

ATTACHMENTS

202.1 Recommended Reference Resources Guidelines

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Section: Operations Facilities and Operations	RECOMMENDED REFERENCE RESOURCES GUIDELINES
Page 1 of 3	Guideline 202.1

GUIDELINE The following are recommended reference resources for use by Registered Nurses in the community health setting.

GNWT Department of Health and Social Services (DHSS) approved clinical practice standards and guidelines:

- *NWT Clinical Practice Guidelines for Primary Community Care Nursing (2003 with updates)*
- *NWT Community Health Nursing Programs, Standards, and Protocols (2003)*
- *NWT Guidelines on Communicable Disease Exposure for Emergency Responders (2000)*
- *NWT Health Centre Formulary (2008)*
- *NWT HIV/AIDS Manual for Health Professionals (2006)*
- *NWT Infection Control Manual (2004)*
- *NWT TB Manual (2003)*
- *Communicable Diseases Manual (2007)*
- *Health Suite Coding Manual (2007)*
- *Mental Health Act – Information for Health Centres (2001)*

National clinical practice standards and guidelines manuals and resources adopted by DHSS:

- *Canadian Immunization Guide (Seventh Edition, 2006)*
- *Canadian Guidelines on Sexually Transmitted Infections (2006)*
- *Canadian Tuberculosis Standards (6th Ed., 2007)*
- *Bugs and Drugs (2006)*
- *Canadian Council of Motor Transport Administrators (CCMTA). Medical Drivers Manual (2004)*

Recommended websites for evidence-based practice:

- *NWT Health Guide for Health Professionals*
Provides links to NWT Clinical Practice Notices, EpiNorth, Legislation and Policies, The Cochrane

Library, NWT Manuals and Forms.
<http://www.hlthss.gov.nt.ca/>

- *NurseOne Portal*
Resources include a comprehensive electronic library including on-line access to *Therapeutic Choices* and the *CPS*. Free access for RNs in Canada, registration required.
<http://www.nurseone.ca/>
- *Towards Optimized Practice*
Provides clinical practice guidelines, decision support tools and resources. Operated in collaboration with the University of Alberta Department of Family Medicine.
<http://www.topalbertadoctors.org/>
- *Up to Date*
UpToDate is the largest clinical community in the world dedicated to synthesizing knowledge for clinicians and patients. Information for patients is free, subscription required for access to clinical guidelines.
<http://www.uptodate.com/>
- *Canadian Agency for Drugs and Technologies in Health (CADTH)*
Health Technology Assessments, Common Drug Review and Canadian Optimum Prescribing and Utilization Service (COMPUS)
<http://www.cadth.ca>
- *Canadian Task Force on Preventive Health*
<http://www.ctfphc.org>
- *Public Health Agency of Canada*
<http://www.phac-aspc.gc.ca/>

- *Health Canada First Nations and Inuit Health*
http://www.hc-sc.gc.ca/fnih-spni/index_e.html
- *Registered Nurses Association of Northwest Territories and Nunavut*
<http://www.rnantnu.ca/>
- *Canadian Nurses Association*
<http://www.cna-nurses.ca/>
- *Accreditation Canada.*
<http://www.accreditation-canada.ca>

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Section: Operations Facilities and Operations	LEGISLATION
Page 1 of 3	Policy 205

BRIEF	NURSES MUST BE INFORMED OF THE LEGISLATION AND REGULATIONS GOVERNING THEIR PRACTICE
POLICY	Each HSSA shall inform Registered Nurses of the legislation, regulations, collective agreements, and by-laws that impact nursing practice in the NWT. Each HSSA shall include provisions for Registered Nurses to access these documents.
PRINCIPLES	<ul style="list-style-type: none"> It is important for all Registered Nurses to be familiar with legislation, regulations, collective agreements, and by-laws to guide professional practice, guide professional conduct, promote professional development, and enhance awareness.
SEE ALSO	201 Orientation
REFERENCES	<p><i>Canada Health Act R.S.C. 1985, c.6.</i></p> <p><i>Controlled Drugs and Substances Act R.S.C. 1996, c. 19.</i></p> <p>Government of the Northwest Territories Department of Justice. Legislation. Retrieved on December 18, 2007 from the Government of the Northwest Territories website: http://www.justice.gov.nt.ca/Legislation/SearchLeg&Reg.htm</p> <p>Including the following statutes: <i>Access to Information and Protection of Privacy Act 1994</i> <i>Child and Family Services Act 1997</i></p>

*Coroners Act 1988
Dental Mechanics Act 1988
Dental Professional Act 1988
Disease Registries Act 1990
Education Act 1995
Emergency Medical Aid Act 1988
Guardian and Trusteeship Act 1994
Human Rights Act 2002
Human Tissue Act 1988
Licensed Practical Nurses Act 1988
Medical Care Act 1988
Medical Professional Act 1988
Mental Health Act 1988
Midwifery Profession Act 2003
Nursing Profession Act 2003
Ophthalmic Medical Assistants Act 1990
Personal Directives Act 2005
Pharmacy Act 2006
Psychologists Act 1988
Public Health Act 1988
Public Service Act 1988
Vital Statistics Act 1988*

Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU). *Legislation*. Retrieved on December 18, 2007 from the RNANT/NU website:
<http://www.rnantnu.ca/Legislation/tabid/55/Default.aspx>

Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU). *Standards of Practice for Registered Nurses: Professional Responsibility and Accountability*. Retrieved on January 14, 2008 from the RNANT/NU website:
http://www.rnantnu.ca/Portals/0/Documents/Standards_Nursing_Prac_2006.pdf

Section: Operations
Facilities and Operations

LEGISLATION

Page 3 of 3

Policy 205

Union of Northern Workers. *Collective Agreement Between The Union of Northern Workers and The Minister Responsible for the Public Service* Expires March 31, 2012.
Yellowknife, NT.

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Scott Robertson, Chief Nursing Officer

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April 1, 2010

Section: Operations Facilities and Operations	REDUCTION OR SUSPENSION OF CORE COMMUNITY HEALTH NURSING PROGRAMS/SERVICES
Page 1 of 5	Policy 210

BRIEF	UNDER CERTAIN CONDITIONS HEALTH CENTRE SERVICES MAY BE REDUCED OR SUSPENDED
POLICY	In a time of extreme shortages of Registered Nurses or an adverse community event it may be necessary to reduce or suspend the services normally provided by Registered Nursing staff. In this case the responsible HSSA shall make and communicate alternate arrangements for health care to stakeholders.
DEFINITIONS	<p>Core Community Health Nursing Programs - The 7 programs that address the wide range of registered nursing services provided at the community health level as outlined in the <i>NWT Community Health Nursing Program Standards and Protocols Manual</i>:</p> <ul style="list-style-type: none"> • maternal health • infant and child health • school-age health • adult health • chronic care • communicable disease control • treatment and emergency services <p>Registered Nurses work collaboratively with other health care members in the provision of these programs. However, the administration and delivery of these programs is the responsibility of a Registered Nurse.</p> <p>Reduction of Registered Nursing Services – In this situation only the essential services identified from each of the core community health nursing program areas will be maintained.</p>

Suspension of Registered Nursing Services – Temporary discontinuance of all services provided by Registered Nurses through the Community Health Centre. No Registered Nurses will be on site. In some situations there may be a Registered Nurse still in the community. The Registered Nurse will not be expected to provide any services due to the lack of resources needed to allow for safe practice and/or personal safety.

Personal Safety - The prevention and mitigation of unsafe acts including risk of personal injury or danger to the individual. Strategies for improving personal safety include increased situational awareness, creating a culture that supports the identification and reporting of unsafe acts, effective measurement of personal injuries of staff and other relevant outcome indicators, and tools for developing or adapting structures and processes to improve personal safety. (CCHSA, 2006)

Adverse Community Event - A present or imminent event that is affecting or could affect the health, safety or welfare of people, or is damaging or could damage property. (Canadian Council on Health Services Accreditation [CCHSA], 2006) Examples include: fire, floods, forest fire, influenza outbreak, or support staff is assisting in community event, such as searching for a missing person.

Adverse Event

An adverse event can be defined in one of three ways:

1. An unexpected and undesirable incident directly associated with the care and services provided to the patient.
2. An incident that occurs during the process of providing health care and results in patient injury or death.
3. An adverse outcome for a patient, including an injury or complication.

(CCHSA, 2006)

PRINCIPLES

- The number of Registered Nurses for community health centres was initially calculated based on workload requirements to deliver the core community health nursing programs as per Territorial standards and protocols for each specific community. Therefore, a deficit in Registered Nurses results in decreased capacity to deliver standardized programs.
- It is the joint responsibility of the Government of the Northwest Territories (GNWT), Department of Health and Social Services (DHSS) and the Health and Social Services Authorities (HSSAs) to work collaboratively in establishing policies, guidelines and contingency plans. These plans shall keep with effective quality and risk management strategies and ensure the continued safety of the community and Health and Social Services employees.
- Providing consistency in the process to address the suspension or reduction of services provided by Registered Nurses throughout the Northwest Territories allows for appropriate planning for these events through all levels of government. It also invites involvement of community leaders, politicians, and allied service providers in the development of contingency plans.
- HSSAs are mandated by the Minister of Health and Social Services to deliver core community health nursing programs.
- Establishing reasonable expectations of what core services can be safely delivered or deferred provides a framework for HSSAs to follow. This allows HSSAs and their managers to prevent and manage risks to the organization.
- HSSAs monitor and take necessary action to ensure patient safety on an ongoing basis.

Section: Operations Facilities and Operations Page 4 of 5	REDUCTION OR SUSPENSION OF CORE COMMUNITY HEALTH NURSING PROGRAMS/SERVICES Policy 210
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ATTACHMENTS	210.1	Procedure for the Reduction of Community Health Nursing Services
	210.2	Procedure for the Suspension of Community Health Nursing Services
	210.3	Minimum Program Standards During Reduced Nursing Services
	210.4	Procedure for Preparing for Suspension of Core Community Health Nursing Services
SEE ALSO	300	Risk Management
REFERENCES		<p>Canadian Council on Health Services Accreditation (2006). <i>Glossary 6th Edition</i>. Retrieved December 18, 2007, from http://www.cchsa-ccass.ca/upload/files/pdf/International/ GlossaryEng2007-e.pdf</p> <p>Canadian Council on Health Services Accreditation (2006). <i>Leadership and Partnerships</i> (Standards 10 & 14). Ottawa, ON.</p> <p>Canadian Patient Safety Institute. (2005). <i>Resources</i>. Retrieved December 18, 2007 from: http://www.patientsafetyinstitute.ca/resources/resources.html</p> <p>Davies, J. M., Hebert, P., & Hoffman, C. (2003). <i>The Canadian Patient Safety Dictionary</i>. Calgary, AB: Royal College of Physicians and Surgeons of Canada.</p> <p>Government of the Northwest Territories Municipal and Community Affairs. (2003) <i>GNWT Smaller NWTCommunity Emergency Measures Plan</i>. Yellowknife, NT.</p>

Government of the Northwest Territories Department of
Health and Social Services. (2003). *NWT Community
Health Nursing Program Standards and Protocols*.
Yellowknife, NT.

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September 17, 2007, from Dictionary.com website:
<http://dictionary.reference.com/browse/safety>

APPROVAL

Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer

EFFECTIVE
April 1, 2010

PROCEDURE

- Reduction of Core Community Health Nursing Services provided by Registered Nurses occurs only when the essential services identified from each of the Community Health Nursing programs will be provided.

Health and Social Services Authority responsibilities:

- The decision to reduce core community health services shall be made in collaboration with the following or their delegates within a timely manner:
 - Chief Executive Officer (CEO) of the HSSA
 - Nurse in Charge (NIC) and staff of the affected Community Health Centre
 - Director and Manager of Community Health services
 - Director of Health
 - Medical Director where applicable
 - DHSS
 - Community Leadership
 - Manager of Quality and Risk Management where applicable
- At minimum, the Chief Executive Officer shall advise the following persons/agencies in writing about the decision to reduce community health nursing services:
 - NIC and staff of the affected Community Health Centre
 - Minister of Health and Social Services
 - Primary Community Services Unit, DHSS
 - Chair, Community Corporation
 - Community Leader (mayor or equivalent)
 - Authority Chair
 - Authority Trustee for community
 - Authority Directors
 - HSSA Manager for Community Health Centre Operations

- Health Centre Managers within HSSA
- RCMP in community
- Manager, GNWT Human Resources
- CEO, Stanton Territorial Health Authority
- Senior Nurse Associates (SNA) on duty, Health Line NWT.
- Other Health and Social Services employees who provide services or clinics to the community in the same facility will respect and comply with the notice of *Reduced Core Community Health Services* and will be expected to continue to provide their services within the limitations (if any) created by the reduced Registered Nursing services.
- Defer clinics held by visiting professionals such as doctors, rehabilitation teams, dental, or eye clinics unless they can provide their own support staff and can function with the reduced Registered Nursing services.
- In consultation with the Manager and/or Director of Health, the Nurse-In-Charge and/or Community Health Nurse will organize the day to day and weekly clinics to a manageable work load. “Delay-scheduled” appointments are recommended as a way to reduce potential periods of congestion and long wait times. (Appointments are grouped together in short blocks of time.)
- Notices will be announced through the local community radio and local Health and Social Services Centre telephone answering services.
- A written notice will be posted in a visible place in the Health and Social Services Centre as well as prominent sites in the community.
- An alternate phone number for emergencies to regional centres shall be posted in the community.

- Clients may contact Health Line NWT, a family health and support line 24 hours a day, 7 days a week by calling 1-888-255-1010.
- Consults may be made through Tele-Health.
- Questions or concerns from HSSA staff shall be directed to the Manager, Community Health Centre Operations.
- Community concerns should be directed in writing to the Office of the Chief Executive Officer.

Criteria for Reduction of Core Community Health Nursing Services:

Deficit in Staffing Levels:

Four (4) Nurse Health Centre:

- Where staffing is at 3 Registered Nurses (75%) or 2 Registered Nurses (50 %)

Three (3) Nurse Health Centre:

- Where staffing is at 2 Registered Nurses (66%)

Two (2) Nurse Health Centre:

- Where staffing is at 1 Registered Nurse (50%)

Adverse Community Event:

- Implement Community Health Centre Disaster/Emergency plan as per respective HSSA.

SEE ALSO

210.3 Minimum Program Standards During Reduced Services

Section: Operations Facilities and Operations	PROCEDURE FOR THE REDUCTION OF CORE COMMUNITY HEALTH NURSING SERVICES
Page 4 of 4	Procedure 210.1

REFERENCES

Canadian Council on Health Services Accreditation (2006).
Leadership and Partnerships (Standards 10 & 14).
Ottawa, ON.

Government of the Northwest Territories Department of Municipal and Community Affairs. (2003). *GNWT Smaller NWT Community Emergency Measures Plan*. Yellowknife, NT.

Government of the Northwest Territories Department of Health and Social Services. (2004). *Integrated Service Delivery Model for the NWT NWT Health and Social Services System: A detailed description*. Yellowknife, NT.

Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Community Health Nursing Program Standards and Protocols*. Yellowknife, NT.

APPROVAL

Paddy Meade, Deputy Minister
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April 1, 2010

GUIDELINE

- The suspension or temporary discontinuance of all core community health services provided by Registered Nurses usually provided through the Community Health Centres does not mean or imply total closure of the facility. Within the ISDM there are some core program areas that can continue to be offered without direct involvement of a Registered Nurse.

Health and Social Services Authority responsibilities:

- The decision to suspend core community health nursing services is made in a timely manner in collaboration with the following stakeholders:
 - Nurse in Charge (NIC) and staff of the affected Community Health Centre
 - Director and Manager of Community Health Services
 - Director of Health Services
 - Chief Executive Officer (CEO) of the HSSA
 - Medical Director where applicable
 - DHSS
 - Community leadership
 - Manager of Quality and Risk Management where applicable
- At minimum, the Chief Executive Officer shall advise the following persons/agencies in writing about the decision to suspend community health nursing services:
 - Minister of Health and Social Services
 - Primary Community Services Unit, DHSS
 - NIC and staff of the affected Community Health Centre
 - Chair, Community Corporation
 - Community Leader (mayor or equivalent)

- HSSA Chair, Trustee for community , and Directors
- HSSA Manager for Community Health Centre Operations
- Health Centre Managers within HSSA
- RCMP in the community
- Manager, GNWT Human Resources,
- CEO, Stanton Territorial Health Authority
- Senior Nurse Associate (SNA) on duty, NWT Tele-Care Health Line/Clinidata
- Manager of Quality and Risk Management (where applicable)
- Chief Medical Health Officer
- CEOs of other HSSAs which may be impacted
- Other Health and Social Services employees who provide services to the community in the same facility will be expected to continue to provide their services within the limitations (if any) created by the suspension of community health nursing services.
- All clinics held by visiting health professionals such as doctors, rehabilitation teams, dental, or eye clinics will be deferred, unless they provide their own support staff and can function without the support of community health nursing services.
- There will be no access to the pharmacy in the health centre and alternate arrangements for supplying medications will be made with the pharmacy that services the area.
- Notices shall be announced on the local community radio station and recorded on the Health and Social Services Centre telephone answering service advising of the suspension of community health nursing services and how to access alternate services in emergencies. Depending on the length of the suspension, a mail out may be appropriate.

- Written notices shall be posted in visible places inside and outside the Community Health Centre, as well as at prominent community locations.
- Clients may contact Health Line NWT, a family health and support line 24 hours a day, 7 days a week by calling 1-888-255-1010.
- Consults may be made through Tele-Health.
- Questions or concerns from HSSA staff shall be directed to the Manager, Community Health Centre Operations.
- Community concerns shall be directed in writing to the Office of the Chief Executive Officer.

Criteria for Suspension of Community health nursing services:

Four (4) or more Nurse Health Centre:

- Where staffing is at 1 Registered Nurse (25% or less)

Three (3) Nurse Health Centre:

- Where staffing is at 1 Registered Nurse (33%)

Two (2) Nurse Health Centre:

- Where staffing is at 1 Registered Nurse (50%)

One (1) Nurse Health Centre:

- Where the one (1) Registered Nurse is unable to provide core or emergency services due to illness, operational requirements or personal safety being alone in the community and the HSSA is unable to find a replacement, all community health nursing services will be suspended and the Registered Nurse may be removed from the community.

- It may not be reasonable to remove the Registered Nurse from the community due to family or other obligations, so mechanisms need to be in place to ensure the decision to suspend community health nursing services is respected and the staff and clients comply with the decision.

SEE ALSO 210.4 Procedures for Preparing for Suspension of Community Health Nursing Services

REFERENCES Canadian Council on Health Services Accreditation. (2006). *Leadership and Partnerships* (Standards 10 & 14). Ottawa, ON.

Government of the Northwest Territories Department of Municipal and Community Affairs. (2003). *GNWT Smaller NWT Community Emergency Measures Plan*. Yellowknife, NT.

Government of the Northwest Territories Department of Health and Social Services. (2004). *Integrated Service Delivery Model for the NWT NWT Health and Social Services System: A detailed description*. Yellowknife, NT.

Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Community Health Nursing Program Standards and Protocols*. Yellowknife, NT.

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GUIDELINE

- The following page outlines the minimum required process standards to be followed during the reduction of Community Health Services provided by Registered Nurses.

REFERENCES

Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Community Health Nursing Program Standards and Protocols*. Yellowknife, NT.

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CORE COMMUNITY HEALTH NURSING PROGRAMS: Minimum Program Standards During Reduced Nursing Services
Guideline 210.3

<u>PRENATAL HEALTH</u> By RN/NP <ul style="list-style-type: none"> Initial exam Factors to be identified: <ul style="list-style-type: none"> -Risk assessment -Diabetic assessment -Hemoglobin -Blood Type -OBS History -Psychosocial assessment Maintain monitoring exams as per risk assessment 	<u>MATERNAL HEALTH</u> CHR/LPN (where applicable) <ul style="list-style-type: none"> One home visit within 1 week of returning home By RN/NP <ul style="list-style-type: none"> Six week post natal check-up 	<u>INFANT HEALTH (0-12 months)</u> By RN/NP <ul style="list-style-type: none"> Visit within 1 week of returning home Risk assessment Physical assessment Immunize as per NWT Immunization Schedule Maintain monitoring as per risk assessment By CHR/LPN (where applicable) <ul style="list-style-type: none"> Growth and development monitoring
<u>CHILD HEALTH (1 - 5 yrs)</u> By RN/ NP <ul style="list-style-type: none"> Cursory physical assessment Immunize as per NWT Immunization Schedule By CHR/CHW/LPN <ul style="list-style-type: none"> Growth and development monitoring Hearing and vision monitoring 	<u>SCHOOL HEALTH (5-15+ yrs)</u> BY CHR/ CHW <ul style="list-style-type: none"> Resource/liaison/health education Hearing and vision screening Fluoride supplementation where applicable BY LPN (where applicable) <ul style="list-style-type: none"> Cursory Physical assessment Immunize as per NWT Immunization Schedule 	<u>ADULT HEALTH</u> By RN/NP <ul style="list-style-type: none"> Immunizations - urgent/emergent only By CHR/CHW <ul style="list-style-type: none"> Health promotion / education Screening where applicable By LPN (where applicable) <ul style="list-style-type: none"> Maintain annual Flu Clinics
<u>COMMUNICABLE DISEASE</u> By RN/NP <ul style="list-style-type: none"> Reporting of case finding Contact Tracing Follow-up By CHR/ CHW <ul style="list-style-type: none"> DOT (TB meds) Teaching (Disease Prevention Education) * May need to bring in Regional staff for outbreak control / contact tracing 	<u>HEALTH PROMOTION</u> By CHR <ul style="list-style-type: none"> Communication Strategies (e.g. radio) Public education strategies (e.g. workshops) Meetings with leadership Interagency Committees 	<u>CHRONIC CARE</u> By RN/NP <ul style="list-style-type: none"> Maintain monitoring exams of unstable conditions. Arrange alternate system to distribute medications handled through Health centre
<u>TREATMENT SERVICES</u> By RN/NP/LPN (when appropriate) <ul style="list-style-type: none"> “delay – appointments” only Maintain monitoring blood work and/or F/U treatments 	<u>EMERGENCY CARE BY RN/NP</u> <ul style="list-style-type: none"> Assessment Treatment within scope of practice Referral or medivac 	RN/NP – Registered Nurse / Nurse Practitioner LPN – Licensed Practical Nurse CHR – Community Health Representative CHW – Community Health Worker (Lay Dispenser) HSW – Home Support Worker CSSW – Community Social Services Worker CMHS –Community Mental Health Worker HCSW – Home and Community Support Worker

GUIDELINE

- The Chief Executive Officer shall advise the Minister of Health and Social Services of the pending suspension of core community health services.
- The Chief Executive Officer/Director of Client Services/Manager of Community Health, and the Nurse-in-Charge shall:
 - Advise Community Health Centre staff of the situation
 - Prepare a formal notice and advise the community leadership of the pending suspension
 - Work with community leadership to develop a contingency plan
- The Nurse-in-Charge and the Clerk Interpreter shall ensure the formal notice and contingency plan (how to get help) is placed on the Community Health Centre's telephone in the appropriate language(s), advising clients that nursing services have been suspended and to call the alternate for emergency situations. The formal notice and contingency plan shall be placed in prominent sites throughout the community and on the outside of the facility, as well as on the local radio.
- The Manager, Community Health shall:
 - Notify other health and social services centres in the affected HSSA, as well as Stanton Territorial Hospital in Yellowknife (discharge planner) and Northern Health Services Network in Edmonton.
 - Collaborate with physicians, specialists, mental health and social workers, and other allied health professionals in the region who provide services to the HSSA to reschedule planned visits.
 - Collaborate with the Nurse-in-Charge/Registered Nurse, the attending physician, and mental health and social workers to determine a plan of action for high risk pregnancies and other patients with high risk, chronic, or mental/emotional health conditions.

- The Clerk, Community Health Representative (CHR), Home Support Worker (HSW), Janitor/Housekeeper, Mental Health and/or Social Workers (if co-located) shall continue their regular duties. The doors to the health centre shall not be not opened for service except in emergency situations, or if the patient does not have access to a phone in the community and needs to call for help.
- The Manager, Community programs, Clerk Interpreter, Housekeeper/Janitor, CHR, Home care support workers (HCSW) and HSW shall hold teleconferences twice a day during the suspension of nursing services to review concerns. The Mental Health and Social Workers shall attend these teleconferences as needed.
- The Manager, Community Health shall establish a reporting system with the hospital emergency departments involved to monitor sick/emergency calls and any medevacs. The Manager, Community Health/Programs shall check the situation with the emergency department nurse at least twice a day, and maintain an open line of communication with the emergency department.
- A designated health centre employee shall keep the Manager of Community programs fully apprised of any urgent matters or potential medevacs on a continuous basis.
- Keys to the pharmacy and narcotic cupboard shall remain in the hands of a Registered Nurse if the individual remains in the community. There shall be no expectation of the Registered Nurse supplying medications during the suspension of services.
- The Manager, Community Health Programs shall make arrangements with the RCMP to patrol the Community Health Centre on a regular basis.

Where all Registered Nurses are leaving the community:

- If a second Registered Nurse is not available, the Registered Nurse shall receive written instructions from the regional nurse manager on conducting the narcotic count as per section 2.1.4 of the *Procedure for Control of Narcotics and Controlled Drugs in Community Health Centres, Public Health, Home Care and Long Term Care Units in the Northwest Territories*.
- Where there is no foreseeable replacement of the Registered Nurse, the Registered Nurse shall do a narcotic count as outlined in the *Procedure for Control of Narcotics and Controlled Drugs, in Community Health Centres, Public Health, Home Care and Long Term Care Units in the Northwest Territories* and bring the narcotics and keys into the HSSA administration office for a narcotic count with the Manager of Community Programs or a pharmacist (if available).

If no other HSSA employees will be working in the facility during the suspension of Registered Nursing services, the keys to the Community Health Centre shall be handed over to the HSSA administration office, and whoever has the responsibility for maintaining the building is notified (usually Public Works & Service).

- Doors and windows to the Community Health Centre shall be kept locked.
- In the contingency plans to handle a medical emergency situation, provisions for access to the Community Health Centre shall be established and communicated.

REFERENCES Canadian Council on Health Services Accreditation. (2006). *Leadership and Partnerships* (Standards 10 & 14). Ottawa, ON.

Government of the Northwest Territories Department of Health and Social Services. (2003). *Procedure for Control of Narcotics and Controlled Drugs, in Community Health Centres, Public Health, Home Care and Long Term Care Units in the Northwest Territories*. Yellowknife, NT.

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Section: Operations Equipment	EQUIPMENT MANAGEMENT SYSTEM
Page 1 of 2	Policy 220

BRIEF	BIOMEDICAL EQUIPMENT MUST BE AVAILABLE IN COMMUNITY HEALTH CENTRES
POLICY	<p>Each HSSA shall develop and implement a process to ensure equipment and supplies are adequate to allow for the assessment, planning, implementation, and evaluation of care provided by Registered Nurses.</p> <p>HSSAs shall ensure that at minimum the equipment listed in the <i>Emergency Equipment Standards List</i> is supplied and maintained in good working order in all Community Health Centres.</p>
PRINCIPLES	<ul style="list-style-type: none"> • The provision of suitable, properly functioning equipment is central to the support of Registered Nursing practice. • Suitability of equipment items will vary with the size and location of the facility, access to physician and essential services, access to instructional programs to allow safe care and usage, and budgetary restrictions. • Biomedical Engineering maintains a recommended equipment list of appropriate models of medical equipment for health facilities in the Northwest Territories.
ATTACHMENTS	<p>220.1 Emergency Equipment Standards List</p> <p>225.1 Quality Assurance and Cleaning Guidelines for Medtronic LIFEPAK 20 Defibrillator</p> <p>225.2 Medtronic LIFEPAK 20 Defibrillator Quality Assurance Checklist</p>

Section: Operations Equipment	EQUIPMENT MANAGEMENT SYSTEM
Page 2 of 2	Policy 220

- 225.3 Community Health Centre Defibrillator Use Review Form
- 225.4 Quality Assurance and Cleaning Guidelines for Medtronic LIFEPAK CR Plus AED
- 225.5 Medtronic LIFEPAK CR Plus AED Quality Assurance Checklist
- 225.6 Community AED Use Review Form
- 225.7 Cleaning Guidelines for the Hospira A+ Infusion Device
- 225.8 Quality Assurance Guidelines for the Hospira Plum A+ Infusion Device

SEE ALSO 221 Maintenance and Repair of Biomedical Equipment

REFERENCES Government of the Northwest Territories Department of Health and Social Services Pharmacy and Therapeutics Committee. (2005). *Standard Emergency Equipment List for NWT Health Centres* [List]. Yellowknife, NT.

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General Equipment	Airway Management
▪ Stretcher (side rails, wheels, tilt)	▪ Laryngoscope (3 different blades)
▪ IV Pole	▪ Oral Airway (sizes 00 to 9)
▪ Backboard (including straps and pads)	▪ Introducer Stylet
▪ Otoscope	▪ Non-rebreathing mask
▪ Ophthalmoscope	▪ Bag valve mask
▪ Sphygmomanometer	▪ Spirometer
▪ Suture Trays (6)	▪ Chest tube tray
▪ Obstetrical Examination Table	
▪ Wire Cutters	
▪ Ring Cutters	
▪ Nail nippers	
▪ Forceps (variety of sizes)	
▪ Scissors (variety of sizes)	
▪ Casting Supplies	
▪ Foley Catheter Tray	
▪ Hypothermic Thermometer	
▪ Urine dipstick	
Electrical Devices	
	▪ Electric suction unit
	▪ Battery operated suction unit
	▪ 12 Lead EKG with Fax
	▪ IV Infusion Pump
	▪ Automated External Defibrillator
	▪ Point of care blood analyzer (hct, hgb, chemistry)
	▪ Glucometer
	▪ Stryker Saw
	▪ Pulse oximeter
	▪ Autoclave or suitable sterilizer
	▪ X-ray machine
Kits	
	▪ Obstetrical Kit
	▪ Trauma Kit
	▪ Sexual Assault Kit

REFERENCES

Government of the Northwest Territories Department of Health and Social Services Pharmacy and Therapeutics Committee. (2008). *Standard Emergency Equipment List for NWT Health Centres* [List]. Yellowknife, NT.

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Section: Operations Equipment	MAINTENANCE AND REPAIR OF BIOMEDICAL EQUIPMENT
Page 1 of 2	Policy 221

BRIEF	BIOMEDICAL ENGINEERING MAINTAINS ALL APPROVED EQUIPMENT
POLICY	<p>Each HSSA shall develop and implement a process to collaborate with the Territorial Biomedical Engineering department at Stanton Territorial Hospital for the maintenance and repair of approved biomedical equipment used by the HSSA. This process shall ensure the routine maintenance, repair, reallocation, and retirement of electronic patient contact medical devices used for diagnostic or therapeutic purposes is performed.</p> <p>Biomedical Engineering maintains a database of all approved medical equipment located in HSSAs to track the required maintenance of the equipment. All other equipment is responsibility of the HSSA or client.</p>
PRINCIPLES	<ul style="list-style-type: none"> • Biomedical Engineering maintains a recommended equipment list of appropriate models of medical equipment for Health Facilities in the Northern environment. • Provision of suitable, properly functioning equipment is central to the support of Registered Nursing practice. • Equipment that is maintained in good working order enhances the Registered Nurse's ability to provide quality client care.
SEE ALSO	220.1 Emergency Equipment Standards List

Section: Operations
Equipment

MAINTENANCE AND REPAIR OF
BIOMEDICAL EQUIPMENT

Page 2 of 2

Policy 221

REFERENCES Government of the Northwest Territories Department of
Health and Social Services Pharmacy and Therapeutics
Committee. (2005). *Standard Emergency Equipment
List for NWT Health Centres* [List]. Yellowknife, NT.

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Section: Operations Equipment	QUALITY ASSURANCE OF BIOMEDICAL EQUIPMENT
Page 1 of 3	Policy 225

BRIEF	QUALITY ASSURANCE CHECKS OF EQUIPMENT ARE COMPLETED ON A SCHEDULED BASIS
POLICY	<p>Each health facility shall conduct quality assurance checks on all biomedical equipment, including point-of-care laboratory devices, in the facility on a regular basis. The procedures and frequency of checks are to be performed in accordance with the manufacturer's recommendations or other written direction provided by the Biomedical Engineering Department.</p> <p>Any device that fails a quality assurance check shall be removed from service until the issue is resolved through a process recommended by the device manufacturer or on the advice or repair of a biomedical engineer.</p> <p>A record of each quality assurance check shall be maintained by each health facility for a period of time specified by the HSSAs records retention policy.</p>
PRINCIPLES	<ul style="list-style-type: none"> • The provision of suitable, properly functioning equipment is central to the support of Registered Nursing practice. • Equipment in good working order enhances the Registered Nurse's ability to provide safe, quality client care. • Many devices have a quality assurance check that can be effectively and safely completed by health centre staff. • Performing quality assurance checks can assist in maintaining familiarity with equipment.

Section: Operations Equipment	QUALITY ASSURANCE OF BIOMEDICAL EQUIPMENT
Page 2 of 3	Policy 225

- The Biomedical Engineering Department at Stanton Territorial Hospital provides support for all approved medical devices in HSSAs.
- Establishing a regular schedule for this process facilitates compliance with completing quality assurance checks.

ATTACHMENTS	220.1 Emergency Equipment Standards List 225.1 Quality Assurance and Cleaning Guidelines for Medtronic LIFEPAK 20 Defibrillator 225.2 Medtronic LIFEPAK 20 Defibrillator Quality Assurance Checklist 225.3 Community Health Centre Defibrillator Use Review Form 225.4 Quality Assurance and Cleaning Guidelines for Medtronic LIFEPAK CR Plus AED 225.5 Medtronic LIFEPAK CR Plus AED Quality Assurance Checklist 225.6 Community AED Use Review Form 225.7 Cleaning Guidelines for the Hospira A+ Infusion Device 225.8 Quality Assurance Guidelines for the Hospira Plum A+ Infusion Device
SEE ALSO	221 Maintenance and Repair of Biomedical Equipment

REFERENCES Beaufort-Delta Health and Social Services (2007). *Policy 301 - Risk Management Process and Definitions*. Inuvik, NT.

Canadian Patient Safety Institute. (2006). *Canadian Root Cause Analysis Framework*. Available:
<http://www.patientsafetyinstitute.ca/>

Hospital and Health Care Facility Standards R.R.N.W.T.2005, c R-036.

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Paddy Meade, Deputy Minister
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April 1, 2010

GUIDELINE The following guidelines are recommended for the quality assurance procedures and cleaning of the Medtronic LIFEPAK 20 defibrillator.

QUALITY ASSURANCE

It is essential that every operator become familiar with the defibrillator, necessary accessories, and the accompanying manuals.

The LIFEPAK 20 defibrillator performs an automatic self test every time it is turned on. Refer to the operating manual of the LIFEPAK 20 defibrillator for further information.

The defibrillator should be inspected at a minimum monthly or as per the HSSA policy and after each use. See the Quality Assurance Checklist for details. Additionally, each time the defibrillator is used, check for:

- visible signs of damage or problems
- “battery” or “service indicator” displays
- accessibility of necessary accessories and supplies.

A USER TEST must be done monthly or as per HSSA policy. Press the OPTIONS button and select USER TEST. When selected, the user test automatically performs the following tasks:

- Turns itself on
- Performs self-test
- Charges to a low energy level and then discharges through a test load
- Prints the results
- Turns itself off.

The test plug must be attached to the defibrillator cables before starting the self-test

Perform the user test with the defibrillator unplugged from AC power. The USER TEST print should be retained for quality assurance.

A kit or bag should be kept in close proximity to the defibrillator with the following supplies:

- 2 Combi-Pads (stored in plastic zipper bag)
- 2 sets of 3 electrodes (stored in plastic zipper bag)
- a disposable razor
- 4x4 gauze pads (to dry the chest or remove transdermal medications)
- alcohol wipes (remember the alcohol has to be dried off the chest)

The completed Quality Assurance checklist is to be retained in the Health Centre, and a copy submitted with the month-end reports to the HSSA.

The recommended quality assurance checklist is on the following page.

CLEANING

The LIFEPAK 20 defibrillator should be cleaned after use and as needed.

- The LIFEPAK 20 defibrillator case, including the monitor, cables, and accessories, should be cleaned with a damp sponge or cloth.
- Recommended cleaning agents include:
 - Isopropyl alcohol
 - Mild soap and water
- Do not use bleach or abrasive cleaners.
- The defibrillator and accessories cannot be autoclaved.

Section: Operations Equipment	QUALITY ASSURANCE AND CLEANING GUIDELINES FOR MEDTRONIC LIFEPAK 20 DEFIBRILLATOR
Page 3 of 3	Guideline 225.1

- Do not remove the combo-pads from the package.
Dispose of any used combi-pads.
- Do not remove the electrodes from the package.
Dispose of any used electrodes.

ATTACHMENTS 225.2 Medtronic LIFEPAK 20 Defibrillator Quality Assurance Checklist

225.3 Community Health Centre Defibrillator Use Review Form

REFERENCES Physio-Control Inc. (2008). *Lifepak 20 defibrillator/monitor operating instructions*. Redmond, WA: Author.

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April 1, 2010

MEDTRONIC LIFEPAK 20 Defibrillator
Quality Assurance Checklist

Facility Name:

Year:

STANDARD	RECOMMENDED CORRECTIVE ACTION	MONTH											
		1	2	3	4	5	6	7	8	9	10	11	12
Examine the case, connector, cables, paddle surfaces (if applicable) for: <ul style="list-style-type: none"> • Foreign substances • Damage, cracks, or pitting 	Clean the device Contact service personnel												
Inspect power source for: <ul style="list-style-type: none"> • AC power connector plugged into back of unit and wall AC power source; LED is lit • Broken, loose, or worn power cable 	Contact service personnel Replace damaged or broken parts												
Check Combi-Pads and ECG electrodes for: <ul style="list-style-type: none"> • Expiry date_____ • Spare Combi-Pads and electrodes are available 	Replace if past date Obtain spare electrodes and Combi-Pads												
Disconnect the device from AC power, press ON and look for: <ul style="list-style-type: none"> • SELF-TEST messages • Momentary illumination of each LED and all LCD segments. • LOW BATTERY/CONNECT TO AC POWER messages • SERVICE INDICATOR message • Perform user test 	If absent, contact service personnel If absent, contact service personnel Connect to AC power. Contact service personnel. If test/check fails, repeat. If fails twice, contact service personnel.												
Reconnect the device to AC power.	Ensure AC cable is securely attached												
Check accessory kit <ul style="list-style-type: none"> • 2 extra sets of combo-pads • 2 extra sets of electrodes (if applicable) • a razor • alcohol wipes 	Replace items as required												
Check ECG printer for: <ul style="list-style-type: none"> • Adequate paper supply • Ability to print 	Replace if necessary If not working, contact service personnel												
INITIALS:													

**Community Health Centre
Defibrillator/Monitor Utilization Review**



DO NOT INCLUDE PATIENT NAME OR IDENTIFIERS ON THIS FORM

Community:	Date of use:		
Patient age: _____	<input type="checkbox"/> years <input type="checkbox"/> months	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Device used for:	<input type="checkbox"/> monitoring only	<input type="checkbox"/> defibrillation	<input type="checkbox"/> external pacing
Reason for use:	<input type="checkbox"/> no pulse <input type="checkbox"/> chest pain <input type="checkbox"/> other reason:	<input type="checkbox"/> irregular pulse <input type="checkbox"/> trauma	<input type="checkbox"/> fast/slow pulse <input type="checkbox"/> altered LOC
Mode used:	<input type="checkbox"/> manual <input type="checkbox"/> automatic	Initial cardiac rhythm:	
Nurse trained in ACLS:	<input type="checkbox"/> Y <input type="checkbox"/> N	Physician consulted:	<input type="checkbox"/> Y <input type="checkbox"/> N
ACLS algorithms used?	<input type="checkbox"/> Y <input type="checkbox"/> N	Equipment performed as expected?	<input type="checkbox"/> Y <input type="checkbox"/> N
Patient disposition:	<input type="checkbox"/> home	<input type="checkbox"/> medivac	<input type="checkbox"/> deceased
Other comments:			

This form is designed to track the usage of defibrillators/monitors in health centres in the NWT.
Please complete for each use of the device.

Please FAX a copy to:
NWT Pharmacy and Therapeutics Committee
Fax (867) 873-0196

Forward the original to your manager with your monthly report.

GUIDELINE The following guidelines are recommended for the quality assurance procedures and cleaning of the Medtronic LIFEPAK CR PLUS Automated External Defibrillator (AED).

QUALITY ASSURANCE

It is essential that every operator become familiar with the AED, the necessary accessories, and the accompanying manuals.

The LIFEPAK-CR PLUS AED performs an automatic self test every time it is turned on. The electrode indicators briefly flash during the test. If the self-test detects a condition that requires attention, the OK symbol in the readiness display will fade and either the CHARGE-PAK symbol, the ATTENTION symbol, or the WRENCH symbol will appear, depending on the type of condition detected. Refer to the operating manual of the LIFEPAK-CR PLUS AED for further information.

The AED should be inspected at a minimum monthly or as per the HSSA policy, as well as after each use. See the attached quality assurance checklist.

Additionally, each time the AED is used, check for:

- visible signs of damage or problems
- OK symbol is visible in the readiness display
- check the Use By date on the electrode packet
- accessibility of necessary accessories and supplies

A kit or bag should be kept in close proximity to the defibrillator with the following supplies:

- 2 Replacement kits (Quik-Pak electrodes and Charge-Pak battery)
- a razor
- 4x4 gauze pads (to dry the chest or remove transdermal medications)

- alcohol wipes (remember the alcohol has to be dried off the chest before applying electrodes).

The completed Quality Assurance checklist is to be submitted with month-end reports to the appropriate Health Centre.

CLEANING

- The LIFEPAK-CR PLUS AED should be cleaned after each use and as needed.
- The LIFEPAK-CR PLUS AED case including the readiness display and crevices should be cleaned with a damp cloth.
- Recommended cleaning agents include:
 - Isopropyl alcohol
 - Mild soap and water
- Do not use bleach or abrasive cleansers.
- Do not remove the electrode pads or the battery from the package. Dispose of any used electrode pads and batteries.

SEE ALSO

225.5 Medtronic LIFEPAK CR Plus AED Quality Assurance Checklist

225.6 Community AED Use Review Form

REFERENCES

Physio-Control Inc. (2008). *Lifepak CR PLUS LIFEPAK EXPRESS defibrillators with ADAPTIV biphasic technology users guide*. Redmond, WA: Author.

Section: Operations
Equipment

QUALITY ASSURANCE AND CLEANING
GUIDELINES FOR MEDTRONIC
LIFEPAK CR PLUS AED

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Guideline 225.4

APPROVAL

Paddy Meade, Deputy Minister
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EFFECTIVE
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MEDTRONIC LIFEPAK CR PLUS AED
Quality Assurance Checklist

Facility Name:

Year:

STANDARD	RECOMMENDED CORRECTIVE ACTION	MONTH											
		1	2	3	4	5	6	7	8	9	10	11	12
Examine the AED case, connector, and battery for: <ul style="list-style-type: none">• Foreign substances• Damage or cracks	Clean the AED Contact service personnel												
Check readiness display for: <ul style="list-style-type: none">• OK indicator• CHARGE-PAK indicator• ATTENTION indicator• WRENCH indicator	None Replace Kit that contains CHARGE-PAK (battery) and QUIK-PAK (electrode packet). Contact service personnel. Contact service personnel.												
Check REPLACEMENT KIT Contains CHARGE- PAK Battery and QUIK-PAK electrode packet <ul style="list-style-type: none">• Use by date _____• Spare replacement kit available	Replace if past date Obtain spare battery/electrode packet												
Check accessory kit for: <ul style="list-style-type: none">• 2 Replacement Kit packages which contain CHARGE-PAK battery and QUIK-PAK electrodes• a razor• 4x4 gauzes• alcohol wipes	Replace items as required												
Check Resuscitation kit for : <ul style="list-style-type: none">• disposable gloves• face masks – Small, medium, large	Replace items as required												
INITIALS:													

Community AED Utilization Review



DO NOT INCLUDE PATIENT NAME OR IDENTIFIERS ON THIS FORM

Community:	Date of use:		
Patient age in years:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
Shock Delivered? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of shocks:		
AED Used by:	<input type="checkbox"/> nurse <input type="checkbox"/> physician	<input type="checkbox"/> CHR/CHW/ lay dispenser	<input type="checkbox"/> other
Patient disposition:	<input type="checkbox"/> home	<input type="checkbox"/> medivac	<input type="checkbox"/> deceased
Other comments:			

This form is designed to track the usage of AEDs in the NWT.
Please complete for each use of the device.

Please FAX a copy to:
NWT Pharmacy and Therapeutics Committee
Fax (867) 873-0196

Forward the original to the health centre or to the nurse for your community.

GUIDELINE The following cleaning guidelines are recommended for the Hospira A+ Infusion Device. Refer to individual HSSA policies and guidelines where applicable.

Safety

- Unplug the infusion device from AC power before cleaning.

Frequency

- The infusion device should be cleaned between each patient use and receive a more thorough cleaning on a weekly basis or as needed.

Cleaning Solutions

- Use only approved cleaning solutions and a soft, lint-free cloth. Certain products are harmful to the device and can cause permanent damage.

Cleaning Solutions

Yes	No
✓ Mild soapy water solution	<u>No</u> isopropyl alcohol (rubbing alcohol, alcohol swabs)
✓ 10% Bleach Solution (maximum 1 part bleach to 10 parts water)	<u>No</u> Isopropanol/ Benzathonium Chloride (Cavicide, Cavi-Wipes)
✓ Accelerated Hydrogen Peroxide (Virox 5 RTU, Accel TB)	<u>No</u> abrasive cleaners (Comet, Ajax)

Section: Operations Equipment	CLEANING GUIDELINES FOR THE HOSPIRA A+ INFUSION DEVICE
Page 2 of 2	Guideline 225.7

Cleaning Method

- For instructions on cleaning the device please refer to *6 Easy Steps for Device Cleaning* on the following page.
- For more detailed information, refer to the Plum A+ System Operating Manual, Section 8.

REFERENCES Abbott Laboratories. (2003). *Abbott Plum A+ System Operating Manual*. Chicago.

Government of the Northwest Territories Department of Health and Social Services. (2004). *Infection Control Manual*. Yellowknife, NT.

Health Canada. (1998). Hand Washing, Cleaning, Disinfection and Sterilization in Health Care: Cleaning, Disinfecting and Sterilizing Patient Care Equipment. *Canada Communicable Disease Report*. Retrieved March 2, 2009: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>

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Infection Control Begins With You

6 Easy Steps for Device Cleaning



1. With gloves on, spray approved disinfectant solution* on a clean, lint-free cloth or remove a towelette from its dispenser.
2. To expose maximum surface area, ensure that the cloth/towelette is completely unfolded.
3. Cleanse the surface, beginning in the center of an area and moving in a spiral pattern to the outer edges. The spiral motion helps ensure that the disinfected surface area is not wiped over and recontaminated. (Use more than one towelette for larger surface areas if necessary.)
4. With the cassette door fully open, use a cotton swab dipped in approved cleaning solution or soapy water to clean internal surfaces of the pump cassette area, including both air-in-line detectors and each of the mechanism pins.
5. Dispose of the used cloth/towelette in an appropriate receptacle per hospital protocol.
6. Remove gloves and discard. Wash hands.

*For cleaning product options, refer to appropriate System Operating Manual or call 1-866-488-6088, option 5.

GUIDELINE The following are recommended quality assurance guidelines for the Hospira Plum A+ Infusion device.

Power-On Self-Test

- The infusion device automatically performs a self-test when it is turned on. No user action is required.

Malfunctions

- If the infusion device displays an error code of “E300” or higher, turn the power off to clear the malfunction. If the error repeats, remove the infusion device from use and contact Biomedical Engineering at Stanton Territorial Hospital for service.

Battery Maintenance

- The infusion device should be kept plugged in to maintain the battery charge.
- Infusion pumps that are used less than several hours a week should have the procedure outlined on the following page performed once every six months to maintain battery life.

Battery Maintenance Procedure
Perform every 6 Months for Low-Use Infusion Devices

1. Ensure the infusion device is fully charged.
2. Unplug the infusion device from AC power.
3. Prime an IV infusion set with a 1000 mL bag of an IV solution and load the tubing into the infusion device.
4. Place the end of the IV tubing into a sink or other container.
5. Program the infusion device to run at a rate of 50 mL/hour for 6 hours.
6. Discard the IV infusion tubing and solution bag in accordance with HSSA policy.
7. Turn off the infusion device and plug into AC power.
8. Allow the battery in the infusion device to fully charge before next use.

- For more detailed information, refer to the Plum A+ System Operating Manual, Section 8.

REFERENCES Abbott Laboratories. (2003). *Abbott Plum A+ System Operating Manual*. Chicago.

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Section: Operations Equipment	INFUSION PUMP TRAINING AND USAGE POLICY
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BRIEF	INITIAL AND ONGOING TRAINING FOR INFUSION PUMPS MUST BE PROVIDED
POLICY	<p>Each HSSA shall provide initial and ongoing training for the use of volumetric infusion devices (IV infusion pumps). Initial training shall be provided before the employee provides patient care using an infusion device, and recurrent training shall be provided at a regular interval.</p> <p>An infusion pump should always be used to deliver high-alert medications where controlled delivery of the medication is critical. This includes concentrated electrolytes (potassium chloride, magnesium sulfate), total parenteral nutrition solutions (TPN), anticoagulants, neuromuscular blocking agents, oxytocics (oxytocin), and continuous infusions of any sedatives, anesthetic agents, or opioids.</p>
DEFINITIONS	High-Alert Medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. The list of High-Alert Medications is produced by the Institute for Safe Medication Practices. (ISMP, 2008)
PRINCIPLES	<ul style="list-style-type: none"> Modern infusion devices are capable of numerous advanced features which require appropriate use and training. Incorrect use of an infusion device can result in significant adverse effects.

Section: Operations Equipment	INFUSION PUMP TRAINING AND USAGE POLICY
Page 2 of 2	Policy 226

- The appropriate use of “Smart Pump” technology may reduce medication errors. These features do not replace the usual medication checks performed by healthcare providers before medication administration. It is the responsibility of the healthcare professional to verify all drug calculations and concentrations prior to administration.
- A Required Organizational Practice (ROP) for accreditation.

ATTACHMENTS 226.1 Infusion Pump Training and Usage Guidelines

SEE ALSO 457 In-Service Education

708 Specialized Drug Administration

REFERENCES Abbott Laboratories. (2003). *Abbott Plum A+ System Operating Manual*. Chicago.

Accreditation Canada. (2008). *Required Organizational Practices*. Ottawa, ON.

Institute for Safe Medication Practices (ISMP). 2008. *ISMP's list of high-alert medications*. Retrieved January 22, 2009, from:
<http://www.ismp.org/Tools/highalertmedications.pdf>

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GUIDELINE The following are recommended training guidelines for infusion pump training and usage.

Frequency of Training

- Initial training shall be provided for all staff that use the infusion pump. Initial training must be obtained prior to the provision of patient care.
- Recurrent training on infusion pump use is recommended on an annual basis.

Training Topics

Topics for training should include but are not limited to:

- basic pump operation
- priming of primary and secondary lines
- removing air from lines
- addressing device alarms
- delivery of primary infusions and secondary infusions
- use of advanced pump features, where appropriate for the clinical setting
- the use of safety features of the infusion device, including the drug library
- the use of infusion devices for all high-alert medications
- routine quality control and maintenance
- device cleaning procedures

Drug Library Use

- When an infusion device includes a built-in drug library with dose limits, this feature should be used for all medication and solution delivery.

Section: Operations Equipment	INFUSION PUMP TRAINING AND USAGE GUIDELINES
Page 2 of 2	Guideline 226.1

Infusion Pump Use for High-Alert Medications

- An infusion pump should always be used to deliver high-alert medications where controlled delivery of the medication is critical. This includes concentrated electrolytes (potassium chloride, magnesium sulfate), total parenteral nutrition solutions (TPN), anticoagulants, neuromuscular blocking agents, oxytocics (oxytocin), and continuous infusions of any sedatives, anesthetic agents, or opioids. Refer to the Institute for Safe Medication Practices (ISMP) list of High-Alert medications for more information.

SEE ALSO 225.7 Cleaning Guidelines for the Hospira Plum A+ Infusion Device

 225.8 Quality Assurance Guidelines for the Hospira Plum A+ Infusion Device

 325 Client Identification

 708 Specialized Drug Administration

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Section: Operations Documentation	DOCUMENTATION
Page 1 of 5	Policy 250

BRIEF

ALL CLIENT CARE IS
DOCUMENTED ACCORDING
TO EMPLOYER POLICIES
AND GUIDELINES

POLICY

Registered Nurses in Community Health settings shall document in accordance with the policies, standards, and guidelines established by the Department of Health and Social Services (DHSS) and the employing HSSA which address:

- Principles of quality documentation (251)
- Direction to nurses in relation to clinical-decision making and accurate, efficient documentation of nursing care provided (251.1, 251.2)
- Accepted methods of documentation (252, 252.1)
- Expectations on frequency of documentation (251.2)
- **‘Late entry’ recordings** (251.2)
- Acceptable abbreviations (256)
- Time and date format (253)
- Dangerous abbreviations that may not be used in documentation (255, 255.1).
- Receipt and recording of verbal and telephone orders, and orders received by other acceptable electronic means (e.g. fax)
- Storage, transmittal and retention of client information (250, 301.1)

(The numbers in brackets after each item refer to the policies and guidelines which address the topic in greater detail.)

Actual documentation within a health record is under the direct control of the health professional. Documentation by a Registered Nurse must provide an accurate and honest account of what and when events occurred, as

Section: Operations Documentation	DOCUMENTATION
Page 2 of 5	Policy 250

well as identify who provided the care. Registered Nurses must abide by professional guidelines and by any HSSA policy and accreditation standards with regard to the manner in which documentation is to be done.

DEFINITIONS

Documentation – refers to charts, charting, recording, nurses' notes, progress notes. Documentation is written or electronically generated information about a client that describes the care (observations, assessment, planning, intervention and evaluation) or service provided to that client. (College of Registered Nurses of Nova Scotia [CRNNS], 2005)

PRINCIPLES

- Health Professionals are accountable for meeting professional documentation standards and are responsible to comply with and follow agency documentation policies and procedures. (Canadian Nurses Protective Society [CNPS], 2007; CRNNS, 2005)
- Characteristics of quality documentation:
 - Factual
 - Accurate
 - Complete
 - Current (timely)
 - Organized
- Proper and thorough documentation is a nurse's best defense in a legal proceeding. (CNPS, 2007)
- Core principles of nursing documentation apply to every type of documentation in every practice setting. (CRNNS, 2005)
 - Who should document? *Caregivers with first-hand knowledge only.*
 - What should be documented? *Relevant and*

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client-focused information.

- How should information be documented? *Clearly, comprehensively, completely, accurately and honestly.*
- When should information be documented? *Timely, frequently, chronologically*
- Documentation is necessary for:
 - Communication between health care providers
 - Meeting legislative requirements
 - Quality improvement
 - Research
 - Legal proof of health care provided. Nursing documentation is relied upon by the courts as evidence of what was done or nor done when legal action is taken. (CNPS, 2007)
- Each health professional is responsible for his/her own charting.
- The list of dangerous abbreviations, symbols, and dose designations, as identified in the Institute of Safe Medication Practices (ISMP) Canada's "Do Not Use List" is available at:
<http://www.ismp-canada.org/dangerousabbreviations.htm>

ATTACHMENTS	250.1	Quality Documentation – Documentation Standard Guidelines
	250.2	Quality Documentation – Guidelines for Charting

SEE ALSO	260	Health Records
	252	(SOAP) Documentation Format

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252.1 SOAP Documentation Guidelines

255 Time and Date Format

300 Risk Management

REFERENCES Canadian Council on Health Services Accreditation (2007). *Patient/Client Safety Goals and Required Organizational Practices. (Patient Safety Area 2: Communication)*. Ottawa, ON.

Canadian Nurses Protective Society. (2007). *Quality Documentation: Your Best Defense. InfoLaw: A Legal Information Sheet for Nurses*. Canadian Nurses Protective Society: Ottawa, ON.

College of Nurses of Ontario. (2005). Practice Standard: Documentation. Retrieved January 14, 2008 from the CNO website:
http://www.cno.org/docs/prac/41001_documentation.pdf

College of Registered Nurses of Nova Scotia (2005). *Documentation Guidelines for Registered Nurses*. Retrieved January 14, 2008 from
<http://www.crnns.ca/documents/CRNNS%20Documentation%20Guidelines%202005.pdf>

Hospital Insurance Regulations R.R.N.W.T. 1990, c.T-12, s. 32.

Institute for Safe Medication Practices in Canada. (2009). *Do Not Use: Dangerous Abbreviations, Symbols and Dose Designations*. Retrieved January 27, 2009 from
<http://www.ismp-canada.org/dangerousabbreviations.htm>

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Documentation

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Registered Nurses association of the Northwest Territories and Nunavut (RNANT/NU). *Standards of Practice for Registered Nurses: Professional Responsibility and Accountability*. Retrieved on January 14, 2008 from the RNANT/NU website:
http://www.rnantnu.ca/Portals/0/Documents/Standards_Nrsing_Prac_2006.pdf

APPROVAL

Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer

EFFECTIVE
April 1, 2010

GUIDELINE The following core standards apply to all documentation of care by Regulated Nurses working in the NWT Health and Social Services Authorities (HSSAs) or their agencies.

A nurse maintains documentation that is:

- Clear, concise and comprehensive
- Accurate, true, and honest
- Relevant
- Reflective of observations, not of unfounded conclusions
- Timely and completed only during or after giving care
- Chronological
- A complete record of nursing care provided, including assessments, identification of health issues, a plan of care, implementation and evaluation
- Legible and non-erasable
- Permanent
- Retrievable
- Confidential
- Client-focused
- Completed using forms, methods, and systems provided by the employer

A nurse's documentation:

- Includes the date and time of the care or the event, and the recording of when it is a late or forgotten entry
- Identifies who provided the care
- Contains meaningful information, and avoids meaningless phrases such as “good night,” “up and about,” or “usual day”
- Includes what was observed and avoids statements such as “appears to” and “seems to” when describing observations
- Includes signatures or initials, and professional designation
- Avoids duplication of information in the health record.
- Is written in non-erasable black or blue ink
- Includes only abbreviations approved by the HSSA

Section: Operations Documentation	QUALITY DOCUMENTATION - DOCUMENTATION STANDARDS GUIDELINES
Page 2 of 2	Guideline 250.1

SEE ALSO 250.2 Quality Documentation - Guidelines for Charting
 255 Time and Date Format
 256 Acceptable Abbreviations

REFERENCES College of Nurses of Ontario. (2005). *Practice Standard: Documentation*. Retrieved January 14, 2008 from the CNO website: http://www.cno.org/docs/prac/41001_documentation.pdf

Government of the Northwest Territories Department of Health and Social Services. (2003). *Procedure for Control of Narcotics and Controlled Drugs, in Community Health Centres, Public Health, Home Care and Long Term Care Units in the Northwest Territories*. Yellowknife, NT.

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 Scott Robertson, Chief Nursing Officer April 1, 2010

GUIDELINE There are sound reasons, both clinical and legal, for maintaining concise, comprehensive and objective records for every patient. Clinically, the patient chart provides a permanent record of the patient's health care status at any given time and a communication tool whereby pertinent information about patients can be communicated between health professionals involved in the patient's care. The record is also an important tool for audit and quality assurance purposes.

Health care records may come under scrutiny from a legal perspective for a variety of reasons. The most common are criminal proceedings, child protection proceedings, lawsuits in professional negligence, and professional disciplinary proceedings.

The following are guidelines for charting which have been derived from a variety of sources. A brief rationale has been provided for some, but in many cases, the reasons should be self evident from a liability perspective. As in other aspects of nursing practice, the standard for determining whether adequate, effective record-keeping has been performed is what a reasonable, prudent nurse of similar training and experience would do in like circumstances.

The following will be addressed:

1. Detail and frequency of recording
2. Record chronologically
3. Record contemporaneously
4. Record accurately
5. Record concisely
6. Record factually
7. Entries should be made by the individual having personal knowledge of event(s) recorded
8. Sign or initial all entries

9. Terminology, abbreviation, and systems of reporting should be uniform

10. Note any nurse/physician consultations
11. Document refusal of treatment/discharge against advice
12. Correct any errors openly

1. Detail and frequency of recording

This will be determined by the complexity and acuity of the patient's health problem; the degree of risk presented by the patient and/or his condition; and by the medical/nursing interventions given.

While nursing judgment must be employed in making the decision as to detail and frequency, a general rule of thumb is that the more acutely ill the patient, the greater the detail and frequency required. There may also be additional factors, such as the possibility that the patient is a victim of a criminal offence, which should be considered; the record may be required as evidence or as a memory tool for testimony in criminal proceedings.

2. Record chronologically

Failure to record chronologically can result in miscommunication or misinterpretation of significant patient data, or the possibility that it will simply be "missed" because it does not appear in the record where it should be chronologically. This could result in patient injury.

Entries should be made on every line of the record, or alternatively any gaps should have lines drawn through them to avoid the possibility of an entry being made out of chronological order. If a "late entry" is made out of chronological order, it should be clearly marked as such.

Failure to record events in chronological order may cast suspicion on the accuracy of the record in subsequent legal proceedings. It may suggest that entries were made after a problem arose or legal proceedings were commenced. In

either case, the credibility of the record may be called into question.

3. Record contemporaneously

Events should be recorded as soon as reasonably possible after they occur; the more acute and/or complex the patient's condition, the more critical it is that recording take place sooner rather than later. This improves the accuracy of the record, as memory of what took place will be clearer closer in time to the occurrence of events recorded. In addition, "contemporaneity" of the record is a requirement for the admissibility of health care records as evidence in court proceedings.

Failure to record contemporaneously can result in confusion as to what really took place, and inaccuracy, errors or omissions. It may also cast suspicion, in the event of legal proceedings, on the credibility of both the record and on the testimony of health professionals attempting to rely on the information in the record, for reasons similar to those referred to in the previous section.

4. Record accurately

This suggests not only the absence of errors, but clarity of expression and lack of ambiguity in terms used. Accuracy reduces the possibility of misinterpretation of information leading to patient injury.

5. Record concisely

Only essential information should be recorded so that important information can be retrieved quickly from the record when needed without having to sift through extraneous, irrelevant material. Verbosity can result in significant information being overlooked.

A comment should perhaps be made here with respect to the

recording of negative findings. There currently is a general trend away from recording negative findings, but again nurses must rely on their professional judgment on a case by case basis. In some instances, the courts have determined that the failure to record that a task was performed, justified the inference that it was not done.

The key question, is whether the failure to record a negative finding meets the standard of the reasonable, prudent nurse of similar background and experience in like circumstances. For example, given the condition of the patient, is the "negative" finding of sufficient importance that a reasonable, prudent nurse would record it, to reflect that a potentially significant differential diagnosis was considered and ruled out?

6. Record factually

Keep in mind also, that one purpose of the record is to assist in recollection of the facts, and that a negative finding is not necessarily an irrelevant or extraneous one.

Recording should be based on accurately perceived data obtained from a variety of sources, such as observation and inspection, palpation, auscultation, etc. It can include verbal cues given by a patient. Avoid general expressions, using instead quantitative terms wherever possible, as the latter convey more meaning.

Refrain from making subjective or judgmental entries; these may cloud objective assessment of the patient's real problem. In addition, remember the record is the patient's clinical record; it is not the appropriate place to express opinions about one's co-workers or grievances about the administration.

7. Entries should be made by the individual having personal knowledge of the event(s) recorded.

The danger of having another individual record information to which she has not been a witness is twofold. Firstly, it

increases the risk to inaccuracy, and secondly, the person making the entry cannot attest to the truth of the information contained therein. This may restrict the usefulness of the record as a defense tool in any legal proceedings.

8. Sign or initial all entries

Signatures and initials should be easily identifiable; where initials are used, the full signature corresponding to the initials should be indicated somewhere on the record, to assist identification of the person making the entry. If signatures are illegible, the name of the signatory should also be printed. Many, if not most facilities, require this.

Ease of identification enables other health professionals involved in the patient's care to determine who may be able to provide them with additional information and allows for potential witnesses to be identified in the event of legal proceedings. The recorder's status should also be indicated, i.e. R.N.

9. Terminology, abbreviations and systems of reporting should be uniform

Uniform terminology, abbreviations, and systems of reporting should be used by all personnel in the facility and in the region. This avoids confusion between personnel and between facilities. Uniformity is of considerable importance in the North, given that "float" nurses will practice in a variety of health care centres.

10. Note any nurse-physician consultations

The date and time of any nurse-physician consultations should be noted, showing timely reporting of any abnormal findings, medical direction given, and action taken. Any questioning of physician orders should be reflected in the record, in addition to any direction given modifying, canceling, or confirming those

orders.

11. Document refusal of treatment/discharge against advice

In addition to having the patient/patient's family sign any forms required by the facility in this regard, record the circumstances of the refusal, including information provided to the patient/patient's family about the potential consequences of refusing treatment. If information is provided to the patient/patient's family about patient care and/or possible danger signs to watch for, these also should be recorded.

12. Correct errors openly

If an error in recording has been made, resist the temptation to erase, remove, or obliterate the erroneous entry, or to make additions thereto by interlineations. Rather, draw a single line through the incorrect entry and indicate where the corrected entry can be found. Enter the date and time at which the corrected entry is made and sign it in the usual fashion.

Do not use "white-out" or felt marker to obliterate the original entry, as it may be necessary to refer to and read the original. Do not "cut and paste" to make the record flow chronologically. Use non-erasable pens, not pencils, to record entries.

REFERENCES

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Section: Operations Documentation	DOCUMENTATION FORMAT
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BRIEF	SOAP IS THE STANDARD FORMAT USED FOR DOCUMENTATION IN COMMUNITY HEALTH CENTRES
POLICY	<p>The standard for recording client care in community health settings in the NWT is the SOAP format.</p> <p>Unless otherwise authorized, Registered Nurses are required write a SOAP charting entry for each client encounter in the community health setting, and the entry shall become part of the client's permanent health record.</p> <p>Refer to Attachment 252.1 - <i>SOAP Documentation Guidelines</i>.</p>
DEFINITIONS	Documentation – refers to charts, charting, recording, nurses' notes, and progress notes. Documentation is written or electronically generated information about a client that describes the care (observations, assessment, planning, intervention and evaluation) or service provided to that client. (College of Registered Nurses of Nova Scotia: [CRNNS], 2005)
PRINCIPLES	<ul style="list-style-type: none"> • Standardization of a documentation format assists in quality assurance. • The documentation method should allow information to be organized in such a way that it presents a clear picture of the client's needs, the nurse's actions and the client's response. (CRNNS, 2005) • Quality documentation is a nurse's best defense in a legal proceeding. (Canadian Nurse Protective Society [CNPS], 2007)

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- Documentation in the health record is an integral part of safe and effective nursing practice. Clear, comprehensive, and accurate documentation is a record of the judgment and critical thinking used in professional practice and provides an account of nursing's unique contribution to health care. (College of Nurses of Ontario [CNO], 2005)
- Documentation fundamentally communicates the client's perspective on his/her own health and well-being, the care provided, the effect of care and the continuity of care. All health care providers need ongoing access to client information to provide safe and effective care and treatment. (CNO, 2005)
- Each health professional is responsible for his/her own charting.

ATTACHMENTS	252.1 SOAP Documentation Guidelines
SEE ALSO	260 Health Records
	250.1 Quality Documentation – Documentation Standards Guidelines
	250.2 Quality Documentation – Guidelines for Charting
	255 Time and Date Format
REFERENCES	Canadian Council on Health Services Accreditation. (2007). <i>Patient/Client Safety Goals and Required Organizational Practices. (Patient Safety Area 2: Communication).</i> Ottawa, ON.

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College of Registered Nurses of Nova Scotia. (2005). *Documentation Guidelines for Registered Nurses*. Retrieved January 14, 2008 from the CRNA website: <http://www.crnns.ca/documents/CRNNS Documentation Guidelines 2005.pdf>

Canadian Nurses Protective Society. (2007). *Quality Documentation: Your Best Defense. InfoLaw: A Legal Information Sheet for Nurses*. Canadian Nurses Protective Society: Ottawa, ON.

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Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU). *Standards of Practice for Registered Nurses: Professional Responsibility and Accountability*. Retrieved on January 14, 2008 from the RNANT/NU website: http://www.rnantnu.ca/Portals/0/Documents/Standards_Nursing_Prac_2006.pdf

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GUIDELINE SOAP is a type of documentation system that uses a problem-oriented approach.

- Data is organized by problems of diagnosis.
- Nurses identify and document problems, care provided, response to routine interventions, and impact of those interventions.
- A common plan of care more easily coordinated when members of the healthcare team each contribute to the list of identified problems.

Information is organized as follows:

S = subjective data

Information the client gives you, voluntarily or in response to questioning, about his/her self and condition/illness.

- Chief complaint and history of present illness/condition
- Review of systems
- Past health history
- Family History
- Social History

O = objective data

Facts and measurable observations obtained by looking, touching and listening to the client.

- General appearance
- Vital signs
- Physical exam
- Diagnostic test results (point-of-care or lab/diagnostic imaging reports)
- Consults

A = assessment

Appraisal statement of the client's current condition

- Diagnosis
- Differential diagnosis

P = plan

Care plan for the client.

- Education given
- Care and treatment provided
- Medications
- Follow-up and referrals
- Evaluation - Did the plan work? Are changes needed?
- Revision – Based on evaluation, what changes were made to the plan of care?

REFERENCES College of Nurses of Ontario. (2005). *Practice Standard: Documentation*. Retrieved January 14, 2008 from the CNO website: http://www.cno.org/docs/prac/41001_documentation.pdf

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GUIDELINE

- Documentation of care is a legal requirement. Documentation requirements may be satisfied by an approved single documentation method.
- The population health benefit of pandemic immunization programs lies in the ability to deliver vaccination to as many eligible individuals as possible within a short period of time. Administrative barriers to achieving this goal must be minimized.
- Documentation of vaccination during mass campaigns for seasonal and/or pandemic influenza may be recorded on a campaign register.
- A copy of this register must be kept with the responsible health facility in the community where the vaccine was administered.
- The Department of Health and Social Services (DHSS) may compile register data to provide epidemiological and operational support and analysis to HSSAs. This process is allowed under the *Disease Surveillance Regulations* and/or data sharing agreements.

(continued on next page)

- Documentation of immunization on a register must collect the following data:

Demographic Elements	Administrative Elements
First and Last Name	Community of Administration
Date of Birth	Date of Administration
Gender	Vaccine Type
Community of Residence (when the client does not reside in the community of immunization)	Vaccine Lot Number
Health Care Number, when available	

DHSS may request additional data elements for collection for epidemiology or statistical purposes.

- This register will fulfill legal documentation requirements as well as capture epidemiologic data.
- The client's personal health number (health care number) serves as a unique identifier for the individual. To ensure data integrity this information should be collected where possible.
- The efficacy of influenza vaccines is limited to the season in which the vaccine is developed and administered.
- The main objective of documenting immunization is to track the occurrence of adverse events and to prevent

unnecessary repeated immunizations. Most Canadian jurisdictions currently use a simplified documentation system for seasonal influenza and other mass immunization campaigns.

- Electronic documentation methods provide an accurate, reliable, secure, and retrievable record of immunization.
- Epidemiological data is easily compiled from electronic data.
- There is little risk and little benefit of documenting on each individual's permanent health record whether or not he or she received a seasonal or pandemic influenza vaccine as this data is captured in the campaign register.

SEE ALSO 260 Health Records

 250 Quality Documentation

REFERENCES *Disease Surveillance Regulations R-096-2009.*

Public Health Act S.N.W.T. 2009, c.17.

Public Health Agency of Canada. (2006). *Canadian Immunization Guide*. (7th ed.). Ottawa, ON.

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The following page contains a sample mass immunization campaign register.

Seasonal Flu Vaccine Register **Community:** _____ **ANTIGEN LOT** _____ **ADJUVANT LOT** _____ **Keep for your Records**

BRIEF

THE STANDARD TIME AND
DATE FORMAT SHALL BE
USED IN ALL
DOCUMENTATION

POLICY

TIME FORMAT

The standard time format for documenting on all client records and forms is:

HHMM

Where:

HH is the 2-digit hour, using the 24-hour clock

MM is the minutes

No space or punctuation is placed between the hours and minutes.

Time Format	Do Not Use	Reasons
1845	6:45	Ambiguity over time of day, use 24-hour format
0115	1h45	h may be mistaken for digit causing misinterpretation
1315	1:15PM	Does not follow time standard

**SHORT DATE
FORMAT**

The standard short-date format for documenting on all client records and forms is:

DD MMM YYYY

Where:

DD Day of the month, 2 digits

MMM Month, 3 letter abbreviation using the first 3 letters of the month name printed in capital letters

YYYY Year, 4 digits

A single space may be used to separate the day, month, and year.

Long Date	Short Date Format	Do Not Use	Reasons
July 10, 1956	30 JUL 1956	10/07/56	May be misinterpreted as: October 7, 1956
September 4, 2006	04 SEP 2006	09-04-06	May be misinterpreted as: April 9, 2006 or April 6, 2009
August 7, 2006	07 AUG 2006	060807	May be misinterpreted as: August 6, 2007 or May 8, 2007 or July 8, 2006
June 12, 2008	12 JUN 2008	12 JN 2008	May be misinterpreted as: January 12, 2008
June 12, 2008	12 JUN 2008	12 Jun 2008	May be misinterpreted as: January 12, 2008

If the risk of interpretation error is high, the long-date format should be used.

LONG DATE
FORMAT

The standard long-date format for documentation is:

Month DD, YYYY

Where:

Month Month, spelled in its entirety

DD Day of the month, 2 digits

YYYY Year, 4 digits

Long Date	Do Not Use	Reasons
September 4, 2006	04 September 06	May be interpreted as: September 6, 2004
June 12, 2008	12 JN 2008	May be interpreted as: January 12, 2008
September 4, 2006	Sept 4/06	Does not follow date standard

PRINCIPLES

- There are numerous variations of date and time formats which can lead to errors in interpretation. A standardized format reduces the chance of dates being misinterpreted.
- This process provides for accurate identification of the client and client data.
- A 3-letter abbreviation for the month reduces the risk of misinterpreting the part of the date entry that identifies the month.

- A four-digit year format reduces the risk of misinterpreting the part of the date entry that identifies the year.
- Client documentation is commonly shared between healthcare agencies including health centres, hospitals, laboratories, pharmacies, and consulting specialists. Using this date format reduces the risk of interpretation error when transferring client information.

SEE ALSO 252 Documentation Format

 325 Client Identification

 610 Identification of Laboratory Specimens

REFERENCES Canada Health Infoway. (2008). *Standards Collaborative*. Retrieved February 2, 2009 from http://www2.infoway-inforoute.ca/Documents/R2_ENGLISH_SC_Guide_and_Standards_Catalogue.pdf

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TIME AND DATE FORMAT

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Section: Operations Documentation	ACCEPTABLE ABBREVIATIONS
Page 1 of 2	Policy 256

BRIEF	ONLY ACCEPTABLE ABBREVIATIONS SHALL BE USED IN DOCUMENTATION
POLICY	<p>Only acceptable abbreviations and symbols shall be used in patient documentation.</p> <p>HSSAs may identify additional abbreviations and symbols which may be used within the organization.</p>
PRINCIPLES	<ul style="list-style-type: none"> Employees are required to document in accordance with employer guidelines. This includes using approved abbreviations and symbols in documentation. The consistent application of abbreviations and symbols reduces the risk of interpretation error between individuals. Consistent use of approved abbreviations and symbols is a safety initiative that can immediately improve comprehension of orders and reduce the likelihood of misinterpretation leading to error. This is a risk management activity.
ATTACHMENTS	256.1 List of Acceptable Abbreviations and Symbols
SEE ALSO	<p>250.1 Quality Documentation – Documentation Standards Guidelines</p> <p>250.1 Quality Documentation – Guidelines for Charting</p> <p>300 Risk Management</p>

REFERENCES Accreditation Canada. (2008). *Required Organizational Practices*. Ottawa, ON.

Canadian Patient Safety Institute. (2006). *Canadian Root Cause Analysis Framework*. Available:
<http://www.patientsafetyinstitute.ca/>

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Symbols

c	with
—	without
↑	increase
↓	decrease
#	fracture
△	change
- or -ve	negative
+ or +ve	positive
?	query

Numeric

1/12, 2/12 ...	number of months
1/52, 2/52 ...	number of weeks
1/7, 2/7 ...	number of days
20/	visual Acuity from 20 feet (as in 20/20)
6/	visual acuity from 6 metres (as in 6/6) (metric equivalent of 20/ scale)

A

a.c.	before food
A/E	air entry
ABC	airway, breathing, circulation
abd	abdomen
ABG	arterial blood gas
abn	abnormal
AC	acromioclavicular
ACE	angiotensin-converting enzyme
ad lib	as desired
ADHD	attention deficit hyperactivity disorder
ADL	activities of daily living
AFB	acid-fast bacilli
a fib	atrial fibrillation
AIDS	acquired immunodeficiency syndrome
alk phos	alkaline phosphatase
ALT	alanine aminotransferase

AMI	acute myocardial infarction
amp	ampoule
amt	amount
ANA	antinuclear antibody
ant	anterior
AOE	acute otitis media with effusion
AOM	acute otitis media
AP	anteroposterior (front to back)
approx	approximately
appt	appointment
ARF	at risk for
AROM	artificial rupture of membranes
ASA	acetylsalicylic acid
ASAP	as soon as possible
AST	aspartate aminotransferase
ausc	auscultation
AV	atrioventricular
AZT	zidovudine

B

Ba	barium
baso	basophil
BBB	bundle branch block
BCG	bacille calmette-guerin
BCP	birth control pills
BF	breastfeeding
BHCG	beta human chorionic gonadotropin
bid	twice a day
bilat	bilateral
bili	bilirubin
BM	bowel movement
BMAT	bilateral myringotomy and tubes
BMI	body mass index
BOM	bilateral otitis media
BP	blood pressure
bpm	beats per minute

BRAT diet	bananas, rice, applesauce and toast diet
BS	bowel sounds
BSE	breast self exam
BUN	blood urea nitrogen
BV	bacterial vaginosis
BW	blood work

C

C	Celsius
C&S	culture and sensitivity
c/o	complains of
C/S	caesarean section
Ca	cancer
Ca2+	calcium
CAD	coronary artery disease
CAPD	chronic ambulatory peritoneal dialysis
caps	capsules
cath	catheter/catherization
CBC	complete blood count
CHC	community health centre
chemo	chemotherapy
CHF	congestive heart failure
CHMIS	Community Health Management Information Systems
CHN	Community Health Nurse
cho	carbohydrate
CHR	community health representative
cm	centimetre
CMV	cytomegalovirus
CN	cranial nerve
CNS	central nervous system
cont	continued
COPD	chronic obstructive pulmonary disease
CP	chest pain
CPR	cardiopulmonary resuscitation
CPZ	chlorpromazine
crep	crepitation

CSF	cerebrospinal fluid
c-spine	cervical spine
CT	computed axial tomography
CVA	cerebrovascular accident
CVP	central venous pressure
CVS	cerebrovascular system
CWMS	color, warmth, movement, sensation
Cx	cervix
CXR	chest x-ray
cysto	cystoscopic exam

D

D&C	dilation and curettage
D5NS	5% dextrose in 0.9% normal saline
D5W	5% dextrose in water
DB&C	deep breathing and coughing
DDST	Denver Development Screening Test
derm	dermatology
DHSS	Department of Health And Social Services
DI	diagnostic imaging
DIN	drug identification number
DIP	distal interphalangeal
DM	diabetes mellitus
DOB	date of birth
DS	double strength
dsg	dressing
DTs	delirium tremens
DUB	dysfunctional uterine bleeding
DVT	deep vein thrombosis
Dx	diagnosis

E

ECG	electrocardiogram
EDC	expected date of confinement
EEG	electroencephalogram
EENT	eyes, ears, nose & throat

EF	ejection fraction
eg	for example
ENT	ear, nose and throat
EPS	extrapyramidal side effects
ER	emergency room
ESR	erythrocyte sedimentation rate
ETA	estimated time of arrival
ETOH	ethanol
ETT	endotracheal tube

F

F/U	follow up
FASD	fetal alcohol spectrum disorder
FB	foreign body
FBS	fasting blood sugar
Fe	iron
FFP	fresh frozen plasma
FH(R)	fetal heart (rate)
FiO2	fractionated inspired oxygen
FP	family physician
freq	frequency
FSH	follicle-stimulating hormone
FTT	failure to thrive
FUO	fever of unknown origin
g	gram

G

G	gravida (see GPAL)
GA	general anaesthesia
GAS	group A <i>streptococcus</i>
gastro	gastroenteritis
GB	gall bladder
GBS	group B <i>streptococcus</i>
GC	gonococcus (gonorrhea)
GCS	Glasgow Coma Score
GCT	glucose clearance test

GERD	gastro-esophageal reflux disease
GFR	glomerular filtration rate
GGT	gamma-glutamyltranspeptidase
GI	gastro-intestinal
GNWT	Government of the Northwest Territories
GPAL	gravida/para/aborta/live (i.e. G ₂ P ₁ A ₁ L ₁)
GTT	glucose tolerance test
gtt, gtts	drop, drops
GU	genitourinary

H

H&P	history and physical
h, hr	hour
H2O	water
HbA1C	glycosylated hemoglobin
HbsAG	hepatitis b surface antigen
HC	health centre
HCG	human chorionic gonadotropin
HCP	health care plan
HDL	high-density lipoprotein
hgb	hemoglobin
HIV	human immunodeficiency virus
HPV	human papilloma virus
HRT	hormone replacement therapy
hs	at bedtime
HSSA	Health and Social Services Authority
HSW	Home Support Worker
ht	height
HV	home visit
hx	history
Hz	Hertz

I

I&D	incision and drainage
I&O	intake and output
IBS	irritable bowel syndrome

ICP	intracranial pressure
ICS	intercostal space
ICU	intensive care unit
IDDM	insulin-dependent diabetes mellitus
IgA, IgE, IgG	immunoglobulin A, E, G
IM	intramuscular
inf	inferior
INH	isoniazid
inj	injection, injectable
INR	international normalized ratio
IU	international unit
IUD	intra-uterine contraceptive device
IUGR	intrauterine growth retardation
IV	intravenous
IVP	intravenous pyelogram

J

JVD	jugular venous distention
JVP	jugular venous pressure

K

K, K ₊	potassium
Kcal	kilocalorie
KCl	potassium chloride
kg	kilogram
km	kilometre
KUB	kidneys, ureters, and bladder
K-wire	kischner wire

L

L	litre
L, Lt	left
lat	lateral
LBBB	left bundle branch block
LDH	lactate dehydrogenase
LDL	low-density lipoprotein

LFT	liver function tests
Ig	large
LGA	large for gestational age
LH	luteinizing hormone
liq	liquid
LLL	left lower lobe
LLQ	left lower quadrant
LMP	last menstrual period
LNMP	last normal menstrual period
LOA	left occipitoanterior
LOP	left occipitoposterior
LOT	left occipitotransverse
LP	lumbar puncture
LRTI	lower respiratory tract infection
L-spine	lumbar spine
LTC	long term care
LUL	lower upper lobe
LUQ	left upper quadrant
LVH	left ventricular hypertrophy
lymphs	lymphocytes
lytes	electrolytes

M	
MAP	mean arterial pressure
max	maximum
mcg	micrograms
MCP	metacarpophalangeal
MCV	mean corpuscular volume
MDI	metered dose inhaler
mec	meconium
med	medium
meds	medication(s)
mEq	milliequivalent
mg	milligrams
MI	myocardial infarction
min	minute, minimum

ml	millilitre
mm	millimetre
mmol	millimoles (for reference only, please use mEq instead)
mod	moderate
MRI	magnetic resonance imaging
MS	multiple sclerosis
MSK	musculoskeletal
MSU	mid-stream urine
multip	multiparous
MVC	motor vehicle collision

N

N&V	nausea and vomiting
N/A	not applicable
Na, Na+	sodium
NAD	no abnormalities detected
NBM, NBF	nbf newborn male, newborn female
neg, -ve	negative
neuro	neurological
NG	nasogastric
NGU	non-gonococcal urethritis
NICU	neonatal intensive care unit
NIDDM	non-insulin-dependent diabetes mellitus
NIHB	Non-Insured Health Benefits Program
NKA	no known allergies
NKDA	no known drug allergies
NP	Nurse Practitioner
NPO	nothing by mouth
NS	normal saline
NSAID	nonsteroidal anti-inflammatory drugs
NSR	normal sinus rhythm
NST	non stress test
NSVD	normal spontaneous vaginal delivery
NVD	nausea, vomiting, diarrhoea
NWB	non-weight bearing
NYD	not yet diagnosed

O

O&P	ova and parasites
O/E	on examination
O2	oxygen
OA	osteoarthritis
OBS	obstetrics
OCP	oral contraceptive pill
OD	overdose
od	once daily
OM	otitis media
OPV	oral polio vaccine
OR	operating room
ORIF	open reduction and internal fixation
OT	occupational therapy
OTC	over the counter

P

P	pulse
P, para	delivered of (see GPAL)
PA	posterior anterior (from back to front as in chest x-ray)
PAC	premature atrial contraction
Pap	Papanicolaou
PAT	paroxysmal atrial tachycardia
p.c.	after meals
PCC	primary community care
PDA	patent ductus arteriosus
peds	pediatrics
PEEP	positive end expiratory pressure
PEFR	peak expiratory flow rate
per	by or through
PERL	pupils equal and reactive to light
PERRLA	pupils equal, round, reactive to light and accommodation
PFT	pulmonary function test
pH	measure of the acidity or basicity of a solution
PHCP	primary healthcare provider

PHN	Public Health Nurse
physio	physiotherapy
PID	pelvic inflammatory disease
PIH	pregnancy induced hypertension
PIP	proximal interphalangeal
pkg	package
PKU	phenylketonuria
PLS	pre-loaded syringe
PMHx	previous medical history
PMS	premenstrual syndrome
po	per os (by mouth)
POC	products of conception
poss	possible
post	posterior
post-op	post-operatively
PPD	purified protein derivative
PPD	purified protein derivative (mantoux test)
PPH	postpartum hemorrhage
PR	per rectum
preg	pregnant, pregnancy
pre-op	pre-operatively
prep	prepare
primip	primiparous (women bearing first child)
prn	as necessary/required
PROM	premature rupture of membranes
prox	proximal
PSA	prostate surface antigen
PSVT	premature supraventricular tachycardia
psych	psychiatry
pt	patient
PT	prothrombin time
PTSD	post-traumatic stress disorder
PTT	partial thromboplastin time
PUD	peptic ulcer disease
pulm	pulmonary
PV	per vagina

PVC	premature ventricular contraction
Q	
q	every
QID	four times daily
R	
R	respirations
R/O	rule out
RBC	red blood count / cells
resp	respiratory or respirations
retic	reticulocyte
Rh Factor	rhesus factor
RhIG	rh immune globulin
RICE	rest, ice, compression, elevate
RL	ringer's lactate
RLL	right lower lobe
RLQ	right lower quadrant
RML	right middle lobe
RN	registered nurse
ROA	right occipitoanterior
ROM	range of movement
ROP	right occipitoposterior
ROT	right occipitotransverse
RPR	rapid plasma reagin test
RR	respiratory rate
Rt or R	right
RTC	return to clinic
RUL	right upper lobe
RUQ	right upper quadrant
Rx	prescription

S

S.I.	system international (metric system)
S/S	signs and symptoms
SA	sinoatrial
SAD	seasonal affective disorder
sang	sanguinous
SaO ₂	oxygen saturation measured by ABG
SC	subcutaneous
SG	specific gravity
SI	sacroiliac
SIDS	sudden infant death syndrome
SL	sublingual
SLE	systemic lupus erythematosus
sm	small
SN	student nurse
SOAP	subjective, objective, assessment, plan
SOB	shortness of breath
SOBOE	short of breath on exertion
sol	solution
SpO ₂	oxygen saturation measured by pulse oximetry
spont	spontaneous
SSRI	selective serotonin re-uptake inhibitors
staph	staphylococcus
stat	immediately
STEMI	st segment elevated myocardial infarction
STH	Stanton Territorial Hospital
STHA	Stanton Territorial Health Authority
STI	sexually transmitted infection
strep	streptococcus
supp	supplement / suppository
susp	suspension preparation of a medication
SV	stroke volume
SVD	spontaneous vaginal delivery
SVT	supraventricular tachycardia
SW	Social Work

T

T	temperature
T&A	tonsillectomy and adenoidectomy
T/O	telephone order
T4	thyroxine
TA	therapeutic abortion
tab	tablet
TB	tuberculosis
Td	tetanus-diphtheria
TIA	transient ischemic attack
tib/fib	tibia/fibula
TIBC	total iron-binding capacity
tid	three times daily
TKVO	to keep vein open
TL	tubal ligation
TM	tympanic membrane
TNK	tenekteplase
TPA	tissue plasminogen activator
TPN	total parenteral nutrition
TPR	temperature, pulse and respiration
trich	trichomoniasis
TSH	thyroid-stimulating hormone
T-spine	thoracic spine
TTH	to take home
TTN	transient tachypnea of newborn
TU	tuberculin units
TURP	transurethral resection of prostate
Tx	treatment
Txfer	transfer

U

U/1, U/2, U/3	uterus under umbilicus 1 finger
U/S	ultrasound
U/U	uterus level with umbilicus
UGI	upper gastrointestinal tract

ung	ointment
URTI	upper respiratory tract infection
UTD	up to date
UTI	urinary tract infection
UVC	umbilical venous catheter

V

V/O	verbal order
V/Q	ventilation/perfusion
V/S	vital signs
VBAC	vaginal birth after cesarean
VDRL	venereal disease research laboratory
V fib	ventricle fibrillation
VSD	ventricular septal defect
VT	ventricular tachycardia
Vx	vertex

W

W/C	wheelchair
WBC	white blood cells/count
WCC	well child clinic
wk, wks	week, weeks
WMC	well man clinic
WOB	work of breathing
wt	weight
WWC	well woman clinic

X

x-match	cross match
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Y

yr	year
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Vaccines

AP	acellular pertussis
BCG	Bacillus Calmette - Guerin
act-HIB	Haemophilus b Conjugate Vaccine
DaPT	diphtheria, acellular pertussis, tetanus
Hep A	Hepatitis A
Hep B	Hepatitis B
Hib	Haemophilus influenza b
IPV	Inactivated polio vaccine
DT	diphtheria tetanus
Men-C	Meningococcal C conjugate vaccine
MMR	Measles, Mumps, Rubella vaccine
OPV	Oral Polio Vaccine
PCV-23	Pneumococcal 23-valent vaccine
PCV-7	Pneumococcal 7 valent vaccine (Prevnar)
RIG	Rabies Immune Globulin
TdaP	Tetanus, Diphteria, acellular Pertussis
TIG	Tetanus Immune Globulin

SEE ALSO 257 Dangerous Abbreviations

REFERENCES

Government of the Northwest Territories Department of Health and Social Services. (2008). *2008 Health Centre Formulary*. Yellowknife, NT: Territorial Pharmacy and Therapeutics Committee.

Health Canada. (2000). Abbreviations. In *First Nations and Inuit health branch clinical practice guidelines for nurses in primary care*. Ottawa: Minister of Public Works and Government Services Canada.

Stanton Territorial Health Authority. (2004). *Abbreviations list: Policy A-0020*. Yellowknife, NT.

APPROVAL

Paddy Meade, Deputy Minister
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Section: Operations Documentation	DANGEROUS ABBREVIATIONS
Page 1 of 2	Policy 257

BRIEF

DANGEROUS
ABBREVIATIONS SHALL
NOT BE USED

POLICY

Abbreviations, symbols and dose designations identified as dangerous *Attachment 257.1 - List Of Dangerous Abbreviations, Symbols and Dose Designations* are not to be used in Health and Social Services Authorities.

HSSAs may identify additional abbreviations, symbols and dose designations that are not to be used in the organization.

PRINCIPLES

- Dangerous abbreviations and symbols used in medication orders may be misinterpreted resulting in harmful medication errors.
- Transcription errors continue to be one of the leading causes of medication errors in health care settings.
- The elimination of known dangerous abbreviations, symbols, and dose designations is an example of a medication safety initiative that can immediately improve comprehension of medication orders and reduce the likelihood of misinterpretation leading to error.
- The Institute for Safe Medication Practices in Canada (ISMP) publishes a list of commonly-used dangerous abbreviations and symbols which it considers to be high-risk. This list is included as an attachment to this policy.
- This is a required organizational practice (ROP) for accreditation.

Section: Operations Documentation	DANGEROUS ABBREVIATIONS
Page 2 of 2	Policy 257

- This is a risk management activity.

ATTACHMENTS 257.1 List of List of Dangerous Abbreviations, Symbols and Dose Designations

SEE ALSO 250.1 Quality Documentation – Documentation Standards Guidelines

 250.1 Quality Documentation – Guidelines for Charting

 300 Risk Management

 702 Dispensing Pharmaceutical Agents

REFERENCES Accreditation Canada. (2008). *Required Organizational Practices*. Ottawa, ON.

Canadian Patient Safety Institute. (2006). *Canadian Root Cause Analysis Framework*. Available: <http://www.patientsafetyinstitute.ca/>

Institute for Safe Medication Practices in Canada. (2009). *Do Not Use: Dangerous Abbreviations, Symbols and Dose Designations*. Retrieved January 27, 2009 from <http://www.ismp-canada.org/dangerousabbreviations.htm>

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GUIDELINE The attached publication titled *Do Not Use: Dangerous Abbreviations, Symbols and Dose Designations* is taken from the Institute for Safe Medication Practices (ISMP) Canada.

This form can be downloaded from the ISMP Canada website at:

<http://www.ismp-canada.org/download/ISMPCanadaListOfDangerousAbbreviations.pdf>

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Do Not Use

Dangerous Abbreviations, Symbols and Dose Designations

The abbreviations, symbols, and dose designations found in this table have been reported as being frequently misinterpreted and involved in harmful medication errors. They should NEVER be used when communicating medication information.

Abbreviation	Intended Meaning	Problem	Correction
U	unit	Mistaken for "0" (zero), "4" (four), or cc.	Use "unit".
IU	international unit	Mistaken for "IV" (intravenous) or "10" (ten).	Use "unit".
Abbreviations for drug names		Misinterpreted because of similar abbreviations for multiple drugs; e.g., MS, MSO ₄ (morphine sulphate), MgSO ₄ (magnesium sulphate) may be confused for one another.	Do not abbreviate drug names.
QD QOD	Every day Every other day	QD and QOD have been mistaken for each other, or as 'qid'. The Q has also been misinterpreted as "2" (two).	Use "daily" and "every other day".
OD	Every day	Mistaken for "right eye" (OD = oculus dexter).	Use "daily".
OS, OD, OU	Left eye, right eye, both eyes	May be confused with one another.	Use "left eye", "right eye" or "both eyes".
D/C	Discharge	Interpreted as "discontinue whatever medications follow" (typically discharge medications).	Use "discharge".
cc	cubic centimetre	Mistaken for "u" (units).	Use "mL" or "millilitre".
µg	microgram	Mistaken for "mg" (milligram) resulting in one thousand-fold overdose.	Use "mcg".
Symbol	Intended Meaning	Potential Problem	Correction
@	at	Mistaken for "2" (two) or "5" (five).	Use "at".
> <	Greater than Less than	Mistaken for "7"(seven) or the letter "L". Confused with each other.	Use "greater than"/"more than" or "less than"/"lower than".
Dose Designation	Intended Meaning	Potential Problem	Correction
Trailing zero	.X0 mg	Decimal point is overlooked resulting in 10-fold dose error.	Never use a zero by itself after a decimal point. Use "X mg".
Lack of leading zero	.X mg	Decimal point is overlooked resulting in 10-fold dose error.	Always use a zero before a decimal point. Use "0.X mg".

Section: Operations Documentation	HEALTH RECORDS
Page 1 of 3	Policy 260

BRIEF **HEALTH RECORDS ARE
HANDLED AND
MAINTAINED IN AN
APPROPRIATE MANNER**

POLICY Each HSSA shall develop and implement a policy for active and inactive health records that addresses the following:

- Completion of health records
- Security and storage of health records
- Confidentiality of health records
- Release and transmittal of health record information
- Removal of health records from agency
- Retrieving and filing health records
- Retention/disposal of health records
- Access to health records
 - by resident health care professionals
 - by visiting health care professionals
 - by clients
 - by others

Certain policy requirements are addressed in *Privacy Policies: Ministerial Directive 2009-01* which is included in this manual as attachment 301.1.

Health records shall not be destroyed or otherwise disposed of without a records retention and disposal schedule approved, under the *Archives Regulations*, by the Public Archivist.

To maintain confidentiality no identifying or clinical information should be visible on the outside of the health record folder. Identifying information includes client name, date of birth, and health care number. Clinical information includes allergies, diagnoses, or medication information. Health records should only be identified on

Section: Operations Documentation	HEALTH RECORDS
Page 2 of 3	Policy 260

the outside with a unique health record number which has been randomly assigned to the client.

DEFINITIONS

Record – A collection of information about a client's life and health history, needs, interventions by providers, and results. Information may be in written, audio, video, electronic or imaging form. Also known as health record, client file, or file. (CCHSA, 2007)

Completion of Health Records - the method of required completion of the health record to ensure continuity of patient care. (Canadian Health Information Management Association [CHIMA], 2006)

PRINCIPLES

- Health records are confidential and legal documents (see Policy 301 – *Confidentiality*).
- The purposes of the health record are to:
 - Communicate health information
 - Provide continuity of care
 - Demonstrate accountability
 - Provide information supporting the quality assurance process
 - Facilitate education and research
 - Facilitate the legal process
 - Facilitate financial reimbursement (CHIMA, 2006)
- A policy ensures that records are kept and handled in an appropriate manner.
- Where facilities are not of sufficient size to have a health records department it is essential that policies exist to ensure the proper keeping and handling of health records in accordance with the Northwest Territories *Access to Information and Protection of Privacy Act* (ATIPP).

- Timely record completion is required for the mandatory coding of clinical information to the Canadian Institute for Health Care Information (CIHI).

SEE ALSO 305 Confidentiality

REFERENCES *Access to Information and Protection of Privacy Act S.N.W.T.*
1994, c.20.

Archives Act 1988 (NWT) (s. 6). R.S.N.W.T. 1988, c.A-6.

Canadian Council on Health Services Accreditation (2007).
Patient/Client Safety Goals and Required Organizational Practices. (Patient Safety Area 2: Communication).
Ottawa, ON.

Canadian Health Information Management Association
(2006). *Completion of Health Records.* London, ON.

Canadian Institute for Health Care Information (2007).
Canadian Coding Standards for ICD-10. Ottawa, ON.

College of Registered Nurses of Nova Scotia (2005).
Documentation Guidelines for Registered Nurses. Halifax,
NS.

Hospital Insurance and Health and Social Services Administration Act R.S.N.W.T. 1988, c. T-3, s. 30(m).

Limitation of Actions Act R.S.N.W.T. 1988, c. L-8.

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Section: Operations Risk Management	RISK MANAGEMENT
Page 1 of 4	Policy 300

BRIEF	PROCESSES TO IDENTIFY AND REDUCE RISK ARE FOLLOWED
POLICY	<p>Each HSSA shall develop and implement a policy addressing risk management to provide for client and staff safety. The policy for risk management shall include an incident reporting and management system.</p> <p>In accordance with the guidelines set out by the GNWT Loss Prevention Insurance Provider (LPIP), each HSSA's risk management policy shall address Proactive Disclosure of Adverse Events (see Guideline 300.3).</p>
DEFINITIONS	<p>Adverse Event – An Adverse Event can be defined in one of three ways:</p> <ol style="list-style-type: none"> 1. An unexpected and undesirable incident directly associated with the care and services provided to the patient. 2. An incident that occurs during the process of providing health care and results in patient injury or death. 3. An adverse outcome for a patient, including an injury or complication. (Davies, Hebert, & Hoffman, 2003; CCHSA 2006) <p>Client Safety – See Patient Safety. Note: DHSS uses the term “Client” in most policy documents. Other organizations may use the term “Patient” including Accreditation Canada (formerly CCHSA). Where a definition is taken from an organization that uses the term “Patient” the original wording is preserved and is taken to be interchangeable with the term “Client.”</p>

Incident – “An event that is unusual, unexpected, and may have an element of risk, or an effect on clients, groups, staff, or the organization.” (CCHSA, 2007)

Near Miss – “An event or circumstance which has the potential to cause serious physical or psychological injury, unexpected death, or significant property damage, but did not actualize due to chance, corrective action and/or timely intervention. A near miss is a free lesson in proactive risk management and error prevention.” (CCHSA, 2007)

Patient Safety – “The prevention and mitigation of unsafe acts within the health care system.” (CCHSA, 2007)

Risk – The chance or possibility of danger, loss, or injury. For health services organizations this can relate to the health and well-being of clients, staff, and the public; property; reputation; environment organizational functioning, financial stability, market share; and other things of value. (CCHSA, 2007)

Root Cause Analysis (RCA) is “An analytic tool that can be used to perform a comprehensive, system-based review of critical incidents. It includes the identification of the root and contributory factors, determination of risk reduction strategies, and development of action plans along with measurement strategies to evaluate the effectiveness of the plans.” (Hoffman, Beard, Greenall, et al., 2006)

Sentinel Event – “An unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health care services.” (CCHSA, 2007)

Section: Operations Risk Management	RISK MANAGEMENT
Page 3 of 4	Policy 300

PRINCIPLES	<ul style="list-style-type: none"> It is the joint responsibility of the GNWT, DHSS and HSSAs to work collaboratively in establishing the policies, guidelines, and contingency plans which are in keeping with effective quality and risk management strategies, and ensure the continued safety of the community and HSSA employees. HSSAs prevent and manage any risks to their Authority. The client has the right to continued safety in the delivery of effective client care. Health care providers have the right to a safe working environment. Employers have a duty under the <i>NWT Safety Act</i> to maintain “in such a manner that the health and safety of persons in the establishment are not likely to be endangered” and to “take all reasonable precautions and adopt and carry out all reasonable techniques and procedures to ensure the health and safety of every person in his or her establishment.” (R.S.N.W.T. 1988, c.S-1, s. 4 ss. a, b) Workers have a duty under the <i>NWT Safety Act</i> to “take all reasonable precautions to ensure his or her own safety and the safety of other persons in the establishment.” (R.S.N.W.T. 1988, c.S-1, s. 5 ss. a)
ATTACHMENTS	<p>300.1 Risk Management Guidelines</p> <p>300.2 Risk Management Incident Reporting System Guidelines</p> <p>300.3 LPIP Position Statement on Proactive Disclosure Of Adverse Events</p>

Section: Operations Risk Management	RISK MANAGEMENT
Page 4 of 4	Policy 300

REFERENCES Beaufort-Delta Health and Social Services. (2007). *Policy 301 - Risk Management Process and Definitions*. Inuvik, NT.

Canadian Council on Health Services Accreditation. (2001). *AIM: Achieving Improved Measurement Program*. Ottawa, ON.

Canadian Council on Health Services Accreditation. (2006). *Glossary 6th Edition*. Retrieved December 18, 2007, from <http://www.cchsa-ccass.ca/upload/files/pdf/International/GlossaryEng2007-e.pdf>

Canadian Council on Health Services Accreditation. (2007). *Patient/Client Safety Goals and Required Organizational Practices. (Patient Safety Area 2: Communication)*. Ottawa, ON.

Hoffman, C., Beard, P., Greenall, J., U, D., & White, J. (2006). *Canadian Root Cause Analysis Framework: a tool for identifying and addressing the root causes of critical incidents in healthcare*. Ottawa, ON: Canadian Patient Safety Institute.

Safety Act R.S.N.W.T. 1988, c. S-1 s. 4(a,b), 5(a).

APPROVAL	Paddy Meade, Deputy Minister Scott Robertson, Chief Nursing Officer	EFFECTIVE April 1, 2010
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Section: Operations Risk Management	RISK MANAGEMENT GUIDELINES
Page 1 of 2	Guideline 300.1

GUIDELINE	<ul style="list-style-type: none"> • Health and Social Services Authorities (HSSAs) carry out a process to identify, report, assess, and manage risks. • Policies related to risk identification and incident reporting and management are developed, implemented, maintained, and evaluated on a regularly scheduled basis. • An incident reporting and management system is developed, implemented, communicated, maintained and evaluated. • A Risk Management Committee (RMC) monitors and reviews incidents, near misses and sentinel events, and follows up with reviews or root cause analyses for quality management and improvement purposes. The RMC maintains an annual action plan. • Regularly scheduled reports on client/staff safety improvements are submitted to the Board of Trustees and Staff. These include but are not limited to risk reduction, quality improvement initiatives such as disaster and emergency planning, pandemic planning, telephone advice, critical incidence stress management, and incident reporting and management. • Staff are educated about continuous quality improvement and risk management practices through regular orientation sessions. This would include personal risk assessment using accepted models of training. • A tracking system is developed and maintained for any risk incidents.
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REFERENCES	<p>Canadian Council on Health Services Accreditation. (2006). <i>Leadership and Partnerships</i> (Standards 10-13). Ottawa, ON.</p>
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Canadian Council on Health Services Accreditation. (2007). *Patient/Client Safety Goals and Required Organizational Practices Patient Safety Area 1: Culture of Safety*. Ottawa, ON.

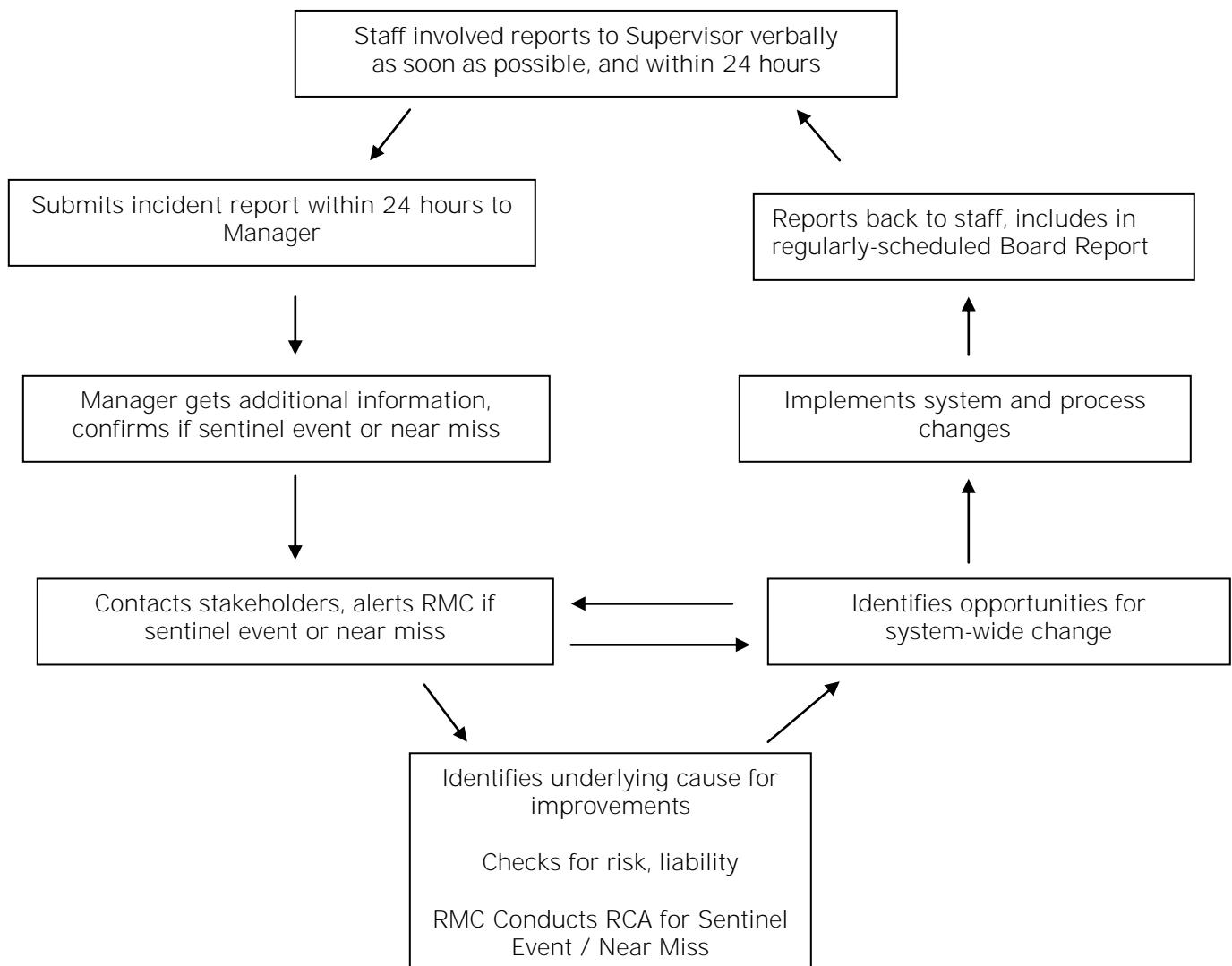
Beaufort-Delta Health and Social Services. (2007). *Policy 301 - Incident Reporting and Management Administration*. Inuvik, NT.

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Incident Reporting System Guideline
Flowchart for Reporting Adverse Events, Incidents, Near Misses and Sentinel Events



Section: Operations Risk Management	RISK MANAGEMENT INCIDENT REPORTING SYSTEM GUIDELINES
Page 2 of 2	Guideline 300.2

REFERENCES Beaufort-Delta Health & Social Services Authority (2007).
 Incident Reporting and Management Policy ADM 205.
 Inuvik, NT.

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GUIDELINE

**LOSS PREVENTION INSURANCE PROVIDER (LPIP)
POSITION STATEMENT
PROACTIVE DISCLOSURE OF ADVERSE EVENTS**

POLICY STATEMENT

The Loss Prevention Insurance Provider (LPIP) supports proactive disclosure of Adverse Events to Patients.

GUIDING PRINCIPLES

1. It is a legal and ethical duty for health professionals to disclose to the Patient the facts of an Adverse Event and its impact on the Patient's health and prognosis for recovery.
2. Proactive disclosure of Adverse Events and the resulting information sharing is a key element in improving Patient safety and restoring the Patient's trust in the medical system.
3. There is no conclusive evidence that proactive disclosure increases or decreases the number of lawsuits. However, there is conclusive evidence that the vast majority of Patients want to be told of adverse events.
4. Although the primary focus of the Disclosure process is the Patient, the health professionals involved must also be provided with compassionate understanding and support.
5. Disclosure of an Adverse Event does not equate to acceptance of legal responsibility. The LPIP retains its right to defend subsequent lawsuits arising out of Adverse Events that have been the subject of Disclosure.
6. In circumstances of clear error or where there are serious problems with care or services provided by a Subscriber, the LPIP, with the assistance of its retained counsel, is committed to attempting to fairly resolve claims by Patients in as timely a manner as possible.

KEY ELEMENTS OF DISCLOSURE

1. An Expression of Regret (not an Apology) should be

made in conjunction with the initial Disclosure conversation.

2. An Apology should not be made except in cases of clear error and then only after completing a thorough investigation and consulting with the LPIP.
3. In the initial Disclosure discussion only facts should be discussed (i.e. what happened), the how and why should be left until the investigation is complete. As each case is unique, Subscribers should be cautious about instituting or enforcing arbitrary deadlines and timelines for Disclosure.
4. Without accepting responsibility for the Adverse Event, the health care team and administrators should accept responsibility for future action/investigation in the initial Disclosure conversation. The Patient should be assured that there is a commitment to learn from Adverse Events and to make improvements.
5. Disclosure meetings should always include more than one health care professional and notes should be taken of what was said and what questions were asked at the meeting. These notes can either go on the Patient's chart or can be kept in a separate Disclosure file as long as this information is kept for use in any subsequent legal proceedings.
6. Subscribers need to conduct extensive Disclosure training for individuals who will be involved in the process. There should be sufficient numbers of individuals who have been trained in Disclosure processes so that one is available to be involved in every Disclosure involving Moderate or Severe Harm.
7. Subscribers should remain cognizant of the potential liability and insurance issues raised by Disclosure. Physicians are often key players in Adverse Events and Disclosure and are, in the vast majority of cases, separately insured by the CMPA. This raises a potential conflict of interest and in circumstances where a physician is involved in an Adverse Event, the Disclosure conversation should always include an employee of the Subscriber (i.e. nurse, administrator or

Patient safety person). Prior to being involved in a Disclosure process, treating Physicians should also be encouraged to contact the CMPA [Canadian Medical Protective Association]. This is particularly important in circumstances of Moderate or Severe/Fatal Harm where early notification of the CMPA can be of great assistance to the LPIP in dealing with subsequent legal issues that may arise.

LPIP PROCEDURES

1. Subscribers should advise the LPIP as part of the internal notification process of any Adverse Events that will be subject to Disclosure. This is particularly important in cases of Moderate, Severe or Fatal Harm. This timely notification will allow LPIP to respond immediately with an offer of support and assistance, including legal services, as is appropriate in the circumstances.
2. In circumstances where CMPA counsel contacts a subscriber directly regarding an Adverse Event or Disclosure process, LPIP should be immediately contacted and, in most cases, LPIP counsel will be retained to represent the Subscriber regarding the inquiry.
3. In those circumstances where it is appropriate for LPIP counsel to be retained to assist in the Disclosure process, LPIP will appoint individuals who are familiar with the Disclosure process. In these circumstances, LPIP counsel will act in an advisory capacity and will not interfere with the Disclosure process undertaken by the Subscriber.
4. If the Subscriber is contemplating making a payment to a Patient in circumstances of clear error, the Subscriber will advise the LPIP and provide a reasonable opportunity for LPIP to consult counsel. The LPIP will advise the Subscriber whether it agrees with the proposed payment in a timely fashion. If a payment is made without the concurrence of the LPIP, the LPIP

reserves the right to refuse to indemnify the Subscriber for that payment.

DEFINITIONS

Adverse Event: An injury that was caused by medical management rather than the Patient's underlying disease.

Apology: A statement of remorse acknowledging that something went wrong in the Patient's care.

Disclosure: Providing information to a Patient or their family about an Adverse Event.

Expression of Regret: A sincere statement of sympathy for the unfortunate circumstances with no acknowledgement of error or responsibility.

Harm: An unexpected and normally avoidable outcome that negatively affects a Patient's health or quality of life and that occurred during the course of receiving health care treatment:

Minor: Harm that results in transient injury with little or no additional treatment required and that does not result in any discernible disability.

Moderate: Harm that results in injury to the Patient causing transient disability or that requires further medical interventions or an additional short term hospital stay.

Severe: Harm that results in significant injury to the Patient causing permanent disability or that requires life saving intervention, surgical intervention, or an extended hospital stay.

Fatal: Harm that results in the death of the Patient.

Medical Error: The failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim.

Near Miss: A Medical Error that could have caused harm but did not reach the Patient because it was intercepted.

Patient: The individual who received the health care that is subject to the Disclosure process. It is recognized that often the Patient's family or substitute decision-maker should be included in the process. Therefore, the term "Patient" in this Disclosure document includes family members or substitute decision-makers where appropriate.

REFERENCES Alberta Health Services. (2009). *Loss prevention insurance provider position statement: proactive disclosure of adverse events*. Edmonton, AB.

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Section: Operations Risk Management	CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM
Page 1 of 2	Policy 301

BRIEF	A FORMAL CQI PROGRAM SHALL BE FOLLOWED BY ALL HSSAs
POLICY	<p>Each HSSA shall develop, implement, maintain and evaluate a formal Continuous Quality Improvement (CQI) Program.</p> <p>The HSSA's CQI Program shall include a clearly defined and coordinated quality improvement system to continually monitor, evaluate, and improve quality. The CQI program is evaluated on an ongoing basis, and at a minimum no less than every three years, and also prior to accreditation.</p>

The HSSA's CQI system shall include:

- Establishing priorities for monitoring and making continuous quality improvements
- Developing an annual CQI work plan
- Monitoring progress in completing the work plan
- Monitoring process and outcome indicators (CQI teams)
- Involving the appropriate people and assigning responsibility
- Communicating the results of improvement activities to everyone in the organization
- Coordinating evolving quality continuous quality improvement activities with other performance monitoring activities such as utilization management and risk management
- Evidence of improvement at all levels of the organization as a result of continuous quality improvement activities
- Self-evaluation teams regularly monitor compliance and participate in the self-evaluation process prior to and during accreditation.

Section: Operations Risk Management	CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM
Page 2 of 2	Policy 301

PRINCIPLES

- The organization fosters and supports a culture of continuous quality improvement and safety.
- The organization provides sufficient resources and training to support continuous quality improvement activities.
- The organization demonstrates improvement at all levels as a result of continuous quality improvement activities.
- CQI program activities shall be defined in the CQI work plan and reported to the Chief Executive Officer or Executive Director and to the Board of Directors on a regular basis.

SEE ALSO 300 Risk Management

REFERENCES Canadian Council on Health Services Accreditation (2007). *Patient/Client Safety Goals and Required Organizational Practices. (Patient Safety Area 2: Communication)*. Ottawa, ON.

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BRIEF

CLIENT CONFIDENTIALITY
IS RIGOROUSLY
MAINTAINED

POLICY

Each HSSA shall develop and implement policies addressing client confidentiality as it relates to:

- Health records
- Publication, release, or disclosure of information obtained from health centre records or from persons having access to these
- Persons authorized to disclose information with regard to a client
- Matters pertaining to the community health centre and its employees and includes the use of electronic communication of client-specific information

Certain policy requirements are addressed in *Privacy Policies: Ministerial Directive 2009-01* which is included as attachment 301.1.

Policies shall be in accordance with the *Access to Information and Protection of Privacy Act* (ATIPP). Under **ATIPP legislation “personal information” is defined and understood to be information about the individual’s** health and health care history, including information about a physical or mental disability.

HSSAs shall provide a copy of their confidentiality policy and *Privacy Policies: Ministerial Directive 2009-01* to all staff at the time of initial hire or any time amendments are made to these policies.

Section: Operations Risk Management	CONFIDENTIALITY
Page 2 of 3	Policy 305

PRINCIPLES	<ul style="list-style-type: none"> Information obtained from health centre records or from persons having access to this information is private and confidential. Such information will protect the personal interests, reputation, or privacy of a client and/or a client's health care provider as per current legislation. Information from health centre records may only be released to the RCMP if: <ul style="list-style-type: none"> it is in the best interest of the client; there is patient consent; a search warrant, subpoena, or production order; or, it is covered by legislation. Any questions about the release of information should be referred to the HSSA's designated <i>Access Coordinator</i>, if available, or the HSSA's legal counsel. Access to confidential health information or personal affairs should be limited to Registered Nurses who require the information to do the nurse's job within the <i>Integrated Service Delivery Model (ISDM)</i> and in accordance with ATIPP legislation.
ATTACHMENTS	305.1 Privacy Policies: Ministerial Directive 2009-1
SEE ALSO	260 Health Records
REFERENCES	<i>Access to Information and Protection of Privacy Act S.N.W.T.</i> 1994, c.20.

Canadian Nurses Association. (2002). *Code of Ethics: Confidentiality*. Ottawa, ON.

Canadian Nurses Association. (2001). *Privacy of Personal Health Information Position Statement*. Ottawa, ON.

Child and Family Services Act R.S.N.W.T. 1997, c. 13, s. 8(3).

Coroner's Act R.S.N.W.T. 1998, c. C-20. s. 8(1).

Disease Registries Act R.S.N.W.T. 1988, c. 7(Supp.) s. 12.

Mental Health Act R.S.N.W.T. 1988, c. M-10, s. 48-50.

Nursing Profession Act S.N.W.T. 2003, c. 15.

Public Health Act R.S.N.W.T. 1988, c. P-12.

Registered Nurses association of the Northwest Territories and Nunavut (RNANT/NU). *Standards of Practice for Registered Nurses: Ethics*. Retrieved on January 14, 2008 from the RNANT/NU website:
http://www.rnantnu.ca/Portals/0/Documents/Standard_s_Nrsing_Prac_006.pdf

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GUIDELINE • Privacy Policies: Ministerial Directive 2009-1 is included for reference in this policy manual as Attachment 301.1.

REFERENCES Government of the Northwest Territories Department of Health and Social Services. (2009). *Privacy Policies Ministerial Directive 2009-01*. Yellowknife, NT.

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MINISTERIAL DIRECTIVE

Privacy Policies

2009-01

1. Background

The Privacy Policies represent a first step in preparing system-wide operational procedures for the electronic medical record (EMR) and the interoperable electronic health record (IEHR). The documents have been prepared through a collaborative effort across the Regional Health and Social Services Authorities and the Department.

2. Purpose

The purpose of this directive is to require all Regional Health and Social Services Authorities and the Department to apply and implement the Privacy Policies.

3. Definitions

Regional Health and Social Services Authorities means the Boards of Management established under section 10 of the *Hospital Insurance and Health and Social Services Administration Act*.

The Privacy Policies refer to the policies developed in preparation for the rollout of the EMR and IEHR systems, specifically the policies entitled:

- Collection of Personal Information to Provide Medical Care;
- Disclosure of Personal Health Information collected in Medical Records;
- Right of Access;
- Information Disclosure Agreements and Protocols;
- Disclosure for Research;
- Privacy Breach Response;
- Disclosure with Consent;
- Provision of Notice;
- Appropriate Use of Personal Information;
- Health Information in Electronic Environments; and
- Computerized Medical Records.



Northwest Territories Health and Social Services

MINISTERIAL DIRECTIVE

Privacy Policies

2009-01

4. Exceptions and Restrictions

These policies do not apply to records related to the following:

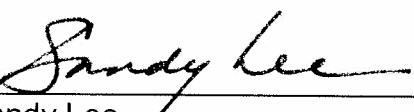
- The collection of information under the Public Health Act;
- Child and Family Services programs and services;
- Adoptions;
- Public Guardian;
- Non-medical Authority Wellness and Addictions programs and services;
- NGO mental health programs and services;
- Human Resources;
- Professional Licensing;
- Vital Statistics;
- Long Term Care; and
- Southern Placements.

5. Amendment

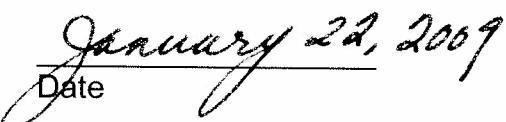
This Directive may be amended in writing by the Minister from time to time.

6. Effective Date

This Directive comes into effect on the date of signing.



Sandy Lee
Minister of Health and Social Services



Date
January 22, 2009

Beaufort-Delta Health and Social Services Authority
Sahtu Regional Health and Social Services Authority
DehCho Regional Health and Social Services Authority
Tlicho Community Services Agency
Yellowknife Health and Social Services Authority

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Introduction to the Privacy Policies

These Privacy Policies have been prepared through a collaborative effort across the Regional Health and Social Services Authorities and the Department. They represent a first step in preparing system-wide operational procedures for the EMR and the IEHR.

The Framework and the Privacy Policies

- Apply to the Regional Health and Social Services Authorities and the Department of Health and Social Services
- Apply to medical records
 - For the purposes of these policies, a medical record is a record, which contains information about a patient's medical symptoms, medical diagnosis, and medical treatment **and** is needed routinely by medical care providers, such as physicians, nurses, Nurse Practitioners and midwives for the provision of medical care.
 - For the purposes of these policies, programs (such as NWT Healthcare Plan registration and administration, Physician Services, Nursing Services at NWT Health Centres, Hospital Services) associated with the administration of the *Medical Care Act* and some aspects of *Hospital Insurance and Health and Social Services Administration Act* have been considered.
 - For the purposes of these policies, the records of Mental Health services provided at a Regional Health and Social Services Authority clinic by a physician or a nurse is a medical record. The records of Mental Health services provided through non-medical Authority Wellness or Addictions program or services or an NGO Mental Health program or service are not considered to be medical records for the purposes of these policies.
- These policies do not apply to records collected under authorization of other laws and authorized services, such as:
 - The collection of information under the Public Health Act
 - Child and Family Services programs and services,
 - Adoptions,
 - Public Guardian or
 - Human Resources,
 - Professional Licensing
 - Vital Statistics,
 - Long Term Care, and
 - Southern Placements
- This is not a complete list.
- There may be practices and policies associated with these records, that are similar to these policies, but these programs and services have not been considered during the preparation of these privacy policies.

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Privacy Policy
Collection of Personal Information to Provide Medical Care

Policy Purpose:

Employees and contracted physicians of the Department of Health and Social Services and the regional Health and Social Services Authorities are committed to protecting the privacy of patients of the NWT healthcare system.

The purpose of the policy is to provide direction to these employees and contracted physicians regarding the appropriate collection of personal information to provide medical care and support administrative and billing processes.

Application:

This policy covers information collected in hard copy or in any other media format, including electronic media, audio or videotape and any other new and emerging technologies that may be used in the delivery of medical care services. This policy applies to employees and contracted physicians of the Department of Health and Social Services and the Regional Health and Social Services Authorities.

Policy Statement:

Personal information collected must relate directly to and/or be necessary to the provision of health care. The collection of personal information must occur directly from the individual who is the subject of the information, whenever reasonably possible. Indirect collection from a third party may occur in certain circumstances. Information collection is directly related to and is necessary for the provision of diagnostic and treatment services, administration and billing processes.

Patients are provided with an appropriate notice about the collection of their personal information. See "Provision of Notice" policy for more information.

Policy Requirements:

Collection of personal information may occur under the following conditions;

- If the personal information related directly to and is necessary for, an existing program or activity where collection of the information has been authorized by the GNWT,
- The collection of personal information is limited to the elements of personal information required to provide the service. Intake forms, registration processes, billing and other collection methods are designed to limit the collection to the information this is required to perform the service.

If it is not reasonably possible to collect information directly from the individual who is the subject of the information, collection from a third party may occur in certain circumstances. These circumstances include;

- Where another method of collection is authorized by that individual or by an enactment. This would include collection from a parent, guardian or personal representative.
- To register an individual for NWT healthcare;

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- Where the third party is authorized by ATIPP to disclose the information. A common example of this would be when a healthcare provider needs information from another healthcare provider.

**Quick Reference:
Considerations for Collection**

Role	Responsibility
Individual	Information should be collected from the individual who is the subject of the information whenever possible.
Parent or Legal Guardian	Collection from a third party may occur if the individual who is the subject of the information has authorized
Healthcare Provider	Collection may occur from another healthcare provider, such as collection of personal information from a general practitioner by a specialist or from a physician to another service provider, such as laboratory services
Other Regional Health and Social Services Authorities	Personal information may be collected from healthcare provider in other Regional Health and Social Services Authorities if the information is needed for diagnosis and treatment of a patient or the administration of billing and payment of services provided to the patient.

Legislative References:

The collection of personal information by public bodies is primarily guided by the *Access to Information and Protection of Privacy Act*. The *Access to Information and Protection of Privacy Act* established the legal conditions for public bodies to protect the personal information they collect, use or disclose.

Relevant sections in ATIPP: s.41(1)(a),(b); s.48

Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have approved this policy and it became effective on _____.

Privacy Policy
Disclosure of Personal Information collected in Medical Records

Policy Purpose:

The purpose of this policy is to assist employees and contracted physicians regarding the appropriate disclosure of personal information maintained on patients' medical records.

Disclosure of personal information includes releasing, transmitting, revealing, exposing, showing, providing copies of, telling the contents of, or giving personal information by any other means.

Application:

This policy covers information disclosed, documented in hard copy or in any other media format, including electronic media, audio or videotape and any other new and emerging technologies that may be used in the delivery of medical care services. This policy applies to employees and contracted physicians of the Department of Health and Social Services and the Regional Health and Social Services Authorities.

Policy Statement:

This policy provides direction on the disclosure of personal information for the purposes of diagnosis, treatment and care. (See the Right of Access Policy)

Regional Health and Social Services Authorities have the discretionary ability to determine whether and how much personal information can be disclosed, in any of the situations described in this policy. The disclosure of personal information should conform to the "least amount of information" and "need to know requirements". This means that only the information required to perform a given task should be disclosed.

Disclosure of personal information can occur with the consent of the individual. (See Disclosure with Consent Policy)

Disclosures without consent *may* occur in the following situations:

- Disclosure may occur if it is necessary to do so in order to accomplish the original purpose for the collection of the information, such as to provide medical care and support the administrative and billing processes related to that care.
- Disclosures of personal information may occur between different Authorities and to healthcare professionals outside of the Northwest Territories for the provision of care, such as when a patient is transferred from one facility to another to continue treatment.
- Where the information is required for law enforcement purposes within limited circumstances
- Where the information is necessary to collect a fine or debt owed by the individual to the Government of the Northwest Territories.

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- Where the information is required by the Office of the Auditor General for the purposes of an audit or for the purposes of a contracted audit;
- Where the disclosure of specific information is authorized under an enactment of Canada or a Treaty.
- Where notification of next of kin is needed; however, this disclosure may not include the disclosure of nature of illness, injury or the cause of death.
- To protect the mental or physical health or safety of any individual;
- To a Member of the Legislative Assembly if the information is to assist an individual in resolving a problem.

Policy Requirements:

Disclosures of personal information should be noted on the patient files. The authorizing representative should be identified on that record.

The disclosure of personal information occurs in a secure manner. This includes electronic and paper disclosures.

Quick Reference:

Disclosure at a Glance**

Requestor	Disclosure Limitation
Healthcare body	Personal information may be disclosed for the purposes of treatment and care.
Department of Justice	*Personal information may be disclosed for the purposes of enforcing a legal right that the Government of NWT or a public body has against any individual. In these situations the Department of Justice must be acting as the Government's legal representative.
Police/RCMP/CSIS/Safety Inspections Groups/Fire Commissioner/ Conservation Services	*Personal information may be disclosed for the purposes of policing or investigations or proceedings that could lead to a penalty or sanction being imposed. This includes investigations authorized by the Complaints Officer or equivalent, pursuant to professional licensing legislation.
Workers Compensation Act	*Personal health information must be disclosed to the Workers Compensation Board.
Privacy Commissioner	*Disclosure may occur if it is necessary for the performance of the Commissioner.
Auditor General	*Disclosure to the Auditor General and to others as designated may occur for audit purposes.
Maintenance Enforcement Administrator	*Disclosure may occur if the information is about individuals in default of their spousal maintenance payments. The information disclosed must only be relevant to the enforcement process.
Disclosure to a Member of the Legislative Assembly	*Disclosure may occur if the person who is the subject of the information has consented to the disclosure.

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Requestor	Disclosure Limitation
Disclosure to Next of Kin	Disclosure may occur for the purposes of notifying the next of kin of the location of the individual. This disclosure does not include a disclosure of the illness, injury or cause of death.
Researcher	See the Disclosure for Research Policy
Court	*Disclosure may occur for the purposes of complying with a subpoena, warrant or order made by a NWT court, person or body having jurisdiction to compel the production of information
International Requestor	All disclosure requests received from someone outside of the NWT should be forwarded to the designated privacy officer.

*Requests must be received in writing and must include the name of the individual whose information is requested, the exact nature of the information requested (as specific as possible), the intended use of the information and the name, title and address of the person requesting the information. The Requestor should use template forms provided in the ATIPP Manual, such as the Law Enforcement Disclosure Form, when available.

Legislative References:

The disclosure of personal information by public bodies is primarily guided by the *Access to Information and Protection of Privacy Act*. The *Access to Information and Protection of Privacy Act* establishes the legal conditions for public bodies to protect the personal information they collect, use or disclose.

Relevant sections in ATIPP: s.48 (a)(b)(c)(d)(e)(h)(i)(j)(n)(r)(q)(s)(u)(v); s.49
ATIPP regulations: s.4

Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have approved this policy and it became effective on _____.

**Privacy Policy
Right of Access**

Policy Purpose:

The purpose of this policy is to provide direction to employees and contracted physicians regarding an individual's right of access to their healthcare record. Any person has a right of access to their personal healthcare records that are in the custody or control of a Regional Health and Social Services Authority or the Department of Health and Social Services.

Application:

This policy covers information that is documented in hard copy or in any other media format, including electronic media, audio or videotape and any other new and emerging technologies that may be used in the delivery of medical care services. This policy applies to employees and contracted physicians of the Department of Health and Social Services and the NWT Health and Social Services Authorities.

Policy Statement:

When a person asks for a copy of or for access to their medical record, whether formally or informally, the designated ATIPP contact responds in accordance with this policy. A fee may only be charged if the photocopying fee is to exceed \$25.00. The amount charged should be the actual photocopying costs and the amount is calculated using schedule B of the Act. The ATIPP contact has an obligation to assist the requestor with the preparation of the request in written form, wherever possible using the ATIPP Request to Access Personal Health Information form. This includes, but is not limited to, assisting with the writing of the request and assistance in narrowing the request, if the request is too vague or overly general.

Policy Requirements:

Regional Health and Social Services Authorities and the Department have designated individuals to respond to all access requests, whether those requests are formal or informal. This individual considers the following when responding to each request:

- A response to the original request must be provided to the individual within 30 days. In limited circumstances the 30 days may be extended. The reasons for the extension must be documented. These circumstances include:
 - If the request is vague and impossible to locate without obtaining clarification from the applicant,
 - If the request involves a review of a particularly large volume of records,
 - If the Regional Health and Social Services Authority or the Department must consult with numerous other contacts including other public bodies to obtain the information requested and this cannot be performed within the 30 day limit, or
 - If a third party, such as another Regional Health and Social Services Authority requests the Information and Privacy Commissioner to review a decision made in relation to the request;
- All information pertaining to the request and the response should be maintained for a minimum of one year following the receipt of the request; and
- A notation should be made on the individual's file of the disclosure.

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- Regional Health and Social Services Authorities and the Department maintain records that document the decisions regarding the processing of requests.
- An access request may be transferred to another public body if it is determined that body has the information requested. The body that transfers the original request must first ensure that the second body will accept and process the request. The requestor must also be notified of the transfer.
- In rare circumstances where the Regional Health and Social Services Authorities determines the access request is not worth serious consideration, the Regional Health and Social Services Authority must seek authority from the Information and Privacy Commissioner prior to disregarding the request.

**Quick Reference:
Responding to Access Requests**

Request	Mandatory Exception
Request for a third party's personal information	Access to personal information about a third party is not provided
Request for information concerning the business interests of a third party	Requests for information regarding the business interests of a third party must not be Disclosed. These requests include financial information and bids provided by companies to engage in work for the public body.
Request	Discretionary Exception
Request for information that may cause harm to any person	Requests for information that may cause harm to any individual may be refused by the public body. These requests may include situations where the information was provided to the healthcare body by another party in confidence and subsequently added to a patient healthcare record.
Request for information that may cause harm to the individual making the request.	The disclosure may be deemed to cause harm to the individual requesting the information. A medical or other expert may determine that a disclosure of a particular mental health diagnosis may cause harm to the individual who is the subject of the information.

Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have approved this policy and it became effective on _____.

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Privacy Policy Information Disclosure Agreements and Protocols

Policy Purpose:

Regional Health and Social Services Authorities and the Department of Health and Social Services may enter into Information Disclosure Agreements to support planned and systematic disclosure of personal information, when that disclosure is permitted by legislation. For example, the Department provides certain types of healthcare plan registration information to the NWT Courts to maintain the NWT Jury List. This is required by the *Jury Act*. The disclosure is supported by an agreement between the departments that identifies when and how the information is provided and to whom.

Regional Health and Social Services Authorities and the Department of Health and Social Services also may establish Information Disclosure Protocols to describe how decision-making about disclosure of information will be undertaken for individual situations. For example, ECE may investigate a specific Income Support Client by asking HSS to disclosure the address listed with the NWT Healthcare plan. This would be permitted under the ATIPP Act. If it was a regular occurrence, the two departments may want to establish a protocol that outlines the particular situation and requests that the Inuvik HSA will respond to, what information will be provided etc. That would be a Protocol.

The purpose of this policy is to provide direction to employees and contracted physicians regarding the information disclosure agreements and protocols.

Application:

This policy covers information that is documented in hard copy or in any other media format, including electronic media, audio or videotape and any other new and emerging technologies that may be used in the delivery of medical care services. This policy applies to employees and contracted physicians of the Department of Health and Social Services and the Regional Health and Social Services Authorities.

Policy Statement:

Information Disclosure Agreements and Protocols are public documents, which are authorized only by the Deputy Minister or the Chief Executive Officers. These Agreements and Protocols reflect disclosure of personal information, where a law permits that disclosure. Various public bodies may enter into these arrangements.

Policy Requirements:

Information Disclosure Agreements should include;

- A description of the information to be disclosed between the signing parties.
- A description of the purpose for the information including why the information is required.
- A description of the safeguards including, physical, and technical and administrative used to protect the privacy of the information.
- A description of the relevant provisions of the *Access to Information and*

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Protection of Privacy Act and/or other applicable legislation that authorizes this information disclosure.

- A process for terminating or renewing the agreement.
- The names, titles, and signatures of the appropriate officials in both the supplying and the receiving bodies responsible for the terms of the agreement, the date of the agreement and the period for which it is in effect must also be included.

Protocols should include:

- A description of the information to be disclosed between the signing parties.
- Identification of the representatives who can make the decisions outlined in the protocol.
- A description of the purpose for the information disclosure including why the information is required.
- A description of the relevant provisions of the *Access to Information and Protection of Privacy Act* and/or other applicable legislation that authorizes this information disclosure.
- A process for terminating or renewing the protocol.
- The names, titles, and signatures of the appropriate officials in both the supplying and the receiving bodies responsible for the terms of the protocol, the date of the protocol and the period for which it is in effect must also be included.

Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have approved this policy and it became effective on _____.

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Privacy Policy Disclosure for Research

Policy Purpose:

The purpose of this policy is to provide direction to employees or contracted physicians of the Department of Health and Social Services and the Regional Health and Social Services Authorities regarding the disclosure of personal information for research purposes.

The Scientists Act establishes specific processes that all researchers requesting personal information from a Northwest Territories healthcare body must follow.

Application:

This policy covers information that is documented in hard copy or in any other media format, including electronic media, audio or videotape and any other new and emerging technologies that may be used in the delivery of medical care services. This policy applies to employees and contracted physicians of the Department of Health and Social Services and the Regional Health and Social Services Authorities.

Policy Statement:

When researchers request access to medical records, including personal information, Regional Health and Social Services Authorities and the Department follow the guidelines described in this policy.

Policy Requirements:

The Researcher must submit a research proposal to the Regional Health and Social Services Authority or the Department. The proposal must address the following points:

- The research purpose cannot be accomplished unless the information is provided in an identifiable form;
- Any record linkage resulting from the disclosure will not harm the individuals the information is about;
- The benefits derived from the research are clearly in the public interest;

The Regional Health and Social Services Authorities may have an Ethics Committee review the ethical nature of the proposed research and determine whether individual consent should be required or not. The Researcher must also have to apply to the Aurora Research Institute for a research license.

Once the Regional Health and Social Services Authority or the Department has approved and signed the proposal then the researcher must then sign a research agreement with the Regional Health and Social Services Authority or the Department.

All research agreements must include the following components:

- The researcher may use information only for the research purpose set out in the agreement;
- Security and confidentiality;

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- Removal and/or destruction of personal identifiers at the earliest opportunity;
- Prohibition of any subsequent use or disclosure of the information without authorization; and
- Signatures of the researchers and the Regional Health and Services Authority or the Department.

Before any records are disclosed, specifics on how the researcher plans to handle and dispose of the records must be made known, either through the researcher's proposal or through the research agreement signed with the Regional Health and Social Services Authority or the Department.

Quick Reference:

All of the following steps must be completed prior to disclosing personal information to a researcher.

Role	Responsibility
Researcher	Regional Health and Social Services review and approval or Departmental review and approval of proposal
Researcher	May need an Ethics Committees review and approval of proposal
Researcher	May need to obtain a Research License from the Aurora Research Institute
Regional Health and Social Services Authority or the Department	Determine that the research cannot be conducted using non identifiable information
Regional Health and Social Services Authority or the Department	Determine record linkage will not harm the individuals the personal information is about
Regional Health and Social Services Authority or the Department	The benefits derived from the research are clearly in the public interest
Regional Health and Social Services Authority or the Department	The researcher has completed, understood and signed an information disclosure agreement

Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have approved this policy and it became effective on _____.

Privacy Policy
Privacy Breach Response

Policy Purpose:

The purpose of this policy is to provide employees or contracted physicians of the Department of Health and Social Services and the Regional Health and Social Services Authorities with direction regarding appropriate response to a privacy breach. A privacy breach is an unlawful disclosure of personal information.

Application:

This policy covers information that is documented in hard copy or in any other media format, including electronic media, audio or videotape and any other new and emerging technologies that may be used in the delivery of medical care services. This policy applies to employees and contracted physicians of the Department of Health and Social Services and the NWT Regional Health and Social Services Authorities.

Policy Statement:

On occasion, healthcare professionals may discover that a breach of personal privacy has occurred. The privacy breach may have occurred accidentally or deliberately and it may relate to a single person's personal information or to a group of individuals. The breach may involve client information or the personal information of an employee or contractor. The response actions should be the same.

The policy identifies the actions and steps to be undertaken to mitigate the breach in a timely and efficient manner.

Policy Requirements:

Health professionals should immediately notify their supervisor and the breach response designate of the breach. The breach response designate should complete the following steps:

Step 1: Respond and Contain:

- Report all privacy breaches or suspected breaches to your supervisor and the Access and Privacy Coordinator, who, in turn, will report them to senior management and appropriate parties.
- Assess the situation to determine if a privacy breach has occurred and, if so, its scope
 - The number of people affected by the breach;
 - What personal information / data elements were breached;
 - What programs were involved;
 - Is the breach a one-time occurrence or an ongoing problem.
- Determine the mitigation strategy and response to the breach
 - Determine if other public bodies or outside agencies need to be informed;
 - Determine if the breach requires consultation with Legal Counsel.
- Contain the privacy breach by taking corrective action
 - Retrieve personal information;
 - Isolate or suspend the activity, process or system.

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- Document the details of the privacy breach
 - Who, what, where, when and how
 - Steps taken to respond to the breach.
- Brief senior management on the privacy breach and how it's being managed, as appropriate.

Step 2: Notification:

- Notify affected individuals with a formal letter except when notice is not appropriate or possible (e.g., identities of the individuals affected by the breach are unknown, contact information is unavailable, or if notice would interfere with a law enforcement investigation). The letter should include
 - The information about them that was breached; and
 - The contact information including name, address and phone number, of someone at the Regional Health and Social Services Authority or the Department, who can answer any additional requests that they may have.

Step 3: Investigation:

- Analyze the events leading to the breach.
- Evaluate what was done to contain the breach.
- Identify what needs to be done to prevent future breaches.

Step 4: Implement Change:

- Develop a strategy for ensuring the breach does not reoccur.
- Implement measures as appropriate to prevent future privacy breaches, such as
 - Staff training;
 - Access controls;
 - Secure destruction procedures.

The NWT Information and Privacy Commissioner (IPC) may investigate privacy breaches. The Coordinator will liaise with the IPC regarding these investigations.

Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have approved this policy and it became effective on _____.

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Privacy Policy Disclosure with Consent

Policy Purpose:

The purpose of this policy is to provide employees and contracted physicians with direction about the form to document that the consent of a patient has been obtained.

Application:

This policy covers information that is documented in hard copy or in any other media format, including electronic media, audio or videotape and any other new and emerging technologies that may be used in the delivery of medical care services. This policy applies to employees and contracted physicians in the Department of Health and Social Services and the NWT Regional Health and Social Services Authorities.

Policy Statement:

Employees and contracted physicians use a consistent approach when asking a patient to consider providing consent for disclosure of personal health information.

Policy Requirements:

The individual providing the consent understands the specific information that will be disclosed, to whom and for what purpose. Consent should be obtain in writing and noted on the patient file.

The absence of consent must be treated as absence of an authorization for disclosure and the individual should be advised that this will not result in any adverse decision about their rights, benefits or services currently being provided to them but indicate the results, which may occur if consent is refused.

A consent should specify the length of time it will remain valid and that the individual can revoke consent at anytime.

The individual should also understand that they have the right to examine and to request a correction of their record and who the privacy contact is within the Health Authority should they request a review.

See attached sample consent form

Examples of when consent is needed:

1. A patient has been referred to an NGO for treatment.
2. A patient has requested that a Member of the Legislative Assembly assist them in resolving a situation and the Minister is relaying the information through the Department and the Minister's office to the MLA.
3. A patient has been asked to participate in a national medical registry, which will require his complete medical file ex: **Canadian Joint Replacement Registry**

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Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have approved this policy and it became effective on _____.

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(SAMPLE CONSENT FORM FOR CONSENT FOR DISCLOSURE)

Sa'Naeah Prenatal Program provides programs and services to pregnant women and families with children age 0-6 in Fort Simpson.

Consent for Disclosure of Personal Information

I the undersigned give consent to Fort Simpson Health Centre to disclose my personal information with Sa'Naeah Prenatal Program. The following information may be disclosed:

- My name
- The fact that I am pregnant
- My expected due date
- My phone number
- The actual birth date of my baby and when my baby and I have returned to the community following delivery

Purpose of Release:

I understand that this information will be disclosed to the Sa'Naeah Prenatal Program only and that it will not be shared with any other agency. I also understand that, by granting this permission, I am not obligated to accept any services from this program.

Please note:

Your refusal to sign the consent form will not result in any adverse decisions about rights, benefits or services currently being provided to you and will not disqualify you from participating in the program if you change your mind in the future.

Name of Patient

Name of Witness

Signature of Patient

Signature of Witness

Date

Date

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Stanton Territorial Health Authority
Department of Health and Social Services

Privacy Policy Provision of Notice

Policy Purpose:

The purpose of this policy is to provide employees and contracted physicians with direction regarding the provision of notice to individuals when collecting their personal information.

Application:

This policy covers information that is documented in hard copy or in any other media format, including electronic media, audio or videotape and any other new and emerging technologies that may be used in the delivery of medical care services. This policy applies to employees and contracted physicians of the Department of Health and Social Services and the Regional Health and Social Services Authorities.

Policy Statement:

Regional Health and Social Services Authorities and the Department ensure that individuals have been provided notice in a reasonable fashion, typically through posting a notice on the clinic wall, where patients will be able to see and read it.

Policy Requirements:

The provision of notice to individuals prior to collecting their personal information should include the following:

- The purpose for the collection;
- The legal authority for the collection; and
- The title, business address and business telephone number of an officer or employee of the healthcare body who can answer questions regarding the collection.

This policy only applies to situations where personal information is collected directly from the individual.

A recommended form is attached.

Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have approved this policy and it became effective on _____.

Beaufort-Delta Health and Social Services Authority
Sahtu Regional Health and Social Services Authority
DehCho Regional Health and Social Services Authority
Tlicho Community Services Agency
Yellowknife Health and Social Services Authority

Hay River Health and Social Services Authority
Fort Smith Health and Social Services Authority
Stanton Territorial Health Authority
Department of Health and Social Services

*Privacy of Personal Health Information
(SAMPLE NOTICE FORM)*

The NWT Health and Social Services Authorities collect your personal health information directly from you. Some examples of the information collected include your address, health card number, diagnosis, treatment, and personal health history.

Health and Social Services Authorities collect, use, disclose and retain your personal health information for the following purposes:

- *Providing your medical care,*
- *Maintaining a complete and accurate record of your healthcare services,*
- *Administering billing processes for treatment and care*

Health and Social Services Authorities have the authority to collect your personal information under the Hospital Insurance and Health and Social Services Authorities Act and the Medical Care Act.

Health and Social Services Authorities may disclose your personal information in order to comply with other NWT and Government of Canada laws.

Records about your medical care may be in paper files or in computer systems. Our commitment is to follow practices that ensure the privacy and security of your personal information and comply with the Access to Information and Protection of Privacy Act.

You can obtain a copy of your health records or ask questions about our privacy practices by contacting:

*John Smith
Health Officer
Regional HSSA
123-456-78910
Fax
Email*

Privacy Policy
Appropriate Use of Personal Information

Policy Purpose:

The purpose of this policy is to provide employees and contracted physicians with direction about the appropriate use of personal information contained in healthcare records.

Application:

This policy covers information that is documented in hard copy or in any other media format, including electronic media, audio or videotape and any other new and emerging technologies that may be used in the delivery of medical care services. This policy applies to employees and contracted physicians of the Department of Health and Social Services and the Regional Health and Social Services Authorities.

Policy Statement:

Collection of personal information in the healthcare sector supports the provision of medical care and the administrative and billing processes related to the care.

Other entities may require personal information from medical records, because they have a lawful right to collect the information.

Personal information from medical records may be disclosed to other entities because the public body in custody of the records has the lawful authority to disclose the information.

Policy Requirements:

Healthcare professionals should only use personal information if the use is consistent with the original collection of that information or if the individual has consented to their information being used for the specific purpose. Collection of personal information in the healthcare sector is predominantly for the purposes of registration, assessment of eligibility for healthcare programs, diagnosis, treatment and care.

There are other specific circumstances where personal information may be used by a healthcare professional. These include:

- For the purpose the information was originally collected; or
- If the use is authorised by another enactment

Use of Personal Information at a Glance

Use	Requirement
Use for diagnosis treatment and care	Personal information that was originally collected for the purpose of diagnosis, treatment and care of an individual
To make a payment	A healthcare body may use personal information to submit a claim for billing

Beaufort-Delta Health and Social Services Authority
Sahtu Regional Health and Social Services Authority
DehCho Regional Health and Social Services Authority
Tlicho Community Services Agency
Yellowknife Health and Social Services Authority

Hay River Health and Social Services Authority
Fort Smith Health and Social Services Authority
Stanton Territorial Health Authority
Department of Health and Social Services

Required by law	Personal information may be disclosed in accordance with an Act, such as the Public Health Act or the Workers Compensation Act
To protect an individual	Personal information can be disclosed to protect the mental or physical health or safety of an individual

Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have approved this policy and it became effective on _____.

Privacy Policy
Health Information in Electronic Environments

Policy Purpose:

The purpose of this policy is to identify the safeguards used by managers within the NWT healthcare system to plan, implement, operate and maintain IT healthcare systems responsibly.

Application:

This policy covers information that is in electronic formats that may be used in the delivery of medical care services.

Policy Statement:

IT and program managers within the NWT healthcare system use appropriate standards and practises to safeguard and respect the privacy of individual's personal information, including when dealing with outside IT support activities.

Policy Requirements:

Activity	Consideration
NWT system-wide approach	The NWT e-Health Committee leads the decision-making related to IT system acquisition. Individuals regional Authorities, Divisions within the Department and other groups within the NWT healthcare systems do not acquire IT systems.
Risk assessments	Risk Assessments should be conducted on a pre-determined regular basis on all systems that maintain personal information. This includes performing assessments on new systems that will maintain personal information and on systems that have undergone significant upgrades or changes. Personal information should be categorised as low, medium or high sensitivity.
Security implementation	Physical and technological safeguards should be implemented to secure personal information maintained by the healthcare organization. These safeguards should be implemented in accordance with the sensitivity of the information. The higher the sensitivity, the more rigorous safeguards should be in place. Safeguards should be implemented in accordance with appropriate security policies.
Accuracy and Integrity Assurance	Accuracy and integrity of personal information maintained on IT systems should be checked on a regular basis though the use of auditing procedures.
Compliance Audits	Compliance audits should be used on a regular basis to determine that personal information is being accessed, collected, used and disclosed in compliance with appropriate privacy legislation and policies. Results of compliance audits should be used to determine staff awareness and training.

Beaufort-Delta Health and Social Services Authority
Sahtu Regional Health and Social Services Authority
DehCho Regional Health and Social Services Authority
Tlicho Community Services Agency
Yellowknife Health and Social Services Authority

Hay River Health and Social Services Authority
Fort Smith Health and Social Services Authority
Stanton Territorial Health Authority
Department of Health and Social Services

Activity	Consideration
Unauthorised access	If it is determined that unauthorised access (internal or external) to personal information has occurred, an individual designated with the responsibility for ensuring the protection of the personal information should be notified and the security policy should be consulted.
Personal Information Retention	The retention of personal information should be based on an established records retention schedule. Disposal of records in accordance with this schedule must be conducted in a secure manner.
Collection practices	Management should regularly review practices, including intake forms and procedures for the collection of personal information to ensure only information that is required to perform the task is being collected and that the collection practices comply with appropriate policies, procedures and legislation.
Staff awareness	Management should provide staff with a regular review of their obligations in regards to the appropriate use of personal information and provided with contact information of an individual within the healthcare organization if they are unaware of how to respond to a particular issue regarding the collection, use or disclosure of personal information

Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have approved this policy and it became effective on _____.

Beaufort-Delta Health and Social Services Authority
Sahtu Regional Health and Social Services Authority
DehCho Regional Health and Social Services Authority
Tlicho Community Services Agency
Yellowknife Health and Social Services Authority

Hay River Health and Social Services Authority
Fort Smith Health and Social Services Authority
Stanton Territorial Health Authority
Department of Health and Social Services

Computerized Medical Records

Policy Purpose:

The purpose of this policy is to serve as a Ministerial Order under the *Hospital and healthcare Facility Standards Regulations* s34 in order to permit the use of computerized medical records and the storage of computerized medical records at locations off-site from the hospitals or health care facilities where the record was originally generated.

Application:

This policy applies to the computerized medical records supporting the services delivered by physicians, nurses and allied health care professionals in the Regional Health and Social Services Authorities and the Department of Health and Social Services. This includes the following computerized medical records:

- Laboratory systems
- Health Management Information Systems
- Diagnostic Imaging and Storage systems
- Hospital Events systems
- Electronic Medical Records systems at clinics
- And other computerized medical records when they are approved for use

Policy Statement:

Regional Health and Social Services Authorities and the Department of Health and Social Services may use computerized medical records systems. That use may include the storage of computerized medical records in databases that are located offsite from hospitals and healthcare facilities.

Policy Requirements:

Employees and contracted physicians ensure the following requirements are met when considering computerized records formats:

- System planning, implementation and ongoing support is managed within the processes of the NWT healthcare system and GNWT resource allocation processes
- System planning, implementation and ongoing support activities consider security and privacy needs.

Policy Review:

The Department of Health and Social Services will periodically lead a review of this policy.

Beaufort-Delta Health and Social Services Authority
Sahtu Regional Health and Social Services Authority
DehCho Regional Health and Social Services Authority
Tlicho Community Services Agency
Yellowknife Health and Social Services Authority

Hay River Health and Social Services Authority
Fort Smith Health and Social Services Authority
Stanton Territorial Health Authority
Department of Health and Social Services

Approval and Effective Date:

The Chief Executive Officers of the Authorities and the Deputy Minister of the Department have recommended this policy on _____. The Minister of Health and Social Services has approved this policy and it became effective on _____.

Section: Operations Risk Management	CRITICAL INCIDENT STRESS MANAGEMENT (CISM)
Page 1 of 3	Policy 310

BRIEF

EACH HSSA SHALL
DEVELOP AND IMPLEMENT
A CISM PLAN

POLICY

Each HSSA shall develop and implement a Critical Incident Stress Management (CISM) Plan that includes:

- Education and prevention
- Organized intervention for those suffering critical incident stress
- A resource and referral network

All healthcare workers shall have access to CISM in the workplace.

DEFINITIONS

Critical incidents (CI) are events that may cause personnel to experience unusually strong emotional reactions that have the potential to interfere with their ability to function at the time of the incident or later. Critical incidents include the death of a fellow employee, serious injury to a co-worker or acquaintances, severe threatening situations faced by personnel, unexpected deaths in the community. (Davies, Herbert, & Hoffman, 2003)

Critical incident stress (CIS) is the reaction of normal people experiencing normal responses to abnormal situations. The stress response can be immediate or delayed and can be triggered by one or a series of events. (Davies et al., 2003)

Critical incident stress management (CISM) is a process to deliver a range of interventions, guided by protocols based on an approved model and resources, in order to prevent burnout. (Davies et al., 2003)

Section: Operations Risk Management	CRITICAL INCIDENT STRESS MANAGEMENT (CISM)
Page 2 of 3	Policy 310

PRINCIPLES	<ul style="list-style-type: none"> • HSSAs have a moral, ethical, and professional obligation to educate their personnel, help them survive their professional careers, and to maintain their health. • HSSAs shall make available immediate defusing, critical incident stress debriefing, and/or post traumatic counseling to employees who have suffered as a result of critical incident stress. (Union of Northern Workers, 2005) • A healthy work environment maximizes the health and well-being of nurses, quality client outcomes, organizational performance, and societal outcomes. • Critical Incident Stress (CIS) is cumulative. • CIS contributes to burnout. • CISM contributes to greater staff satisfaction, retention, and well-being. • Attendance and participation at the initial debriefing allows psychological decompression and promotes healthy stress management. • A comprehensive crises management program provides a continuum of responses. • This is a component of Risk Management.
ATTACHMENTS	310.1 Critical Incident Stress Management Guidelines
REFERENCES	Canadian Council on Health Services Accreditation. (2006). <i>Leadership and Partnerships: Standard 13</i> . Ottawa, ON.

Canadian Council on Health Services Accreditation. (2007). *Patient/Client Safety Goals and Required Organizational Practices: Patient Safety Area 1: Culture of Safety*. Ottawa, ON.

Davies, J. M., Hebert, P., & Hoffman, C. (2003). *The Canadian Patient Safety Dictionary*. Calgary, AB: Royal College of Physicians and Surgeons of Canada.

Shepell FGI. (2008, January 25). *Employee and Family Assistance Program*. Retrieved January 25, 2008 from Shepell.fgi website: <http://www.shepellfgi.com/>

Violence in the Workplace. (2009). *Collective Agreement Between The Union of Northern Workers and The Minister Responsible for the Public Service Expires March 31, 2012*. 55.02. Yellowknife, NT: Union of Northern Workers.

APPROVAL

Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer

EFFECTIVE
April 1, 2010

GUIDELINE

1. Prompt support of a critical incident by a manager sets the tone for workplace trauma and grief.

2. The continuum of responses includes:

consultation – offers problem solving, planning, and support to managers, supervisors, and human resource personnel.

education – provides educational in-services and literature on pre-trauma awareness regarding traumatic stress reactions, self-care and utilizing an Employee and Family Assistance Plan (EFAP) as a resource. At the time of publication of this manual the service provider for the GNWT is Shepell FGI and more information is available on their website at <http://www.shepellfgi.com/>.

crisis management briefing – a large group meeting held at any time during or after an event with the goal of informing allowing psychological decompression and promoting stress management. Meetings generally last 30-45 minutes and are repeated as the situation changes. Information, stress survival skills, and instruction are provided.

defusing – a small group process help on-site within the first 12 hours post-crises that acknowledges the discomfort and complexity of stress reactions, explains and normalizes the traumatic stress reaction, identifies red flag and healthy coping mechanisms, and encourages use of EFAP throughout the recovery process.

individual crisis intervention – telephone, e-mail, or face-to-face counseling with an EFAP counselor to discuss the impact of the incident on the individual, provide stabilization, discuss self-care/resources, and plan for the immediate future.

Section: Operations Risk Management	CRITICAL INCIDENT STRESS MANAGEMENT GUIDELINES
Page 2 of 3	Guideline 310.1

debriefing – Critical Incident Stress Debriefing (CISD) is a therapeutic intervention by facilitated mental health professionals for a group of individuals who have been exposed to a traumatic event. A CISD is usually conducted 1-14 days post-crises and can last two to three hours. The goal is to promote psychological closure after an event and to triage for future support such as referral of individuals for health intervention.

post-debriefing – allows the response team an opportunity to review the impact of the incident, attend to outstanding action items, plan and monitor the recovery plan, and plan for future critical incidents

3. Provide access to a resource team. This may be authority-specific or a regional-based partnership between two or more authorities.
4. Protocols to address:
 - reporting a Critical Incident (CI)
 - prompt response
 - accessing the CISD management team

REFERENCES

Canadian Council on Health Services Accreditation. (2006). *Leadership and Partnerships: Standard 13*. Ottawa, ON.

Canadian Council on Health Services Accreditation. (2007). *Patient/Client Safety Goals and Required Organizational Practices: Patient Safety Area 1: Culture of Safety*. Ottawa, ON.

Shepell FGI. (2008). *Employee and Family Assistance Program*. Retrieved January 25, 2008 from Shepell.fgi website: <http://www.shepellfgi.com/>

Section: Operations
Risk Management

CRITICAL INCIDENT STRESS
MANAGEMENT GUIDELINES

Page 3 of 3

Guideline 310.1

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Scott Robertson, Chief Nursing Officer

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April 1, 2010

Section: Operations Risk Management	SAFETY TRAINING AND EDUCATION
Page 1 of 2	Policy 320

BRIEF	SAFETY TRAINING AND EDUCATION IS CONDUCTED AT LEAST ANNUALLY
POLICY	<p>Each HSSA shall develop and implement a program to deliver client safety education and training at least annually.</p> <p>Client safety training shall be tailored to meet the needs of the organization and shall include all healthcare providers as well as senior leaders.</p>
PRINCIPLES	<ul style="list-style-type: none"> • The commitment to client safety is an organization-wide principle. The involvement of senior decision makers in safety training assists in nurturing a culture of safety. • This is a required organizational practice for accreditation. • This is a risk management and quality improvement activity.
SEE ALSO	<p>300 Risk Management</p> <p>457 In-Service Education</p>
REFERENCES	<p>Canadian Council on Health Services Accreditation. (2007). <i>Patient/Client Safety Goals and Required Organizational Practices</i>. Ottawa, ON.</p> <p><i>Hospital and Health Care Facility Standards</i> R.R.N.W.T.2005, c R-036.</p>

Section: Operations
Risk Management

SAFETY TRAINING AND EDUCATION

Page 2 of 2

Policy 320

APPROVAL

Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer

EFFECTIVE
April 1, 2010

BRIEF

CLIENTS MUST BE
IDENTIFIED BY AT LEAST
TWO IDENTIFIERS BEFORE
ANY PROCEDURE OR
SERVICE

POLICY

At least two client identifiers shall be used to ensure the correct identification of a client before any services or procedures are performed.

Services or procedures include but are not limited to venipuncture, laboratory specimen collection, drug administration, surgical intervention, blood transfusion, X-ray, as well as admission, transfer, or discharge from facility.

PRINCIPLES

- Administration of services or procedures to the wrong client is a common yet preventable error in health care.
- Many Northern communities have large groups of common family names which increases the risk of incorrectly identifying a client or mismatching the correct client with their chart.
- Ensuring the correct client and correct client chart are identified allows the Registered Nurse to ensure the most accurate information, including allergies and medications, is available when providing patient care.
- Patient identifiers include: full name, date of birth, health care number.
- Methods of identifying clients include: identification wrist bands, verification protocols, double witnessing, client identification cards, client barcodes, and client photographs.

Section: Operations Risk Management	CLIENT IDENTIFICATION
Page 2 of 2	Policy 325

- Educating clients on the reasons for correct identification can increase their participation and confidence in the safety and quality of their care.
- This is a required organizational practice for accreditation.
- This is a risk management activity.

SEE ALSO 300 Risk Management
 610 Identification of Laboratory Specimens
 705 Dispensing Pharmaceutical Agents

REFERENCES Canadian Council on Health Services Accreditation. (2007). *Patient/Client Safety Goals and Required Organizational Practices*. Ottawa, ON.

Canadian Patient Safety Institute. (2006). *Canadian Root Cause Analysis Framework*. Available: <http://www.patientsafetyinstitute.ca/>

Grissinger, M. (2004). Making It Easier for Nurses to Identify Patients Before Giving Medications. *P&T* 29(4) 212.

APPROVAL Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer EFFECTIVE April 1, 2010

BRIEF

INFECTION CONTROL
PROCEDURES MUST BE
FOLLOWED

POLICY

Each HSSA shall implement infection control procedures in all facilities that complies with the standards described in the *NWT Infection Control Manual*.

The policy shall address the following components:

- training for all healthcare staff on infection control principles
- mandatory healthcare training on hand hygiene
- mandatory healthcare training on standard precautions
- an auditing process for compliance with hand hygiene
- monitoring the processes for sterilization of equipment
- monitoring, tracking, and reporting of communicable diseases

Each HSSA shall identify designated personnel and resources for infection control within the HSSA.

PRINCIPLES

- The *NWT Infection Control Manual* serves as the standard of practice for infection control in the NWT.
- Under the *Public Health Act* and the *Hospital Standards Regulations*, all healthcare facilities must comply with the protocols and guidelines contained in this manual.
- Self-learning modules for healthcare workers on hand hygiene and standard precautions is available from the Department of Health and Social Services, Population Health division.

- It is an accreditation requirement
- It is a legislated operational requirement.

REFERENCES Canadian Council on Health Services Accreditation. (2007). *Patient/Client Safety Goals and Required Organizational Practices*. Ottawa, ON.

Disease Registries Act R.S.N.W.T. 1988, c. 7(Supp.)

Government of the Northwest Territories Department of Health and Social Services. (2004). *NWT Infection Control Manual*. Yellowknife, NT.

Health Canada. (1998). *Hand washing, cleaning, disinfection and sterilization in health care*. Ottawa, ON.

Hospital and Health Care Facility Standards R.R.N.W.T.2005, c R-036. Public Health Act R.S.N.W.T. 1988, c. P-12.

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Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer

EFFECTIVE
April 1, 2010

Nursing Practice 400-599

General 400-449

Scope & Certification 450-499

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BRIEF

COMMUNITY HEALTH
NURSING IS FOUNDED IN
THE PRINCIPLES OF
PRIMARY HEALTH CARE

POLICY

Community health nursing in the Northwest Territories is based on primary health care/primary community care principles emphasizing community participation, development and empowerment through intersectoral collaboration, and includes health promotion and maintenance, illness and injury prevention and health restoration.

Community health nursing provides holistic service to clients across the lifespan and along the health-illness continuum. It uses a culturally sensitive approach that integrates various health promotion activities matched to the level of client functioning and facilitates optimal well-being.

DEFINITIONS

Community Health Nursing (CHN) - A specialty area of nursing that includes community health centre nursing, public health nursing, and home care nursing. Within this specialized area can exist other specialties e.g. a Registered Nurse with perinatal certification. A CHN collaborates with individuals, families, groups, communities, and populations in designing and implementing community development activities, health promotion, and disease prevention strategies. (Community Health Nurses Association of Canada, 2003)

Primary Community Care - The first level of care and usually the first point of contact clients have with the Health and Social Services system. In partnership with the client, services are mobilized and coordinated in response to client needs to promote wellness, prevent trauma and

illness, build capacity, provide support, care for common health and social issues, and manage ongoing problems to sustain functional independence at an optimal level. It involves the elements of the right services, the most appropriate provider, the best setting, the correct time, the most efficient and economical manner, public participation, accountability, and information gathering and sharing. In the Northwest Territories, the terms Primary Health Care and Primary Community Care are used interchangeably (GNWT Integrated Service Delivery Model, 2004).

PRINCIPLES

- The principles of primary health care: right service, most appropriate provider, best setting, correct time, most efficient and economical manner, public participation, and accountability.
- Community health nurses work collaboratively in a multi-disciplinary setting.
- Community health nurses work within the Registered Nurse scope of practice, the individual scope of practice, within the individual level of competency, and in accordance with approved employer policies and guidelines.

SEE ALSO

401 Community Health Nursing Practice –
Employer Responsibilities

402 Community Health Nursing Practice –
Employee Responsibilities

REFERENCES

Government of the Northwest Territories Department of Health and Social Services. (2004). *Integrated Service Delivery Model for the NWT Health and Social Services System: A detailed description*. Yellowknife, NT.

Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Community Health Nursing Program Standards and Protocols*. Yellowknife, NT.

Registered Nurses association of the Northwest Territories and Nunavut (RNANT/NU). *Standards of Practice for Registered Nurses: Professional Responsibility and Accountability*. Retrieved on January 14, 2008 from the RNANT/NU website:
http://www.rnantnu.ca/Portals/0/Documents/Standards_Nrsing_Prac_2006.pdf

APPROVAL

Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer

EFFECTIVE
April 1, 2010

BRIEF

THE EMPLOYER MUST
ENSURE COMPLIANCE
WITH RESPONSIBILITIES
WHEN HIRING
REGISTERED NURSES

POLICY

Each HSSA has the following responsibilities as the employer when hiring Registered Nurses for the purpose of providing health care and related services:

- The Employer shall hire Registered Nurses as prescribed by the Northwest Territories *Nursing Profession Act.* (R.S.N.W.T. 2003, c. 15)
- The employer shall verify the nurse is registered with the Registered Nursing Association of the Northwest Territories and Nunavut. (RNANT/NU)
- The employer shall ensure that Registered Nurses are aware of:
 - Professional responsibilities
 - Employer policies, procedures, and protocols
 - Performance expectations
 - NWT legislation and regulations that impact their practices

The employer shall have:

- A written philosophical statement of nursing, role and mission statement, objectives, nursing standards, and organizational structure chart.
- A method for determining necessary nursing competencies to meet client needs, and written policy stating such competencies.

- A written job description that describes the Registered Nurse's responsibilities.
- A written, systematic method of keeping policies and job descriptions current.
- A written performance appraisal method used to assess the Registered Nurse's need for continuing education and professional development.
- Other Registered Nurses or other health care providers with expertise available for consultation in helping the nurse fulfill her or his responsibilities.

The employer shall have in place policies that address parameters and authorization for the Registered Nurse to perform role-specific nursing and, if applicable, transferred health care functions. A method shall be followed that safeguards competency of practice within such policies.

Where HSSAs wish to have Registered Nurses perform role-specific nursing functions, they shall make provisions to assess and/or develop specialized competence. A Registered Nurse shall successfully complete/challenge a program of instruction and supervised practice in the function, ensuring that the formalized program of instruction includes:

- Competency standards (exact competency standard should be identified)
- Knowledge of underlying principles including conditions under which it may be performed (a written teaching guide should be available)
- Supervised practice

- Demonstrated competence
- Delegation of functions

PRINCIPLES

- Registration is a legal requirement.
- RNANT/NU sets the minimum standards of practice for Registered Nurses, gives guidance to registrants, employers and educators, and provides information for the general public as evidence of basic expectations for all Registered Nurses.
- Registered Nurses are responsible for their own practice.
- Written statements addressing the HSSA's philosophical approach of nursing, role, mission statement, and objectives clearly communicate the direction in which the HSSA wishes to proceed.
- Written policy:
 - Communicates the expected standard of performance and system of evaluation
 - Assists to plan professional development and identify own learning needs
 - Maintains continuity of client care
- There are operational requirements for Registered Nurses to perform role-specific nursing functions.
- Basic Registered Nursing programs do not address role-specific nursing functions.
- Basic Registered Nursing programs provide neither specific theory nor clinical practice for role-specific nursing functions. Basic Registered Nursing programs provide sufficient theoretical background in subjects such as physiology and pharmacology to enable the Registered Nurse to understand the theory behind a

specific additional nursing or delegated medical function, and the theoretical background to develop the required specialized competence.

- The employing Authority/Agency determines the parameters of practice through scope of employment within the overall scope of practice established by RNANT/NU.
- The Employer will recognize that each Registered Nurse will have different levels of competencies within her or his scope of nursing practice.
- Registered Nurses may delegate functions to health care workers within their scopes of practice.
- Nursing is a dynamic profession with must respond to changing needs of society, and which must keep pace with an ever-growing body of professional knowledge.
- Continuing education is essential to maintain safe levels of nursing practice. Nurses are legally responsible for their own performance and for maintaining current practice.
- Registered Nurses are accountable for their own actions and each Registered Nurse must exercise judgment in accepting responsibility for applying any role specific nursing or transferred health function.

ATTACHMENTS

401.1 Guidelines for Role-Specific Nursing Functions

SEE ALSO

205 Legislation

REFERENCES *Canada Health Act R.S.C. 1985, c.6.*

Controlled Drugs and Substances Act R.S.C. 1996, c. 19.

Nursing Profession Act R.S.N.W.T. 2003, c. 15.

Registered Nurses association of the Northwest Territories
and Nunavut (RNANT/NU). *Standards of Practice for
Registered Nurses: Ethics.* Retrieved on January 14,
2008 from the RNANT/NU website:
http://www.rnantnu.ca/Portals/0/Documents/Standards_Nrsing_Prac_2006.pdf

APPROVAL

Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer

EFFECTIVE
April 1, 2010

BRIEF

THE REGISTERED NURSE
MUST ENSURE
COMPLIANCE WITH
RESPONSIBILITIES WHEN
HIRED

POLICY

Registered Nurses have the following responsibilities when they are hired for the purpose of providing health care and related services. Each HSSA shall develop and implement a process to inform Registered Nurses of these responsibilities when they are hired.

- The Registered Nurse shall be currently registered in good standing with Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) as prescribed by the Northwest Territories *Nursing Profession Act*.
- The Registered Nurse is responsible for maintaining a safe level of practice and shall be aware that no statement of policy by a professional association or any employing agency relieves the **responsibility for the Registered Nurse's own acts.**
- The Registered Nurse shall practice within the policies, procedures, guidelines, and protocols of their employing agency and within professional standards and code of ethics.
- The Registered Nurse is responsible for clarifying employer performance expectations and familiarizing themselves with how nursing is practiced within the Government of the Northwest Territories.

PRINCIPLES

- Registration is a legal requirement to safeguard client care and maintain competency of practice.
- RNANT/NU sets the minimum standards of practice for Registered Nurses, gives guidance to registrants, employers, and educators, and provides information for the general public as evidence of basic expectations for all Registered Nurses.
- Through the *Nursing Profession Act*, Registered Nurses are held accountable for the practice standards and the Code of Ethics as set out by RNANT/NU.
- Registered Nurses are legally responsible for their own performance and for maintaining current practice.
- Registered Nurses must practice within their own level of competence. When aspects of care are beyond the level of the Registered Nurse's competence, the Registered Nurse must seek additional information or knowledge, seek help from a supervisor or a competent practitioner, and/or request a different work assignment. In the interim, the Registered Nurse shall provide reasonable care within her or his level of competency until another Registered Nurse is available to assist or assume care.
- Not every Registered Nurse will possess the competence level necessary for all Registered Nursing functions. Performing a Registered Nursing function responsibly requires an understanding of the theory behind the function, the manual skill to perform the function, and the judgment when it is to be performed.
- Scope of practice is a continuum of learning and development.

Section: Nursing Practice General	COMMUNITY HEALTH NURSING PRACTICE – EMPLOYEE RESPONSIBILITIES
Page 3 of 3	Policy 402

- Registered Nurses are accountable for their own actions and each Registered Nurse must exercise judgment in accepting responsibility for applying any role-specific nursing or transferred health function.

SEE ALSO	205 Legislation
	201 Orientation
	401 Community Health Nursing Practice – Employer Responsibilities
	401.1 Guidelines for Role-Specific Nursing Functions

REFERENCES Alberta Association of Registered Nurses, Alberta Health Authorities, Alberta Medical Association, & College of Physicians and Surgeons of Alberta. (1987). *Joint Statement: Nursing Practice*. Edmonton, AB: Alberta Association of Registered Nurses.

Canadian Nurses Association. (2002). *Code of Ethics for Registered Nurses: Nursing Values and Responsibility, Safe, Competent and Ethical Care*. Ottawa, ON.

Registered Nurses association of the Northwest Territories and Nunavut (RNANT/NU). *Standards of Practice for Registered Nurses: Professional Responsibility and Accountability*. Retrieved on January 14, 2008 from the RNANT/NU website: http://www.rnantnu.ca/Portals/0/Documents/Standards_Nrsing_Prac_2006.pdf

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Section: Nursing Practice General	WORKING WITH UNREGULATED HEALTH CARE PROVIDERS
Page 1 of 3	Policy 405

BRIEF	UNREGULATED HEALTH CARE PROVIDERS HAVE CLEAR ROLES AND REPORTING RESPONSIBILITIES
POLICY	<p>Each HSSA shall develop and implement a policy on Unregulated Health Care Providers (UHCPs) that provides a definition of the roles and responsibilities of UHCPs and ensures their competency.</p> <p>The policy shall also include a method to inform Registered Nurses employed by the HSSA of their responsibilities to each group of UHCPs. This shall be to each scope of practice, scope of employment, and be in accordance with the Integrated Service Delivery Model (ISDM).</p>
DEFINITIONS	Unregulated health care providers (UHCPs) provide clearly defined services and may assist with the activities of care within the agreed-upon plan of care. They are not regulated through legislation or accountable to an external regulatory body. UHCPs may be Community Health Representatives (CHRs), Home Support Workers (HSWs), Personal Care Aides (PCAs), family members, or health profession students in an education program leading to initial entry-to-practice in the health profession.
PRINCIPLES	<ul style="list-style-type: none"> • Care providers whose competencies match the needs for care are the appropriate care providers. • HSSAs that employ Registered Nurses and UHCPs must create and maintain practice environments that foster quality client care.

Section: Nursing Practice General	WORKING WITH UNREGULATED HEALTH CARE PROVIDERS
Page 2 of 3	Policy 405

- Staffing decisions made on the basis of client needs and care provider competencies need to be addressed within the context of the professional practice environment.
- Roles and scope of employment are defined by the job description.
- Policies and Standard Operating Procedures (SOPs) for specific activities are defined by the employer.
- UHCPS currently hold various titles and job descriptions that define the scope of employment as defined by the employer.
- Within their scope of practice and scope of employment, Registered Nurses are often expected to teach, delegate, assign, or supervise UHCPS.
- Professional liability cannot be transferred or delegated. Each individual employee is responsible for his or her own practice.

ATTACHMENTS	405.1	Guidelines for Working with Unregulated Health Care Providers
	405.2	Guidelines for Working with Unregulated Health Care Providers - Five Rights of Delegation
	405.3	Decision Guidelines for Teaching or Delegating the Performance of a Procedure
SEE ALSO	300	Risk Management
	401	Community Health Nursing Practice - Employer Responsibilities

Section: Nursing Practice General	WORKING WITH UNREGULATED HEALTH CARE PROVIDERS
Page 3 of 3	Policy 405

402 Community Health Nursing Practice - Employee Responsibilities

REFERENCES Canadian Nurses Association. (2003). *Position Statement: Staffing Decision for the Delivery of Safe Nursing Care*. Ottawa, ON.

College and Association of Registered Nurses of Alberta (CARNA). (2003). *Decision-making Standards for Nurses in the Supervision of Health Care Aides: Restricted Activities and Activities of Daily Living*. Edmonton, AB.

College and Association of Registered Nurses of Alberta. (2005). *Standards for Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care*. Edmonton, AB.

College of Nurses of Ontario. (2005). *Practice Guideline: Utilization of Unregulated Care Providers*. Toronto, ON.

Government of Nova Scotia. (2006). *Principles and Guidelines: A Framework for Continuing Care Assistants in Acute Care*. Halifax, NS: Government of Nova Scotia Health, Nursing Advisory Services.

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http://www.rnantnu.ca/Portals/0/Documents/Standards_Nrsing_Prac_2006.pdf

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Section: Nursing Practice General	GUIDELINES FOR WORKING WITH UNREGULATED HEALTH CARE PROVIDERS
Page 1 of 2	Guideline 405.1

GUIDELINE

1. The Registered Nurse at the point of care has the responsibility to decide what a reasonable and prudent patient care assignment is for a particular Unregulated Health Care Provider (UHCP, which may include a practicum student) in that specific practice setting. Considerations must include the UHCP's current competencies, the client needs, and the care required.
2. Registered Nurses must only teach/delegate and/or supervise those interventions they are competent to perform themselves and those activities that are appropriate to the individual Registered Nurse's area of practice.
3. UHCPs frequently assist with the routine activities of care within the agreed-upon plan of care.
4. UHCPs are accountable to their employer to provide safe, competent and ethical care as defined by the job description, policies and standard operating procedures.
5. Professional liability cannot be transferred or delegated. Each individual employee is responsible for his or her own practice.

SEE ALSO

405.2	Guideline for Working with Unregulated Health Care Providers – Five Rights of Delegation
405.3	Decision Guidelines for Teaching or Delegating the Performance of a Procedure

REFERENCES

College and Association of Registered Nurses of Alberta. (2005). *Standards for Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care*. Edmonton, AB.

Registered Nurses Association of Northwest Territories and Nunavut. (1992). *Guidelines for Nursing Practice Decisions*. Yellowknife, NT.

Saskatchewan Registered Nurse Association. (2002). *Practice of Nursing: RN Assignment and Delegation*. Regina, SK.

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Section: Nursing Practice General Page 1 of 3	GUIDELINES FOR WORKING WITH UNREGULATED HEALTH CARE PROVIDERS – FIVE RIGHTS OF DELEGATION Guideline 405.2
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GUIDELINE

1. Right Task

- Appropriate activities for consideration in delegation decisions are identified in LPN, other licensed health professional, or Unregulated Health Care Provider (UHCP) job descriptions/role delineation.
- Organizational policies, procedures and standards describe expectations of and limits to activities.
- Appropriate delegation activities are identified for specific client(s).
- Appropriate activities are identified for specific UHCPs.

2. Right Circumstances

- Assess the health status of the client, analyze the data, and identify collective nursing care needs, priorities, and necessary resources.
- Provide appropriate staffing and skill mix, identify clear lines of authority and reporting, and provide sufficient equipment and supplies to meet the collective nursing care needs.
- Provide appropriate preparation in management techniques to deliver and delegate care.
- Assess health status of individual client(s), analyze the data, and identify client-specific goals and nursing care needs.
- Match the complexity of the activity and stability of the client with the LPN, other licensed health professional, and/or UHCP competency and with the level of supervision available.
- Provide for appropriate monitoring and guidance for the combination of client, activity, and personnel.

3. Right Person

- Establish unique organizational standards consistent with applicable laws and rules that identify educational and training requirements and competency

measurements of each licensed nursing category and UHCP.

- Incorporate competence standards into institutional policies, assess UHCP performance, and perform evaluations based upon standards. Take steps to remedy failure to meet standards, including reporting nurses who fail to meet standards to the appropriate regulatory body.
- Instruct and/or assess, verify, and identify the UHCPs competency on an individual and client-specific basis.
- Implement own professional development activities based on assessed needs, assess performance, perform evaluations based upon standards, and take steps to remedy failure to meet standards.

4. Right Direction/Communication

- Communicate acceptable activities, nursing care provider competencies, and qualifications and the supervision plan through a description of a nursing service delivery model, standards of care, role descriptions and policies/procedures.
- Communicate delegation decision on a specific client and a specific basis. The detail and method (oral and/or written) will vary with the circumstances.
- Situation specific communication includes:
 - Specific data to be collected and method and timelines for reporting
 - Specific activities to be performed and any client specific instruction and limitation
 - The expected results or potential complications and time lines for communicating such information

5. Right Supervision/Evaluation

- Appropriate supervision (indirect or direct) must be provided by the delegating RN at the point of care. The

competencies and qualifications of the nursing care provider, the nature of the tasks that have been delegated, and the stability/predictability of client condition must be considered.

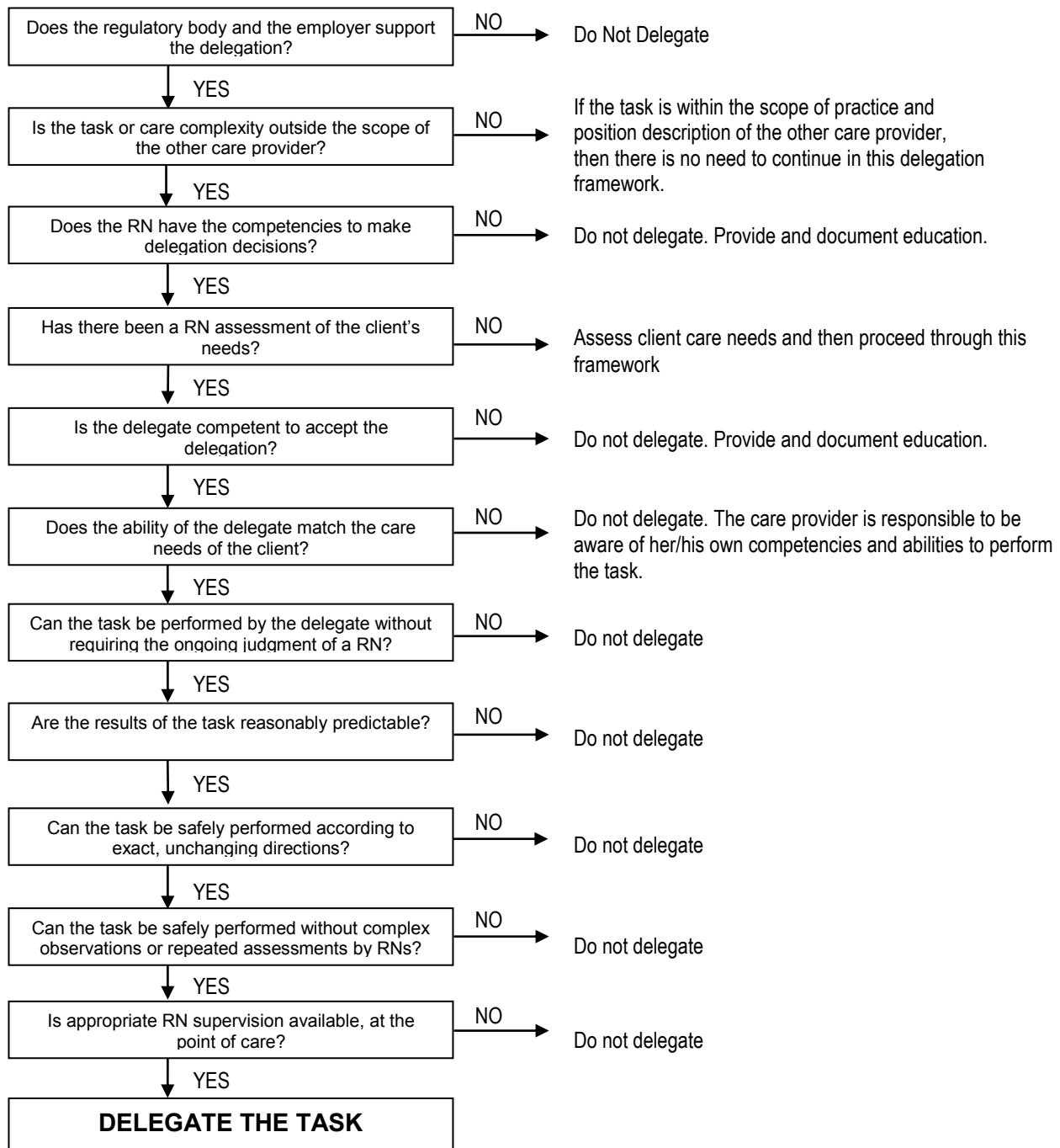
- Assure adequate human resources including sufficient time for supervision to assure nursing care is adequate and meets the needs of the client.
- Identify the RN responsible for supervision by position, title, and role delineation.
- Supervise performance of specific nursing activities or assign supervision to other licensed nurse.
- Provide directions and clear expectations of how the activity is to be performed:
 - Monitor performance
 - Obtain and provide feedback
 - Intervene if necessary
 - Ensure proper documentation
- Evaluate outcomes of client and use information to develop quality assurance and to contribute to risk management plans.
- Evaluate the entire delegation process:
 - Evaluate the client
 - Evaluate the performance of the activity

REFERENCES Saskatchewan Registered Nurse Association. (2002).
Practice of Nursing: RN Assignment and Delegation.
Regina, SK.

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Section: Nursing Practice General	DECISION GUIDELINES FOR TEACHING OR DELEGATING THE PERFORMANCE OF A PROCEDURE
Page 1 of 1	Guideline 405.3

REFERENCES Registered Nurses Association of Northwest Territories and Nunavut. (1992). *Guidelines for Nursing Practice Decisions*. Yellowknife, NT.

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Section: Nursing Practice General	EMERGENCY SITUATIONS
Page 1 of 2	Policy 410

BRIEF	IN THE EVENT OF AN EMERGENCY PROVIDING NECESSARY CARE BY REGISTERED NURSES IS AUTHORIZED
POLICY	<p>Each HSSA shall develop and implement policies for the management of emergency situations by Registered Nurses where required actions are not covered by specific policy or where required actions exceeds existing policies. In conjunction with their policy, HSSAs shall ensure a procedure exists for a physician to be available for consultation via telephone or other method.</p> <p>Administration, nursing, and medical personnel of each HSSA shall have a protocol for the administration of medical treatment in an emergency where the nature of that treatment exceeds the policies for transferred health functions as prescribed by the HSSA.</p>
PRINCIPLES	<ul style="list-style-type: none"> • Provides for protection of nurses where such situations occur. • Every registered nurse practices within her or his scope of practice and consults where appropriate. • Sections 68 and 69 of the <i>Nursing Profession Act</i> addresses the provision of emergency services by Registered Nurses • The <i>Emergency Medical Aid Act</i> addresses voluntary emergency response in the Northwest Territories.

Section: Nursing Practice General	EMERGENCY SITUATIONS
Page 2 of 2	Policy 410

ATTACHMENTS 410.1 Emergency Situations – *Nursing Profession Act*
Reference Sheet

410.2 Emergency Situations – *Emergency Medical Aid Act* Reference Sheet

REFERENCES *Nursing Profession Act R.S.N.W.T. 2003, c.15.*

Emergency Medical Aid Act R.S.N.W.T. 2004, c.E-4.

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NURSING PROFESSION ACT
S.N.W.T. 2003,c.15
In force January 1, 2004;
SI-004-2003

Emergencies

68. Nothing in this Act restricts the rendering of nursing services in case of an emergency.

69. (1) Nothing in the *Dental Profession Act*, the *Medical Profession Act*, the *Pharmacy Act* or the *Veterinary Profession Act* prohibits a registered nurse, a nurse practitioner, or a temporary certificate holder from:

- (a) in the course of administering emergency medical aid or treatment, doing anything for which a license is required under those Acts; or
- (b) doing anything in an emergency in an attempt to relieve the pain and suffering of a person or animal.

(2) A registered nurse, a nurse practitioner or a temporary certificate holder shall not be held liable for civil damages as a result of acts or omissions performed in good faith under subsection (1) unless it is established that injuries or death were caused by gross negligence on his or her part.

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Section: Nursing Practice General	DOCUMENTATION/HANDLING OF A STILLBIRTH
Page 1 of 2	Policy 415

BRIEF **STILLBIRTHS MUST BE
DOCUMENTED AND
REGISTERED**

POLICY Registered Nurses who attend to a stillbirth shall document the stillbirth as per Guideline 425.1 *Handling of a Stillbirth - Required Documentation Guidelines* - and report the stillbirth according to the Northwest Territories *Vital Statistics Act* and the Northwest Territories *Coroners Act*.

Any stillbirth that occurs without the presence of a medical practitioner must be reported to a coroner as mandated in the ***Coroner's Act***.

DEFINITIONS Stillbirth is defined by the *Northwest Territories Vital Statistics Act* as:

The complete expulsion or extraction from its mother either after at least 20 weeks of pregnancy OR after attaining weight of 500 grams, of a product of conception in which after the expulsion or extraction, there is no breathing, beating of the heart, pulsations of the umbilical cord or movement of voluntary muscle. (R.S.N.W.T. 1988 c. V-3. s. 1)

PRINCIPLES

- HSSAs have the ethical and legal obligation to ensure that there is proper and sensitive handling of a stillbirth.
- The requirement to report and document is mandated by the *NWT Vital Statistics Act* and the *NWT Coroners Act*.

Section: Nursing Practice General	DOCUMENTATION/HANDLING OF A STILLBIRTH
Page 2 of 2	Policy 415

- A standardized and consistent approach to handling and documenting of stillbirths can lessen the anxieties of families, lessen the chance of error for the caregivers, and ensure accurate reporting.

ATTACHMENTS	415.1	Handling of a Stillbirth - Required Documentation Guidelines
	415.2	Handling of a Stillbirth - Examination Guidelines
	415.3	Registration of Stillbirth Forms
SEE ALSO	420	Pronouncement of Death
	420.1	Notifying Coroner of a Death
REFERENCES	<i>Coroner's Act</i> R.S.N.W.T. 1998, c. C-20.	
	<i>Vital Statistics Act</i> R.S.N.W.T. 1988 c. V-3.	

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GUIDELINE

1. When a stillbirth occurs, consult a physician in the nearest referral centre for your region.
2. Follow your specific HSSA guidelines for the handling of a stillbirth, if applicable.
3. The Registered Nurse shall complete *Registration of Stillbirth Form* (see attachment 425.3).
 - The original copy is sent to the hamlet or band office
 - A photocopy shall accompany the body if is sent for autopsy
 - A photocopy is placed on the mother's chart
4. Complete *Labor and Delivery Record* parts 1 and 2.
5. Complete *Newborn Record* part 1.
6. Complete *NWT Study of Perinatal Deaths* form and send to the NWT Maternal and Perinatal Committee.
7. If an autopsy is ordered by a coroner, a *Warrant to Take Possession of the Body* will be issued. Place a copy of the warrant on the mother's chart.
8. If an autopsy is ordered by a medical practitioner the consent of the mother is required. Complete an *Autopsy Consent Form*.
 - Original to accompany body
 - Place a copy on the mother's chart
9. *Burial Forms* - both the *Permission for Burial Form* and the *Burial Permit Form* are to be completed if parents do not want the stillbirth returned for burial after autopsy.

Permission for Burial Form is obtained from the Pathology Department at Royal Alexandra Hospital in Edmonton, Alberta.

- Original to accompany body
- Place one copy on the mother's chart

Burial Permit Form (Vital Statistics Act Forms) is obtained from Vital Statistics representative at the hamlet/band office

- Original to accompany body
- Place one copy on the mother's chart

10. If an autopsy is required:

- Follow HSSA guidelines, if applicable
- Provide your Community Health Centre number/contact number to coordinate the information

11. Burial and transportation arrangements are made by parents in consultation with a social worker

- Parents may contact the nearest funeral home for burial arrangements
- Family referral to mental health/pastoral services is made if required

12. Autopsy and investigations reports shall be followed up at six-week post-natal visit with Registered Nurse or physician. If indicated, a referral can be made to an obstetrician for further consultation.

13. Provide access to Critical Incident Stress Debriefing for health care providers as discussed in Policy 310 – *Critical Incident Stress Management*.

REFERENCES Capital Health Regional Bereavement Program. (2000)
Permission for Burial form CH-0174. Edmonton, AB:
Capital Health Authority.

Coroners Forms Regulations R.R.N.W.T. 2002, R-065-2002.

Government of the Northwest Territories Department of
Health and Social Services. (2007). *Stillborn Examination
Record* [Form]. Yellowknife, NT.

Stanton Territorial Health Authority. (2006). *Policy: Coroner
Reportable Deaths*. Yellowknife, NT.

Vital Statistics Act Forms R.R.N.W.T. 1990 c. V-2. Forms 2,6.

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GUIDELINE

1. Consult a physician as per your Health and Social Services Authority (HSSA) policy to determine further testing needs for the stillborn and mother.
2. Autopsy:
 - *Cursory* is defined as a rapid, superficial examination
 - Use the *Stillborn Examination Record* form as a guide for performing cursory exam
 - If obvious abnormalities are noted, an autopsy may be required.
 - In the absence of a medical practitioner a coroner must be notified of a stillbirth and can order an autopsy under the *Coroner's Act* and does not require consent of the mother. If a physician orders an autopsy, consent from the mother is required.
 - The placenta and cord are examined as part of the cursory exam
 - Documentation guidelines for the placenta is found on the *Labor & Delivery Record Part 1*
3. Take pictures for parents as requested. If possible, take footprints or a lock of hair for parental keepsakes. Parents may request the placenta for burial as part of their cultural beliefs.
4. Placenta and cord: (sent only when autopsy ordered)
 - Placenta should be unfixed in sterile saline in a large specimen container
 - Label specimen and send to lab as per HSSA policy
 - A pathology requisition needs to accompany the placenta
5. Maternal samples: (If ordered by a physician)
 - Discuss maternal history with a medical practitioner to determine what type of tests needs to be done
 - Possible tests required are listed on the right-hand side of the *Stillborn Examination Record*
 - Follow policy in HSSA laboratory manual for types of tubes and requisitions required for testing

SEE ALSO 600 Laboratory Procedures

REFERENCES *Coroner's Act* R.S.N.W.T. 1998, c. C-20. s. 14(3); s. 16(2); s. 60.

Government of the Northwest Territories Department of Health and Social Services. (2007). *Stillborn Examination Record* [Form]. Yellowknife, NT.

Hospital and Health Care Facility Standards R.R.N.W.T.2005, c R-036, s. 55(3).

Leduc, L. (2006). Stillbirth and bereavement: guidelines for stillbirth investigation. SOGC Clinical Practice Guidelines. *Journal of Obstetrics and Gynecology*, 178, 540-5.

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Section: Nursing Practice
General

REGISTRATION OF STILLBIRTH FORMS

Page 1 of 1

Attachment 415.3

ATTACHMENT

The attached Registration of Stillbirth form is taken from the *Vital Statistics Act Forms*, Form 2, pages 8, 10, 12, 13, and 14.

These forms can be downloaded from the Department of Justice website at: <http://www.justice.gov.nt.ca/Legislation>

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FORM 2
REGISTRATION OF
STILLBIRTH

Registration No. (Headquarters Use only)

CHILD	1. Surname (print or type) Given names (if any)			2. Sex	3. Month, day, year of birth	4. Kind of birth - single, twin, triplet	5. If twin, triplet was child born 1st, 2nd, 3rd
PLACE OF BIRTH	6. Name of hospital (If not in hospital give exact location where birth occurred)			City, town, village or other place (by name)			
MOTHER'S USUAL RESIDENCE	7. Complete street address. If rural give exact location (not PO or RR address)			City, town or other place (by name)	County or district	Territory, province (or country)	
OTHER BIRTH PARTICULARS	8. Duration of pregnancy (in completed weeks) weeks	9. Number of children born to this mother (including this birth)	Number liveborn	Number stillborn (after 20 weeks pregnancy)	10. Weight of child at birth lbs. oz. (OR) grams	11. Are the parents married to each other? (State Yes or No)	12. If the parents are not married to each other state whether mother is single, married, widowed or divorced
FATHER		Social Insurance Number			MEDICAL CERTIFICATE		
NAME	13. Surname (print or type) Given names			32. DATE OF STILLBIRTH: month (by name), day, year		Check whether Foetal (F) Maternal (M)	
BIRTHPLACE	14. City or other place Province (or country)			33. CAUSE OF STILLBIRTH Part I		F M	
BIRTHDATE	15. Month (by name), day, year of birth		16. Age (at time of this birth)	Immediate cause - Foetal disease or condition directly leading to stillbirth (a) owing to (or as a consequence of)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ETHNIC GROUP	17. Inuit, Metis, Treaty Indian, other (specify)			Antecedent causes - Foetal and/or maternal conditions, if any, giving rise to the immediate cause (a) above, stating the underlying cause last			
MOTHER		Social Insurance Number			Part II		
NAME	18. Maiden surname (print or type) Given names			Other significant conditions of foetus or mother that may have contributed to the stillbirth but were not related to the immediate cause (a) above			
BIRTHPLACE	19. City or other place Province (or country)			<input type="checkbox"/> <input type="checkbox"/>			

BIRTHDATE	20. Month (<i>by name</i>), day, year of birth	21. Age (<i>at time of this birth</i>)	34. Autopsy being held? Yes <input type="checkbox"/> No <input type="checkbox"/>	35. Does the cause of stillbirth stated above take account of autopsy findings? Yes <input type="checkbox"/> No <input type="checkbox"/>	36. May further information relating to the cause of stillbirth be available later? Yes <input type="checkbox"/> No <input type="checkbox"/>	
ETHNIC GROUP	22. Inuit, Metis, Treaty Indian, other (<i>specify</i>)	37. Manipulative, instrumental or other operative procedure for delivery? Was foetus dead before such procedure? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				
MAILING ADDRESS OF MOTHER	23. Complete mailing address (<i>if different from item 7</i>)	38. Nature of procedure (<i>low, middle or high forceps, version and extraction, caesarian section, craniotomy, etc.</i>)				
SIGNATURE OF INFORMANT	24. Signature of parent (<i>or other informant</i>) X		39. Did death occur before labour? Yes <input type="checkbox"/> No <input type="checkbox"/>	During labour? Yes <input type="checkbox"/> No <input type="checkbox"/>	Labour induced? Yes <input type="checkbox"/> No <input type="checkbox"/> (If "yes" specify method(s))	
	25. Address (<i>of other informant</i>)		40. I certify that I delivered this stillborn child on the above date and that death was owing to the causes stated above: X			
	26. Relationship to child	27. Date signed: (<i>month, day, year</i>)	41. Name of physician or coroner (<i>print or type</i>) Address			
Items 28-31 to be completed by the funeral director		42. Designation: <input type="checkbox"/> Attending physician <input type="checkbox"/> Coroner <input type="checkbox"/> Other Date certified: Month (<i>by name</i>), day, year X				
DISPOSITION	28. Burial, cremation or other disposition (<i>specify</i>)		I certify this return was accepted by me at on 19 (signature of sub- or district registrar)			
	30. Name and address of cemetery, crematorium or place of disposition					
FUNERAL DIRECTOR	31. Name and address of funeral director (<i>or person in charge of remains</i>)					

See reverse side for Instructions
Every Item of Information Should be Carefully Supplied

EXTRACTS FROM THE VITAL STATISTICS ACT

"Stillbirth" means the complete expulsion or extraction from its mother, either after at least 20 weeks pregnancy or after attaining a weight of 500 g, of a product of conception in which after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or movement of voluntary muscle. (*mortinaissance*)

12. (2) Where a stillbirth occurs, the person who would have been responsible for the registration of the birth as provided in section 2, if it had been a birth, shall complete and deliver to the funeral director a statement in the prescribed form respecting the stillbirth.

(3) The medical practitioner in attendance at a stillbirth, or, where there is no medical practitioner in attendance, a medical practitioner or a coroner shall complete the medical certificate included in the prescribed form referred to in subsection (2) showing the cause of the stillbirth and shall deliver it to the funeral director.

- (4) Where a district registrar is satisfied that
 - (a) there was no medical practitioner and no coroner within a reasonable distance from the place where a stillbirth occurred, and
 - (b) it is not reasonably practicable to have the medical certificate completed as provided in subsection (3),

the district registrar may, in place of the medical certificate, prepare and sign a certificate included in the prescribed form referred to in subsection (2) prepared from the statements of relatives of the parents of the stillborn child or of other persons having adequate knowledge of the facts.

(5) On receipt of the prescribed form referred to in subsection (2), the funeral director shall set out in the form the proposed date and place of burial, cremation or other disposition of the body and shall deliver the form to the district registrar.

EXTRAITS DE LA LOI SUR LES STATISTIQUES DE L'ÉTAT CIVIL

«mortinaissance» Expulsion ou extraction complète du corps de la mère d'un produit de la conception, soit après au moins 20 semaines de grossesse, soit après que le produit a atteint 500 grammes; après cette expulsion ou cette extraction, il n'y a aucune respiration, aucun battement du cœur, aucune pulsation du cordon ombilical ou contraction d'un muscle volontaire. (*Stillbirth*)

12. (2) Toute mortinaissance est signalée à l'entrepreneur des pompes funèbres au moyen d'une déclaration faite sur le formulaire réglementaire par la personne qui, en vertu de l'article 2, aurait été responsable de l'enregistrement si l'enfant avait vécu.

(3) Le médecin qui assiste à une mortinaissance ou, à défaut, un autre médecin ou un coroner remplit le certificat médical joint au formulaire réglementaire mentionné au paragraphe (2), indiquant la cause de la mortinaissance et remet le certificat à l'entrepreneur des pompes funèbres.

- (4) Le registraire local étant convaincu :
 - a) qu'il n'y avait aucun médecin ni aucun coroner à une distance raisonnable de l'endroit où une mortinaissance a eu lieu;
 - b) qu'il n'est pas raisonnablement possible de faire remplir un certificat médical en conformité avec le paragraphe (3),

peut, en remplacement du certificat médical, établir et signer le certificat joint au formulaire réglementaire mentionné au paragraphe (2), fait à partir des déclarations des proches parents du père et de la mère de l'enfant mort-né ou d'autres personnes ayant une connaissance suffisante des faits.

(5) Après réception du formulaire réglementaire mentionné au paragraphe (2), l'entrepreneur des pompes funèbres indique sur le formulaire la date et l'endroit proposés pour l'inhumation, la crémation ou toute autre forme de sépulture et remet le formulaire au registraire local.

INSTRUCTIONS

In case of more than one stillborn child at a birth, a separate return must be made for each, and the number of each, in order of birth, stated.

(1) **Name of Child** - In place of the given name the word "Stillbirth" may be printed.

(33) **Physician's Statement of Cause of Stillbirth**
- The morbid conditions relating to still birth are divided into two groups. In Part I are those causally related to the "Immediate cause" and the "Antecedent causes", and in Part II those not so related. In most cases a statement of cause under Part I will suffice. When it is necessary to record more than one entry these should be stated in order so as to indicate their mutual relationship.

- (a) Name first the "Immediate cause" of stillbirth, i.e., the foetal disease, injury or complication that caused the stillbirth. Avoid the use of the terms "Prematurity", "Birth Injury", "Cerebral Haemorrhage", "Asphyxia", etc., alone without stating, if possible, the primary factor responsible for these conditions.
- (b) Then give the antecedent causes, i.e. the foetal and/or maternal conditions (if any) of which the immediate cause was the consequence, in order of causal relationship, stating the most recent one first and then others in order. Also check off whether the reported condition was a 'foetal' or 'maternal' condition.
- (c) Part II should be reserved for "other important contributory morbid conditions", particularly when the stillbirth was owing to a combination of conditions none of which would have been fatal alone. Here, too, check off whether 'foetal' or 'maternal'.
- (d) Use accepted terms for morbid conditions and never record symptoms only.

DIRECTIVES

Advenant une mortinaissance multiple, remplir une formule distincte pour chaque mort-né en ayant soin d'indiquer l'ordre de naissance de chacun d'eux.

(1) **Nom de l'enfant** - On peut écrire le mot «mortinaissance» au lieu d'un prénom.

(33) **Certificat médical attestant la cause de la mortinaissance** - Les causes de mortinaissance se divisent en deux groupes. Indiquer à la partie I les causes désignées comme «causes directes» de la mortinaissance et les antécédents et, à la partie II, les causes plus ou moins liées à la mortinaissance. Il suffit dans la plupart des cas de remplir la partie I. Lorsqu'il est nécessaire d'enregistrer plus d'une de ces causes, elles devraient être indiquées dans un ordre établissant leur interaction mutuelle.

- a) Indiquer d'abord les causes immédiates de la mortinaissance, par exemple : maladie du foetus, blessure ou complication ayant causé la mort. Éviter d'utiliser les termes «prématûré», «blessure à la naissance», «hémorragie cérébrale», «asphyxie», etc., seuls, sans indiquer, alors que cela est possible, le principal facteur responsable d'un tel état.
- b) Indiquer ensuite les antécédents, c'est-à-dire l'état du foetus ou de la mère (le cas échéant) et le lien de cause à effet en indiquant le plus récent d'abord et ensuite les autres, dans l'ordre. Cocher aussi si l'état est foetal ou maternel.
- c) La partie II est réservée à tout autre état ayant pu contribuer à la mortinaissance, en particulier lorsque la mortinaissance est due à une combinaison de facteurs et qu'aucun d'entre eux n'aurait été fatal seul. Cocher ici aussi si l'état est foetal ou maternel.
- d) Utiliser les termes d'usage pour l'état de morbidité et ne jamais inscrire uniquement les symptômes.

The following examples illustrate the essential principles in the use of the form.

30. CAUSE OF STILLBIRTH Part I	Example 1	F M	Example 2	F M	Example 3	F M
Immediate cause - Foetal disease or condition directly leading to stillbirth	(a) Cerebral haemorrhage owing to		(a) Excessive cranial stress (foetal asphyxia) owing to		(a) Foetal anaesthesia owing to	
Antecedent causes - Foetal and/or maternal conditions if any, giving rise to the immediate cause (a) above, <i>stating the underlying cause last</i>	(b) Dystocia owing to	<input checked="" type="checkbox"/> <input type="checkbox"/>	(b) Dystocia owing to	<input type="checkbox"/> <input checked="" type="checkbox"/>	(b) Relative placental insufficiency owing to	<input type="checkbox"/> <input checked="" type="checkbox"/>
	(c) Hydrocephalus	<input checked="" type="checkbox"/> <input type="checkbox"/>	(c) Contracted pelvis	<input type="checkbox"/> <input checked="" type="checkbox"/>	(c) Maternal nephritic toxæmia	<input type="checkbox"/> <input checked="" type="checkbox"/>
Part II						
Other significant conditions of foetus or mother that may have contributed to the stillbirth but were not related to the immediate cause (a) above	—	<input type="checkbox"/> <input type="checkbox"/>	Relative placental insufficiency; infarction and degeneration of placenta	<input type="checkbox"/> <input checked="" type="checkbox"/>	—	<input type="checkbox"/> <input type="checkbox"/>
	—	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	—	<input type="checkbox"/> <input type="checkbox"/>

BRIEF

REGISTERED NURSES MAY
PRONOUNCE DEATH IN
THE ABSENCE OF A
PHYSICIAN

POLICY

In the absence of a physician in a community, a Registered Nurse may pronounce death.

Where required the Registered Nurse shall notify a coroner of a death.

PRINCIPLES

- Pronouncing death is different from certifying death.
- Pronouncing death is to declare that death has occurred.
- Coroners do not pronounce death, coroners certify death, and where required, investigate the circumstances surrounding death.
- Certifying death occurs when a physician, Registered Nurse, or coroner signs the Medical Certificate of Death. This certificate is a part of the death registration form and is a legal document detailing the facts and circumstances of death and statistics on the causes of death. The Registration of Death form is part of the regulations within the *Vital Statistics Act*.
- In the case of a sudden and/or unexpected death, the coroner conducts an investigation under the circumstances defined in the *Coroners Act*. The coroner authorizes an autopsy if necessary. The coroner is the only person who has the authority to order an autopsy without consent. The RCMP will assist the coroner if required.

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- Where the death is considered a reportable death as defined in the *Coroners Act*, the coroner is responsible for the body and will instruct the RCMP to assist where necessary. The responsibility of the Registered Nurse ends after a pronouncement of death has been made, the documentation completed, and the details of the case discussed with the coroner or RCMP.
- If in doubt of how to proceed, the Registered Nurse may call the Office of the Chief Coroner 24-hour reporting line at (867) 873-7460. It is used as an office line during regular hours and acts as a reporting or general inquiries line after hours.
- The Registered Nurse has a duty to notify a coroner or RCMP officer of any death that occurs under the circumstances outlined in section 8(1) of the *Coroner's Act* (see Guideline 420.1 – Notifying Coroner of a Death).

ATTACHMENTS 420.1 Notifying Coroner of a Death

SEE ALSO 421 Documentation of Death
 422 Release of Patient Information to Coroner

REFERENCES College of Nurses of Ontario. (2005). *Pronouncing death*. Retrieved January 26, 2010 from the CNO website:
http://www.cno.org/prac/yau/2005/06_pronounce_death.htm

Coroner's Act R.S.N.W.T. 1998, c. C-20.

Vital Statistics Act R.S.N.W.T. 1988 c. V-3.

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General

PRONOUNCEMENT OF DEATH

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Policy 420

APPROVAL

Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer

EFFECTIVE

April 1, 2010

GUIDELINE The following excerpt from the *Coroner's Act* defines the situations where death must be reported to a coroner. If in doubt of how to proceed, the Registered Nurse may call the Office of the Chief Coroner of the NWT 24-hour line at (867) 873-7460.

REPORTING OF DEATHS

8. (1) Every person shall immediately notify a coroner or a police officer of any death of which he or she has knowledge that occurs in the Territories, or as a result of events that occur in the Territories, where the death

- (a) occurs as a result of apparent violence, accident, suicide or other apparent cause other than disease, sickness or old age;
- (b) occurs as a result of apparent negligence, misconduct or malpractice;
- (c) occurs suddenly and unexpectedly when the deceased was in apparent good health;
- (d) occurs within 10 days after a medical procedure or while the deceased is under or recovering from anaesthesia;
- (e) occurs as a result of
 - (i) a disease or sickness incurred or contracted by the deceased,
 - (ii) an injury sustained by the deceased, or
 - (iii) an exposure of the deceased to a toxic substance, as result or in the course of any employment or occupation of the deceased;
- (f) is a stillbirth that occurs without the presence of a medical practitioner;
- (g) occurs while the deceased is detained or in custody involuntarily pursuant to law in a jail, lock-up, correctional facility, medical facility or other institution; or
- (h) occurs while the deceased is detained by or in the custody of a police officer.

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NOTIFYING CORONER OF A DEATH

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Guideline 420.1

SEE ALSO 421 Documentation of Death

REFERENCES *Coroner's Act* R.S.N.W.T. 1998, c. C-20.

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Paddy Meade, Deputy Minister
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BRIEF

THE DEATH OF AN
INDIVIDUAL MUST BE
DOCUMENTED AND
REGISTERED

POLICY

In the event of a death where:

- the Registered Nurse was the last healthcare provider in attendance of the deceased, and
- In the absence of a physician in the community

The Registered Nurse shall complete the *Registration of Death* form (lines 1- 24).

In communities where there is no physician present the Registered Nurse shall also complete the *Medical Certificate of Death* (sections 25 - 35 on the *Registration of Death* form) and sign the *Registration of Death* form on line 33 when:

- the death is expected
- the Registered Nurse was the last healthcare provider in attendance of the deceased
- no **other direction is received by the Coroner's Office** or the Vital Statistics Office.

If the death occurs in a hospital or health centre a copy of the *Registration of Death* form must be placed on the **client's chart**.

PRINCIPLES

- The *Vital Statistics Act* requires that the medical certificate of death be signed by the medical practitioner last in attendance during the last illness of the deceased, or by the coroner where there has been an investigation. Where a death occurs without medical attendance, or where a

medical practitioner is not available to complete the medical certificate, and the death did not occur by violence or misadventure, then the district registrar or sub-registrar of the NWT Vital Statistics office may sign the medical certificate. Although the term *medical practitioner* is not defined in the *Vital Statistics Act*, the term is defined in other NWT legislation as a physician.

- As a matter of practice, the Vital Statistics office will accept medical certificates signed by physicians, coroners, or Registered Nurses in recognition of circumstances in the North being that customarily the person most likely to have been in attendance in the isolated settlements is a Registered Nurse.
- Where there has been an inquest or inquiry into a death the coroner shall sign the medical certificate of death.
- In the cases where the cause of death is not known, the Registered Nurse may put “*pending coroner’s report*” on the medical certificate.
- If an autopsy is done and a pathology/autopsy report subsequently received contains additional or different information than that in the original medical certificate it is sent to the coroner’s office. It may be forwarded to the NWT Vital Statistics office to amend the medical certificate of death as outlined in the *Vital Statistics Act* (R.S.N.W.T. 1988 c. V-3).

ATTACHMENTS

421.1 Registration of Death Forms

SEE ALSO

420 Pronouncement of Death

420.1 Notifying Coroner of a Death

415 Documentation/Handling of a Stillbirth

600.2 Guidelines for Obtaining Post Mortem
Samples

REFERENCES *Coroner's Act* R.S.N.W.T. 1998, c. C-20.

Hospital and Health Care Facility Standards R.R.N.W.T.2005, c R-036.

Vital Statistics Act R.S.N.W.T. 1988 c. V-3.

Vital Statistics Act Forms R.R.N.W.T. 1990 c. V-2.

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REGISTRATION OF DEATH FORMS

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Attachment 421.1

ATTACHMENTS

The attached *Registration of Death* form is taken from the *Vital Statistics Act Forms*, form 3 (pages 16, 18, 20, 21, and 22).

These forms can be downloaded from the Department of Justice website at: <http://www.justice.gov.nt.ca/Legislation>

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FORM 3
REGISTRATION OF
DEATH

Registration No. (*Headquarters use only*)

NAME OF DECEASED	1. Surname of deceased (<i>print or type</i>) Given names			2. Sex	Social Insurance Number
PLACE OF DEATH	3. Name of hospital or institution (<i>otherwise exact location where death occurred</i>)			City, town or other place (<i>by name</i>)	District
USUAL RESIDENCE	4. Complete street address. If rural give exact location (<i>not PO or RR address</i>)			City, town or other place (<i>by name</i>)	County or district
MARITAL STATUS	5. Single, married, widowed or divorced (<i>specify</i>)			6. If married, widowed or divorced, give full name of husband or full maiden name of wife	
OCCUPATION	7. Kind of work done during most of working life			MEDICAL CERTIFICATE OF DEATH	
	8. Kind of business or industry in which worked			25. Date of death: Month (<i>by name</i>), day, year	Approx. interval between onset & death
BIRTHDATE	9. Month (<i>by name</i>), day, year of birth			26. Cause of death Part I Immediate cause of death (a) owing to, or as a consequence of	
AGE	10. Age (years)	If under 1 year (Months)	(Days)	If under 1 day (Hours)	(Minutes)
BIRTHPLACE	11. City or place, territory, province (<i>or country</i>) of birth				
ETHNIC GROUP	12. Inuit, Metis, Treaty Indian, other (<i>specify</i>)				
FATHER	13. Surname (<i>print or type</i>) Given names			27. Autopsy being held? Yes <input type="checkbox"/> No <input type="checkbox"/>	28. Does the cause of death stated above take account of autopsy findings? Yes <input type="checkbox"/> No <input type="checkbox"/>
	14. Birthplace-City, town or place, province (<i>or country</i>)			29. May further information relating to the cause of death be available later? Yes <input type="checkbox"/> No <input type="checkbox"/>	

MOTHER	15. Maiden surname (<i>print or type</i>) Given names		30. If accident, suicide, homicide or undetermined (<i>specify</i>)	31. Place of injury (<i>e.g. home, farm, highway, etc.</i>)	32. How did injury occur? (<i>describe circumstances</i>)		
	16. Birthplace-City, town or place, province (<i>or country</i>)						
SIGNATURE OF INFORMANT	17. Signature of informant X		33. I certify that the Signature (<i>attending physician, coroner, etc.</i>) above named person died on the date and from the causes stated above: X				
	18. Address of informant		34. Desig- nation	Attending physician	Coroner	Other	Date certified: Month (<i>by name</i>), day, year
	19. Relationship to deceased	20. Date signed: (<i>month, day, year</i>)	35. Name of physician or coroner (<i>or other person</i>) Address: (<i>print or type</i>)				
DISPOSITION	21. Burial, cremation or other disposition (<i>specify</i>)	22. Date of burial or disposition: Month (<i>by name</i>), day, year	Notations:				
	23. Name and address of cemetery, crematorium or place of disposition						
FUNERAL DIRECTOR	24. Name and address of funeral director (<i>or person in charge of remains</i>) (<i>print</i>)		I certify this return was accepted by me at on 19 (<i>signature of sub- or district registrar</i>)				

Every item of information should be carefully supplied
 This form must be filed without delay with the subregistrar of the
 district in which the death occurred before a burial permit can be issued

INSTRUCTIONS

Physician's Statement of Cause of Death - The morbid conditions relating to death are divided on the certificate into two groups. In Part I of the certificate are those related to the "Immediate cause of death" and the "Antecedent causes", and in Part II, "Other significant conditions" contributing to the death but not related to the disease or condition causing it. In most cases a statement of cause under Part I will suffice. Detailed certification is not essential, the entry of a single cause being preferable in cases where this can be regarded as adequate (see Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:

- (a) Name first the immediate cause of death, i.e., the disease, injury or complication that caused death (not mode of dying or terminal condition).
- (b) Then give other morbid conditions (if any) of which it was the consequence, in order to causal relationship (owing to) stating the most recent one first and then others in order.
- (c) Entries under Part II should be reserved for "other significant conditions contributing to the death, but not related to the disease or condition causing it".
- (d) Accepted terms for morbid conditions should always be used - never record symptoms only.
- (e) **Maternal Deaths** - Qualify diseases resulting from pregnancy, childbirth, miscarriage or abortion, e.g., "puerperal septicaemia", "eclampsia, arising during pregnancy". Distinguish between septicaemia originating in abortion and in childbirth.
- (f) **Cancer** - The organ or part FIRST affected should be specified.
- (g) **Violent Deaths** - Coroners, medical examiners and physicians who certify to deaths from violent causes should clearly indicate the fundamental distinction of whether the death was owing to accident,

DIRECTIVES

Certificat médical attestant - Les causes de décès se divisent en deux groupes. Indiquer à la partie I, les «causes directes» du décès et les antécédents et, à la partie II, les causes plus ou moins liées. Il suffit, dans la plupart des cas, de remplir la partie I. Une déclaration détaillée n'est pas nécessaire et l'inspection d'une seule cause est préférable dans les cas où cela est suffisant (voir l'exemple 1). Par contre lorsque le médecin juge préférable d'inscrire plus d'une cause, il est important que ces causes soient indiquées à l'endroit approprié sur la formule en indiquant leur interaction mutuelle. Ces renseignements sont nécessaires pour permettre de choisir à des fins statistiques la cause qui peut être indiquée, selon le signataire du certificat :

- a) Indiquer d'abord la cause immédiate du décès, c.-à-d. la maladie, la blessure ou la complication qui a causé le décès (et non la façon de mourir ou la phase terminale);
- b) Indiquer ensuite toute autre cause de décès (s'il en est) ayant mené à la cause immédiate et le lien de cause à effet en indiquant la plus récente d'abord et ensuite les autres, dans l'ordre;
- c) La partie II est réservée à tout autre état ayant pu contribuer au décès mais non lié à la maladie ou à l'état l'ayant causée;
- d) Utiliser les termes d'usage pour l'état de mobilité et ne jamais inscrire uniquement les symptômes;
- e) **Décès dans le ventre de la mère** - Identifier toute maladie reliée à la grossesse ou à l'accouchement, toute fausse-couche ou tout avortement, par exemple «septicémie puerpérale», «éclampsie survenant durant la grossesse». Distinguer entre la septicémie à la suite d'un avortement ou d'une naissance;
- f) **Cancer** - Indiquer l'organe ou la partie qui a été touchée en premier;
- g) **Mort violente** - Les coroners, les médecins légistes et les médecins qui attestent du décès par cause violente doivent clairement indiquer, la distinction fondamentale, à savoir si la mort est due à un accident, un suicide ou un homicide et ensuite indiquer le genre d'accident et sa

suicide, or homicide, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., a motor vehicle accident should be designated as such, and the type of vehicle involved, e.g., "truck", "private car", etc.

nature. Les circonstances de chaque accident devraient être indiquées de façon aussi détaillée que possible, par exemple un accident de véhicule automobile doit être désigné comme tel, avec la mention du genre du véhicule impliqué, par exemple «camion», «véhicule privé», etc.

The following examples illustrate the essential principles in the use of the form.

CAUSE OF DEATH	Example 1	Example 2	Example 3	Example 4	Example 5
Part I					
Immediate cause of death	(a) Lobar pneumonia owing to (or as a consequence of)	(a) Pulmonary tuberculosis owing to (or as a consequence of)	(a) Acute peritonitis owing to (or as a consequence of)	(a) Bronchopneumonia owing to (or as a consequence of)	(a) Uraemia owing to (or as a consequence of)
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>under-lying cause last</i>	(b) owing to (or as a consequence of) (c)	(b) owing to (or as a consequence of) (c)	(b) Acute appendicitis owing to (or as a consequence of) (c)	(b) Operation owing to (or as a consequence of) (c) Strangulated inguinal hernia	(b) Chronic nephritis owing to (or as a consequence of) (c)
Part II				Chronic interstitial nephritis	Chronic bronchitis
Other significant conditions contributing to death but not causally related to the immediate cause (a) above					

BRIEF

INFORMATION CAN BE
RELEASED TO A CORONER
WITHOUT A WARRANT
ONLY UNDER SPECIFIC
CIRCUMSTANCES

POLICY

In the event of a reportable death, a copy of the deceased **patient's health record may be released to the coroner** without a warrant when all of the following criteria are met:

- The coroner determines the death is reportable **under the Coroner's Act**.
- The coroner investigating the death provides the request for a copy of the deceased patient's chart in writing
- A physician or Registered Nurse employed by the HSSA has attended and pronounced the death.
- The CEO authorizes the release of this information, either by an approved HSSA policy or in writing on a case-by-case basis.

The coroner's original written request for a copy of the health record shall be added to the deceased patient's health record. The person responsible for risk management for the HSSA should be notified of the release of this information as soon as practicable (usually the next business day).

The deceased patient's original health record shall not be released unless a warrant issued by a justice of the peace or Territorial court judge is presented.

PRINCIPLES

- The NWT *Coroner's Act* states a coroner may issue a warrant to take possession of a body and conduct an investigation of a reportable death. This allows the coroner to examine the body, to send the body for autopsy, and to send body fluid samples for toxicology examinations, but does not explicitly authorize the coroner to obtain or view the deceased individual's health record.
- The coroner may obtain a warrant from a justice of the peace to seize anything considered material to the investigation of a reportable death. This could include the patient's original chart or a copy of the chart. A warrant to obtain the chart or a copy for the purposes of investigating a reportable death would not likely be denied by a justice of the peace.
- Obtaining a warrant to demand a copy of the chart for the investigation of a reportable death may delay the investigation and may not be in the best interest of the deceased patient, the family, or the public.
- The *Access to Information and Protection of Privacy Act* (ATIPP) allows the CEO to authorize the release of personal information when it has been determined not to be an unreasonable invasion of an individual's privacy and that the release will not cause harm.
- A *reportable death* is defined in section 8(1) of the *NWT Coroner's Act* (see also Guideline 420.1 – *Notifying a Coroner of a Death*).
- Registered Nurses cooperate with the coroner in the investigation of a reportable death following applicable laws, policies, guidelines, and standards of practice.
- The CEO or designated risk management personnel should be contacted for clarification where required.

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- It is not usual for the coroner to request the original chart. The CEO or designated risk management personnel should be notified as soon as practicable when a warrant for the original chart is presented.

SEE ALSO 420 Pronouncement of Death
420.1 Notifying Coroner of a Death
421 Documentation of Death
421.1 Registration of Death Forms

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Scott Robertson, Chief Nursing Officer EFFECTIVE April 1, 2010

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BRIEF	TELEPHONE ADVICE MAY BE PROVIDED BY COMMUNITY HEALTH NURSES
POLICY	<p>Telephone advice may be provided by Registered Nurses in accordance with the scope of employment. Registered Nurses who provide telephone advice shall do so in accordance with this policy and attached guidelines as well as approved employer-specific policies and guidelines.</p> <p>Each HSSA shall facilitate and support Registered Nurses in providing consistent quality advice over the telephone.</p>
DEFINITIONS	<p>Telephone Advice is based on the therapeutic nurse-client relationship and involves using a telephone to provide health care advice to clients. It is an interactive process that involves assessment, planning, provision of information as well as support, evaluation, and documentation.</p> <p>Duty of Care When Giving Telephone Advice – A person's reliance on a Registered Nurse's knowledge and expertise creates a special relationship that gives rise to a legal duty for the Registered Nurse to provide reasonable care. Under certain circumstances of time, place, state of the client, a legal duty is established to take reasonable care.</p> <p>Reasonable Care is the degree of care that a prudent or careful Registered Nurse would exercise under the same or similar circumstances.</p>
PRINCIPLES	<ul style="list-style-type: none"> • Telephone advice is a risk action from a legal perspective, and risk management steps are taken to

support telephone advice.

- The Registered Nurse who accepts a telephone call and provides advice, information, or counselling, has established a duty of care.
- Effective policies consider the clients, their needs, and the resources available to meet their needs.
- Effective risk management measures by Registered Nurses and employers can decrease the incidence of injury to clients and the risk of potential liability. Strategies include:
 - establishing policies indicating who may provide telephone advice and under what circumstances
 - establishing a policy to protect patient confidentiality
 - ensuring nursing personnel have appropriate education, skills, and experience to provide telephone advice
 - providing adequate staffing
 - developing written protocols to ensure that standard current information is available
 - developing an appropriate documentation system and retaining these records
 - following professional guidelines and standards
 - ongoing review and evaluation of protocols for relevancy and accuracy
 - auditing of documentation
 - reporting and follow-up of unusual occurrences

ATTACHMENTS

425.1 Telephone Advice Guidelines

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SEE ALSO

- 250.1 Quality Documentation – Documentation Standards Guidelines
- 252 Documentation Format
- 300 Risk Management

REFERENCES

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APPROVAL

Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer

EFFECTIVE
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GUIDELINE

TELEPHONE ADVICE

1. When providing telephone advice the Registered Nurse should:
 - make every effort to speak directly with the client in order to reduce the potential for communication errors
 - allow for adequate “talk time”
 - collect adequate data
 - adhere to applicable guidelines and protocols
 - avoid leading questions
 - avoid medical jargon or complicated language
 - avoid accepting client self-diagnosis
 - avoid stereotyping callers or problems
 - be sensitive to language and cultural barriers
 - suggest an alternative method of health care service if communication difficulties are encountered
2. The Registered Nurse shall assess her or his own level of competency in providing telephone advice in each situation.
3. The Registered Nurse must be satisfied that the standard of care delivered via telephone is reasonable and at least equivalent to any other type of care that can be delivered to the client, considering the specific context, location and timing, and relative availability of other methods of care delivery.
4. If the reasonable standard cannot be satisfied via telephone the Registered Nurse should inform the client of this and arrange an alternative type of health care delivery within an appropriate timeframe, such as a face-to-face assessment at the Health Centre.
5. Registered Nurses use approved clinical practice guidelines when giving telephone advice including *NWT Clinical Practice Guidelines for Primary Community Care Nursing*. The Registered Nurse must recognize certain

modifications may be required to accommodate the lack of ability to directly examine the client.

6. The principles of the *Canadian Triage Assessment System* (CTAS) may provide useful guidance for Registered Nurses when giving telephone advice. Training and experience in the utilization of this system will allow the Registered Nurse to integrate CTAS principles into the telephone assessment process.
7. The Registered Nurse should inform the client that many health concerns cannot be adequately assessed over the telephone. Where applicable, arrangements should be made for an examination by a primary health care provider for further care within an appropriate timeframe, which may include immediately.
8. Extremes in age (the very young and the elderly) can present particular challenges in adequately assessing the client's condition by telephone. The Registered Nurse should consider this when determining how soon the client needs to be assessed in-person.
9. Particular attention to issues of consent should be considered when the caller is not the client.

DOCUMENTATION

10. All Registered Nurses in Community Health Centres are required to document any delivery, management, or coordination of care provided via the telephone. Documentation must be on an approved Health and Social Services (HSSA) telephone advice documentation record template or directly onto the client's personal health record.
11. The minimum requirements to be included in documenting telephone interactions with clients are:

- the date and time of the call
- confirmation of identity of caller
- the name, telephone number, and address of the caller
- consent for assessment and treatment which may be explicit or implicit
- the reason for the call
- detailed signs and symptoms as described
- advice or information given
- required follow-up
- client/caller response
- evaluation of caller's understanding of advice
- the Registered Nurse's signature and designation
- The documentation record becomes part of the client's permanent health record.

SEE ALSO

252.1

SOAP Documentation Guidelines

300

Risk Management

REFERENCES

Canadian Association of Emergency Physicians. (1998). *Implementation Guidelines for The Canadian Emergency Department Triage & Acuity Scale (CTAS)*. Retrieved January 29, 2010 from <http://www.caep.ca/>

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BRIEF

OBSTETRICAL CLIENTS
ARE SENT FOR
CONFINEMENT AT THE
APPROPRIATE TIME IN
PREGNANCY

POLICY

Prenatal clients shall be evacuated to the nearest health facility with obstetrical services for delivery of their infant except where community birthing services are available.

The gestational time for evacuation will depend on:

- History of current pregnancy
- Level of pregnancy risk assessment
- Geographical location of the home community to the nearest hospital with obstetrical services and factors such as availability of scheduled flights
- Competence and experience level of the Registered Nurse in the community
- Consultation with the family physician, obstetrician, and midwife, as applicable

Consideration shall also be given to social/family situation and the preferences of the client and/or guardian.

PRINCIPLES

- The goal of prenatal care is to assist the pregnant woman in ways that reduce mortality and morbidity while supporting the woman's health needs.
- Labour and delivery, while a natural event, is not without risk.
- Unplanned deliveries do occur in Community Health Centres.

- Registered Nurses strive to provide the highest standard of care possible within the limitations of the care options chosen by the client.
- The objective is for pregnant women to receive quality prenatal care during pregnancy, and that at approximately the 40th week of gestation will experience the safe delivery of a healthy infant.
- Registered Nurses work with the client to develop an acceptable care plan and to transfer care to an appropriate care provider.
- Airlines usually restrict travel on scheduled flights after a certain gestational date (usually after the 34th or 35th week of pregnancy). Airlines may not allow travel after this time even with a physician letter. These factors must be accounted for when planning elective evacuation of obstetrical clients.

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Section: Nursing Practice Scope & Certification	TRANSFERRED HEALTH FUNCTIONS
Page 1 of 2	Policy 450

BRIEF	TRANSFERRED HEALTH FUNCTIONS ARE DEFINED AND AUTHORIZED THROUGH A SPECIFIC PROCESS
POLICY	<p>Each HSSA shall develop and implement a policy for any transferred health function.</p> <p>Health functions may be transferred to Registered Nurses provided there is a written policy statement that has been developed by the HSSA. This is done in collaboration with nursing and the health care profession transferring the function.</p> <p>Registered Nurses may perform transferred health functions provided they have:</p> <ul style="list-style-type: none"> • A policy approved by the HSSA and transferring health profession to perform the function. • Successfully completed/challenged a program of instruction leading to specialized competency in the function • Obtained and maintain appropriate certification, if required • Current competency to perform the function <p>The HSSA policy shall address how and when the functions may be performed.</p>
PRINCIPLES	<ul style="list-style-type: none"> • The transferred health functions are the shared responsibility of the HSSA, nursing, and the transferring health care profession.

Section: Nursing Practice Scope & Certification	TRANSFERRED HEALTH FUNCTIONS
Page 2 of 2	Policy 450

- Each HSSA retains full responsibility to safeguard those trusted to its care.
- Transferring a health function will vary in accordance with an HSSA's ability to provide access to supporting health care professionals, facilities, and services.
- Client safety must be maintained.
- Transferring of health functions does not change the legal responsibility of the employing agency, individual health care professional, or registered nurse.

ATTACHMENTS	450.1	Transferred Health Function Policy Guidelines
	450.2	Transferred Health Function Policy Guidelines - Deciding When to Act
	450.3	Transferred Health Function Policy Guidelines - Should This Be a Transferred Health Function?
SEE ALSO	401	Community Health Nursing Practice - Employer Responsibilities
	402	Community Health Nursing Practice - Employee Responsibilities
	455	Certification Programs
	456	Specialty Areas in Nursing

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GUIDELINE When drafting a policy to transfer health functions the following points are considered:

1. The need to transfer a function is documented and substantiated.
2. Possible complications and/or consequences of the transfer are reviewed and a protocol for safe transfer of the function is established.
3. Evidence that the transferred function will be practiced often enough to maintain competence must be supplied.
4. There must be provision for review and, where indicated, recertification to assure competency is maintained.
5. Verification of competence should be recorded so that both the registered nurse and the HSSA possess an up-to-date record of authorization to perform the function.

Transferred health functions listed in this guideline are neither all that a Registered Nurse may perform nor what a Registered Nurse shall perform. Registered Nurses are accountable for their own actions and each Registered Nurse must exercise judgment in accepting responsibility for applying transferred health care functions. Appropriateness of transferring health care functions will vary with the requirements of individual HSSAs.

SEE ALSO	401	Community Health Nursing Practice – Employer Responsibilities
	402	Community Health Nursing Practice - Employee Responsibilities
	455	Certification Programs
	456	Specialty Areas in Nursing

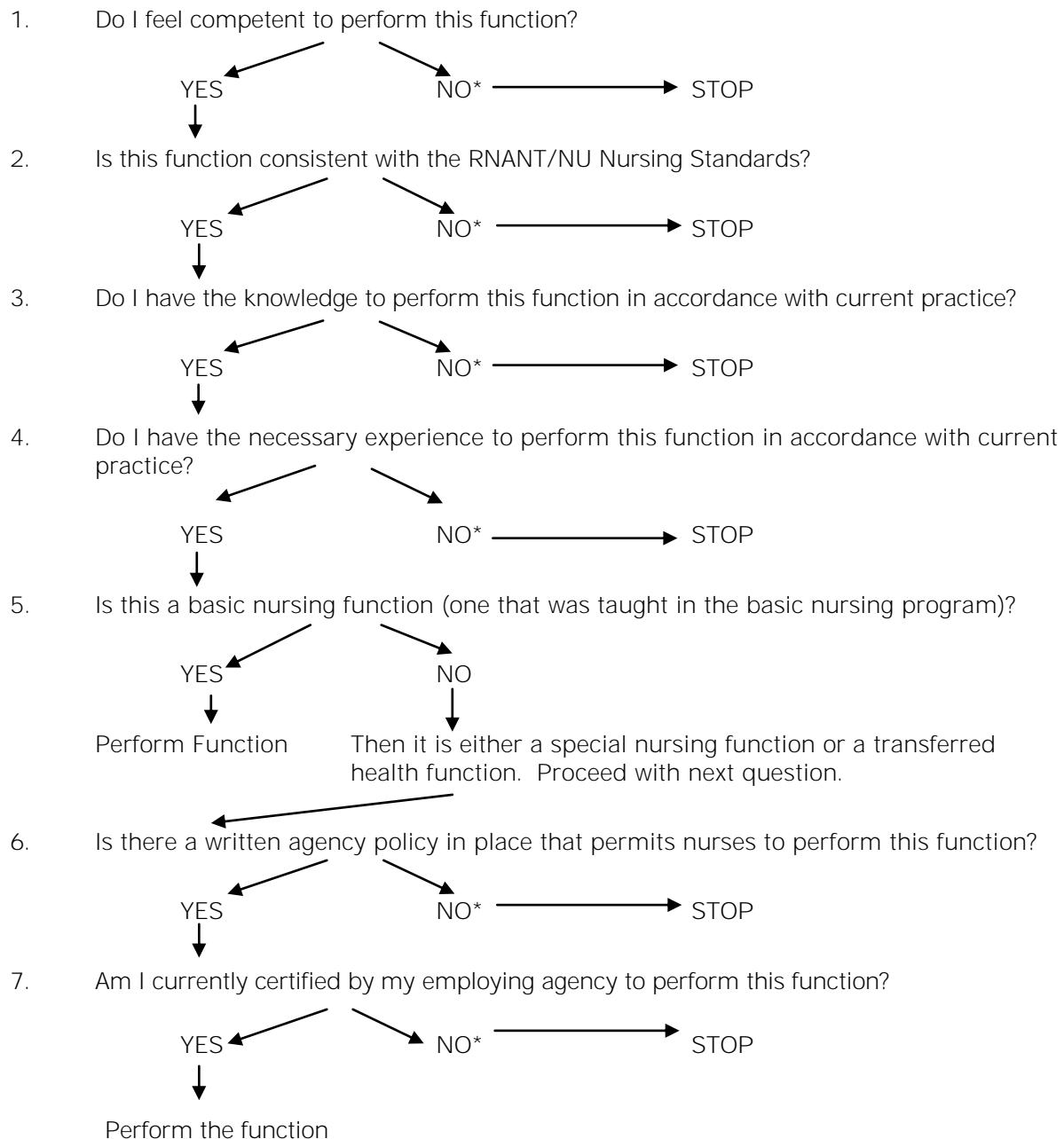
REFERENCES Registered Nurses Association of Northwest Territories and Nunavut. (1992). *Guidelines for Nursing Practice Decisions*. Yellowknife, NT.

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*In an emergency (life threatening) situation regardless of location, in the absence of a more qualified practitioner a Registered Nurse should perform whatever functions she or he thinks are reasonable given the situation. In such a situation, a Registered Nurse should not feel constrained by lack of policy or educational preparation.

Adapted with permission of RNANT/NU from RNANT/NU Guidelines for Nursing Practice Decisions June 1992

Section: Nursing Practice
Scope & Certification

TRANSFERRED HEALTH FUNCTIONS
POLICY GUIDELINES – DECIDING
WHEN TO ACT

Page 2 of 2

Guideline 450.2

REFERENCES Registered Nurses Association of Northwest Territories and Nunavut. (1992). *Guidelines for Nursing Practice Decisions*. Yellowknife, NT.

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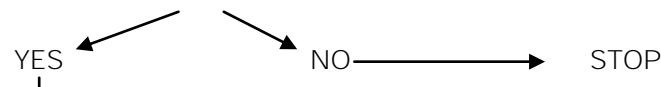
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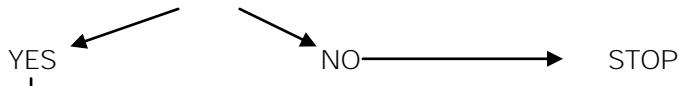
GUIDELINES

Should This Be a Transferred Health Function?

1. Would patients benefit from nurses performing this function?



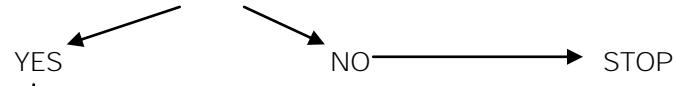
2. Is the performance of this function consistent with the RNANT/NU Nursing Standards?



3. Are the inherent complications in this procedure manageable and can a nurse manage these potential complications?

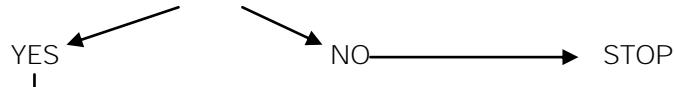


4. Is it possible to achieve a written agreement between nursing and the department transferring the function stating shared responsibility for the transferred function?

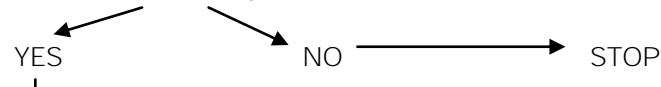


5. Am I prepared to develop a written agency policy identifying:

Who may perform the function?
The knowledge and skill required of the individual performing the function?
Under what circumstances the function may be performed?
When the policy will be reviewed?



6. Does the agency have the resources (technical, human, financial) to develop, implement, and maintain a certification program?



It is possible to make this a transferred health function.

Section: Nursing Practice Scope & Certification	TRANSFERRED HEALTH FUNCTIONS POLICY GUIDELINES - SHOULD THIS BE A TRANSFERRED HEALTH FUNCTION?
Page 2 of 2	Guideline 450.3

REFERENCES Registered Nurses Association of Northwest Territories and Nunavut. (1992). *Guidelines for Nursing Practice Decisions*. Yellowknife, NT.

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Section: Nursing Practice Scope & Certification	COMPETENCY FOR TRANSFERRED HEALTH CARE FUNCTIONS
Page 1 of 3	Policy 451

BRIEF	TRANSFERRED HEALTH FUNCTIONS REQUIRE INSTRUCTION AND SUPERVISED PRACTICE
POLICY	<p>Each HSSA shall develop and implement a program of instruction and supervised practice for Registered Nurses to achieve competency of any transferred health function.</p> <p>The instruction programs for transferred health functions shall:</p> <ul style="list-style-type: none"> • Be reviewed at the same time the supporting policy is reviewed • Have identified competency standards • Include knowledge of underlying principles under which it may be performed (a written teaching outline should be available) • Include circumstances under which it may be performed (a written teaching outline should be available) • Have a provision for supervised practice • Have a method for demonstrating competence <p>Registered Nurses shall practice within their own levels of competence.</p>
PRINCIPLES	<ul style="list-style-type: none"> • Basic nursing programs do not provide instruction beyond what is the required legislated practice for the Registered Nurse. • The appropriateness of sanctioning a transferred health function will vary in accordance with the ability of the Health and Social Services Authority (HSSA) to provide resources for instruction, supervision, continuing

Section: Nursing Practice Scope & Certification	COMPETENCY FOR TRANSFERRED HEALTH CARE FUNCTIONS
Page 2 of 3	Policy 451

education, and, where indicated, continuing certification.

- Registered Nurses are responsible for maintaining a safe level of practice and should be aware that no statement of policy by a professional association or employing agency relieves responsibility for the nurse's own acts.
- Registered Nurses are accountable for their own performance.
- Registered Nurses must practice within their own level of competence. When aspects of care are beyond their level of competence, they must seek additional information or knowledge, seek help from their supervisor or a competent practitioner, and/or request a different work assignment. In the meantime, nurses must provide care until another nurse is available to do so.

SEE ALSO 402 Community Health Nursing Practice - Employee Responsibilities
 455 Certification Programs

REFERENCES Canadian Nurses Association. (2002). *Code of Ethics for Registered Nurses: Nursing values and responsibility*. Ottawa, ON.

Canadian Nurses Association, Canadian Medical Association, & The Canadian Pharmacy Association. (2003). *Joint Position Statement: Scope of Practice*. Ottawa, ON: Canadian Nurses Association.

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Registered Nurses association of the Northwest Territories and Nunavut (RNANT/NU). *Standards of Practice for Registered Nurses: Professional Responsibility and Accountability*. Retrieved on January 14, 2008 from the RNANT/NU website:
http://www.rnantnu.ca/Portals/0/Documents/Standards_Nursing_Prac_2006.pdf

Saskatchewan Registered Nurse Association. (2002). *Practice of Nursing: RN Assignment and Delegation*. Regina, SK.

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Section: Nursing Practice Scope & Certification	CERTIFICATION PROGRAMS
Page 1 of 2	Policy 455

BRIEF	HEALTH FUNCTIONS REQUIRING CERTIFICATION ARE IDENTIFIED
POLICY	<p>Each HSSA shall identify health functions which require certification and ensure the following elements are addressed when developing or adopting a certification program:</p> <ul style="list-style-type: none"> • Competency standards are identified • Protocols for safe implementation are established • Instructional programs conform to best practice and include: <ul style="list-style-type: none"> • Knowledge of underlying principles • Possible complications or risks • Conditions under which it may be performed • Supervised practice • Method to demonstrate competence • Provision for review and recertification to ensure competency is maintained • Provision for the function to be practiced often enough to maintain competence • Record of certification <p>Efforts shall be made for recognition of certification programs among HSSAs.</p>
PRINCIPLES	<ul style="list-style-type: none"> • Utilization of the same format for all certification programs provides the basis for quality assurance. • Certification may be provided for a specific skill set, program, or specialty area.

Section: Nursing Practice
Scope & Certification

CERTIFICATION PROGRAMS

Page 2 of 2

Policy 455

ATTACHMENTS

455.1 Functions Recommended for Certification

REFERENCES Registered Nurses Association of the Northwest Territories and Nunavut. (1992). *Guidelines for Nursing Practice Decisions*. Yellowknife, NT.

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Section: Nursing Practice Scope & Certification	FUNCTIONS RECOMMENDED FOR CERTIFICATION
Page 1 of 1	Guideline 455.1

GUIDELINE Certification is recommended for, but not limited to, the following functions:

- Administration of Anti-Neoplastic Agents
- Advanced Cardiac Life Support
- Basic Cardiac Life Support
- Cardiac Defibrillation
- Cardiac Monitoring and Interpretation
- Cast Application
- Immunizations
- Intrauterine Contraceptive Device Insertion
- Intravenous Therapy
- Pacemaker Adjustments (Emergency Adjustments of Voltage and/or Rate)
- X-ray Equipment Operation
- Hemodialysis

PRINCIPLES

- The need for certification in these functions is easily documented and substantiated.
- Recommending certification of these functions should not pose an operational hardship.
- Recommending certification of these functions will enhance client care.

SEE ALSO	401 Community Health Nursing Practice – Employer Responsibilities
	402 Community Health Nursing Practice – Employee Responsibilities

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BRIEF

SPECIALTY AREAS IN
NURSING REQUIRE
ADDITIONAL EDUCATION
AND SKILLS

POLICY

Registered Nurses employed by Health and Social Services Authorities (HSSAs) in the specialty area of Community Health Nursing shall be guided by Department of Health and Social Services (DHSS) policies and Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) guidelines with regard to ensuring current best practice.

Where scope of employment causes the Registered Nurse to need role-specific nursing functions, HSSAs shall make every effort to assist the Registered Nurse employee to acquire the knowledge and/or skills to move along the full entry-level to advanced scope of practice continuum.

Lack of specialty certification in role-specific practice settings by a Registered Nurse does not preclude him/her from performing role-specific nursing functions of a nursing specialty, (e.g. a nurse does not have to be a midwife to perform a prenatal assessment) providing the following conditions are met:

- The Registered Nurse receives education that meets the standards for certification instruction programs, including theory and supervised practice.
- Opportunity is provided for the function to be practiced often enough to maintain competency.
- The HSSA authorizes the function in a written policy statement.

HSSAs shall have a method of determining the need for development of specialized competence for the Registered Nurse. Some nursing functions and transferred health functions require the development of specialized competence.

DEFINITIONS

Community Health Nursing (CHN) is a specialty area that includes community health centre nursing, public health nursing, and home care nursing. Within this specialized area other specialties can exist, e.g. Registered Nurse with perinatal certification.

PRINCIPLES

- Registered Nurses practice on a continuum from beginning entry-level practice to advanced practice.
- Specialty areas in nursing require professional preparation based on a greater depth of knowledge and skill, and may occur at any point on a continuum from entry-level to advanced.
- Registered Nurses are responsible for maintaining a safe level of practice and should be aware that no statement of policy by a professional association or employing agency relieves responsibility of the nurse's own acts.
- Specialty areas in Community Health Nursing require an environment that promotes attainment of additional knowledge and skills that will enhance client care and safety.
- Registered Nurses may possess required specialized competence in one area but lack specialized competence in another area e.g. a nurse-midwife who lacks public health preparation.

Section: Nursing Practice Scope & Certification	SPECIALTY AREAS IN NURSING
Page 3 of 3	Policy 456

SEE ALSO	401	Community Health Nursing Practice – Employer Responsibilities
	401.1	Guidelines for Role-Specific Nursing Functions
	402	Community Health Nursing Practice - Employee Responsibilities
	450	Transferred Health Care Function
	451	Competency for Transferred Health Care Functions
FERENCES		<p>Canadian Nurses Association. (2002). <i>Position Statement: Advanced Nursing Practice</i>. Ottawa, ON.</p> <p>Registered Nurses Association of Northwest Territories and Nunavut. (2000). <i>Entry-Level Competencies for Primary Health Care Nurse Practitioners</i>. Yellowknife, NT.</p> <p>Registered Nurses Association of Northwest Territories and Nunavut. (2009). <i>Entry-Level Registered Nurse Competencies</i>. Yellowknife, NT.</p> <p>Registered Nurses Association of Northwest Territories and Nunavut. (1992). <i>Guidelines for Nursing Practice Decisions</i>. Yellowknife, NT.</p>

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BRIEF

IN-SERVICE PROGRAMS
ARE DEVELOPED AND
DELIVERED
COLLABORATIVELY
BETWEEN HSSAs

POLICY

Each HSSA shall develop and implement a method to collaborate with other HSSAs on a standard framework for in-service education programs. Where HSSAs are considering in-service education programs to enhance the professional development of Registered Nurses or to develop specialized competence for the Registered Nurse the following points shall be considered:

- Ability to provide in-service educators/personnel
- In-service programs shall conform to national or other existing standards.
- Development of a process by which need for in-service education can be substantiated and documented
- Ability of nursing staff to access in-service programs

PRINCIPLES

- Collaboration allows for sharing between HSSAs and the maximum utilization of human and financial resources.
- Provides standardization, accessibility, and relevance of in-service programs.

Section: Nursing Practice Scope & Certification	IN-SERVICE EDUCATION
Page 2 of 2	Policy 457

REFERENCES Canadian Council on Health Services Accreditation (2007). *Patient/Client Safety Goals and Required Organizational Practices: Patient Safety Area 2: Communication*. Ottawa, ON.

Registered Nurses Association of the Northwest Territories and Nunavut. (1992). *Guidelines for Nursing Practice Decisions: Section 1: The Responsibility for Safe Patient Care - The Individual Nurse*. Yellowknife, NT.

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Diagnostics 600-699

Laboratory 600-649

Radiology 650-699

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BRIEF

PERFORMING SPECIFIC
LABORATORY
PROCEDURES BY
REGISTERED NURSES IS
AUTHORIZED

POLICY

Each HSSA shall develop and implement a policy authorizing Registered Nurses to perform laboratory procedures in Community Health Centres.

The following components shall be addressed in the policy:

- There are criteria for selecting laboratory procedures appropriate for implementation by registered nurses.
- The procedures can be safely conducted in a Community Health Centre.
- There is access to a suitable instruction in the procedure.
- The recommended procedures are cost effective.
- An instructional program for transferred health functions exists, where appropriate, that has been developed in conjunction with laboratory, medical, and nursing personnel as per Policy 450 – Transferred Health Functions and Policy 451 – Competency for Transferred Health Care Functions.
- Access to laboratory personnel or adequate resources is available where questions arise with regard to laboratory procedures.

- The HSSA approves a laboratory manual that has been recommended by the *Northwest Territories Laboratory Advisory Committee*.
- The HSSA provides a policy for obtaining post-mortem samples.

Laboratory procedures that shall be considered for implementation by Registered Nurses in community health centers are located in Guideline 600.1 – Laboratory Procedure Guidelines.

PRINCIPLES

- Safe implementation of laboratory procedures is of primary importance to ensure quality client care.
- Nurses must practice within their own level of competence. When aspects of care are beyond their level of competence, they must seek additional information or knowledge, seek help from their supervisor or a competent practitioner and/or request a different work assignment. In the meantime, nurses must provide care until another nurse is available to do so.
- The employer can identify individual expectation or restrictions and is then responsible to ensure competency for the expected procedure(s) by providing education and practical experience as necessary.

ATTACHMENTS

- 600.1 Laboratory Procedure Guidelines
- 600.2 Guidelines for Obtaining Post Mortem Samples
- 600.3 Guidelines for the Use of Sexual Assault Kits

SEE ALSO	450	Transferred Health Functions
	451	Competency for Transferred Health Care
	605	Functions
		Requisitioning Laboratory Studies
	610	Identification of Laboratory Specimens

REFERENCES Canadian Nurses Association. (2002). *Code of Ethics for Registered Nurses: Safe, Competent, and Ethical Care*. Ottawa, ON.

Hospital and Health Care Facility Standards R.R.N.W.T.2005, c R-036, s. 54(3).

Hospital Insurance And Health And Social Services Administration Act R.S.N.W.T. 1988, c.T-3.

Registered Nurses Association of the Northwest Territories and Nunavut. (2007). *Bylaw: Dispensing, Compounding and Packaging Drugs*. Yellowknife, NT.

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GUIDELINE The following are recommended laboratory procedures and samples that may be performed and/or collected in Community Health Centres:

1. Blood smear
2. Collection of laboratory specimens:
blood,
 by lancet
 by venipuncture
scrapings (e.g. fungal studies)
emesis
secretions
 ear
 eye
 nasal
 rectal
 skin
 sputum
 throat
 urethral
 vaginal
 swab and smear,
 Papanicolaou smear – liquid cytology
stool
urine
viral studies
3. Forensic specimens:
post mortem samples
sexual assault kit specimens
4. Urine Pregnancy test
5. Serum separation
6. Routine urinalysis and urine culture
7. Microscopic examination of blood, urine, vaginal and

urethral secretions

8. Tests on blood:
glucose level determination
hemoglobin estimation
erythrocyte sedimentation rate
white blood cell count
9. Tests on vaginal secretions:
Ferning test
hanging drop test
wet prep
10. Point of Care Testing (POCT)
Tests as recommended by NWT Laboratory Advisory Committee

REFERENCES

Beaufort -Delta Health and Social Services Authority. (2006). *Laboratory Manual*. Inuvik, NT.

British Columbia Ministry of Health. (2005). *Ft. Nelson Hospital Laboratory Manual*. Ft. Nelson, BC: Northern Health Services.

Dynacare Kasper Medical Laboratories. (2004). *Directory of Services*. Edmonton, AB.

Hay River Health and Social Services Authority. (2006). *Laboratory Guidelines: Standing Order Bloodwork*. Hay River, NT.

Stanton Territorial Health Authority. (2001). *Laboratory Manual or Health Centres*. Yellowknife, NT.

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GUIDELINE

1. It is the usual protocol of the NWT Chief Coroner's Office to request fluid samples be taken in cases where an autopsy will not be performed.
2. The coroner may request the assistance of a Registered Nurse to obtain samples.
3. Authorization to take the samples will be given to the Registered Nurse by the coroner in the form of a "*Toxicology Examination*" form. This document is signed and dated by the coroner.
4. Fluid samples are taken as per *NWT Coroner's Service Toxicology Reporting Procedures* using standard precautions.
5. Equipment used should reflect the site and amount of body fluids needed according to the *NWT Coroner's Service Toxicology Reporting Procedures*.
6. The obtained samples are forwarded to the appropriate examination laboratory (Dynamilife Dx Diagnostic Laboratory Services, Edmonton, Alberta) as per normal routine unless directed otherwise by the coroner.
7. The Registered Nurse shall ensure the coroner has provided a "*Toxicology Form*" which shall accompany the samples to the appropriate examination laboratory. This completed form authorizes the toxicologist to perform the required tests.

SEE ALSO

402	Community Health Nursing Practice - Employee Responsibilities
420	Pronouncement of Death
420.1	Notifying Coroner of a Death

421 Documentation of Death

421.1 Registration of Death Forms

610 Identification of Laboratory Specimens

REFERENCES *Coroner's Act* R.S.N.W.T. 1998, c. C-20.

Coroners Forms Regulations R.R.N.W.T. 2002, R-065-2002.
Form 1.

Dynacare Kasper Medical Laboratories. (2004). *Directory of Services*. Edmonton, AB.

Government of the Northwest Territories Department of Justice. (2001). *NWT Coroner's Service Toxicology Reporting Procedures*. Yellowknife, NT: Office of the Chief Coroner of the Northwest Territories.

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GUIDELINE

1. The *Sexual Assault Kit* is a forensic packaging system that contains:
 - specific instructions on collecting the physical and trace biological evidence from a particular case.
 - containers in which to place all the collected physical and trace biological evidence.
 - instructions on packaging and documenting evidence.
 - procedure on maintaining the chain of custody.
2. The *Sexual Assault Kit* is provided by the RCMP. Once the *Sexual Assault Kit* is completed it will be seized by the RCMP as an exhibit in regards to the criminal investigation.
3. The chain of custody shall be maintained once the examination is started until the collected physical evidence is passed onto the RCMP. Custody of the evidence must be closely regulated and controlled to maintain accurate continuity and accountability of exhibits and property.
4. After collection, the seized physical evidence is the responsibility of the RCMP.
5. The sexual assault nurse examiner shall follow the protocols and guidelines of the respective Health and Social Services Authority and RCMP *Sexual Assault Kit*.
6. Every effort must be made to contact the RCMP in advance of using the RCMP *Sexual Assault Kit*. In the event there is no RCMP officer in the community, contact the RCMP detachment responsible for the community. If that fails, contact the RCMP Operations Control Centre in Yellowknife at (867) 669-5221.

Section: Diagnostics Laboratory	GUIDELINES FOR THE USE OF SEXUAL ASSAULT KITS
Page 2 of 2	Guideline 600.3

REFERENCES Government of Canada. (2006). *Royal Canadian Mounted Police Operational Manual* (Section 4). Ottawa, ON: Queen's Printer.

Government of the Northwest Territories Department of Health and Social Services. (2007). *NWT Clinical Practice Information Notice: NWT Clinical Practice Guidelines – Sexual Assault Pediatrics Section 5*. Retrieved January 29, 2008 from http://www.hlthss.gov.nt.ca/content/Publications/manuals/clinical_practice/pdf/page_65_sexual_assault_pediatrics_section_5_child_abuse.pdf

Government of the Northwest Territories Department of Health and Social Services. (2007). *NWT Clinical Practice Information Notice: NWT Clinical Practice Guidelines Adults – Sexual Assault Section 15 Mental Health*. Retrieved January 29, 2008 from http://www.hlthss.gov.nt.ca/content/Publications/manuals/clinical_practice/pdf/page_64_adults_sexual_assault_section_15_mental_health.pdf

Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Clinical Practice Guidelines for Primary Community Care Nursing: Adult Mental Health* (15). Yellowknife, NT.

Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Clinical Practice Guidelines for Primary Community Care Nursing: Pediatrics – Child Abuse* (s. 5). Yellowknife, NT.

Sahtu Health and Social Services Authority. (2007). *Protocol: Forensic Sexual Assault Examination*. Norman Wells, NT.

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BRIEF

REGISTERED NURSES MAY
REQUISITION SPECIFIC
LABORATORY STUDIES IN
ACCORDANCE WITH
APPROVED CLINICAL
PRACTICE GUIDELINES

POLICY

Registered Nurses employed in Community Health Centres may initiate laboratory studies as indicated in the *NWT Clinical Practice Guidelines for Primary Community Care Nursing*, other approved clinical practice standards, as well as in consultation with a physician or nurse practitioner.

PRINCIPLES

- These studies must be sent to a laboratory. Due to the length of time it takes to receive laboratory results in Community Health Centres, it is in the client's best interests for laboratory studies to be initiated prior to referral or consultation with a physician or nurse practitioner. It facilitates treatment when the appropriate laboratory results are available at the time of consultation.
- Laboratory studies must be clinically indicated and relevant to the care of the client. Registered Nurses working in the community health setting posses the competency to evaluate this relevance.
- Laboratory requisitions from third-party individuals for insurance medical or employment requirements must be ordered by an NWT-licensed physician or Nurse Practitioner. These laboratory studies are not insurable services under the *Hospital Insurance and Health and Social Services Administration Act* and the individual or employer is responsible to pay the prescribed fee to the HSSA.

SEE ALSO	202.1 Recommended Reference Resources Guidelines 325 Client Identification 450 Transferred Health Care Function 610 Identification of Laboratory Specimens 615 Interpretation of Laboratory Studies
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REFERENCES	<p>Canadian Diabetes Association. (2003). <i>Wound Care Guidelines</i>. Toronto, ON.</p> <p>Government of the Northwest Territories Department of Health and Social Services. (2003). <i>NWT Clinical Practice Guidelines for Primary Community Care Nursing</i>. Yellowknife, NT.</p> <p>Government of the Northwest Territories Department of Health and Social Services. (2003). <i>NWT Tuberculosis Manual</i>. Yellowknife, NT.</p> <p>Health Canada. (2002). <i>Canadian Immunization Guide (6th ed.)</i>. Ottawa, ON: Queen's Printer.</p> <p>Public Health Agency of Canada. (2006). <i>Canadian Guidelines on Sexually Transmitted Infections</i>. Ottawa, ON.</p> <p>United Ostomy Association of Canada Inc. <i>Frequently Asked Questions</i>. Retrieved February 13, 2008 from http://www.ostomycanada.ca/faq.htm/</p>
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Section: Diagnostics Laboratory	IDENTIFICATION OF LABORATORY SPECIMENS
Page 1 of 2	Number 610

BRIEF

LABORATORY
SPECIMENS MUST BE
LABELLED WITH AT
LEAST FOUR
IDENTIFIERS

POLICY

All laboratory specimen containers and requisitions shall be clearly labeled with the following four (4) identifiers:

- **Client's legal first and last name, in the format**
Lastname, Firstname
- **Client's date of birth, in the format DD MMM YYYY**
(see Policy 253 – Time and Date Format)
- **Client's personal health number**
- **Client's gender**, which may be abbreviated as M for male, F for female, or U for unknown.

Where available, a computer-generated label shall be used.

Additional information such as the community of residence, name of health care facility, or ordering practitioner may be required on the specimen container or requisition by the individual laboratory.

PRINCIPLES

- This process provides for accurate identification of client data.
- Laboratories may reject samples that are not correctly labeled with the four required identifiers.
- These four identifiers are required in order to report laboratory results through electronic health records systems.

Section: Diagnostics Laboratory	IDENTIFICATION OF LABORATORY SPECIMENS
Page 2 of 2	Number 610

- Computer generated labels increase the legibility of client data and reduces the risk of data errors.
- Many Northern communities have large groups of common family names which increases the risk of incorrectly matching laboratory results to the correct client chart.

SEE ALSO 255 Time and Date Format

325 Client Identification

REFERENCES Canada Health Infoway. (2008). *Standards Collaborative*. Retrieved February 2, 2009 from http://www2.infoway-inforoute.ca/Documents/R2_ENGLISH_SC_Guide_and_Standards_Catalogue.pdf

College of Nurses of Ontario. (2005). *Practice Standard: Documentation*. Retrieved January 14, 2008 from the CNO website:
http://www.cno.org/docs/prac/41001_documentation.pdf

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Scott Robertson, Chief Nursing Officer

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April 1, 2010

BRIEF

REGISTERED NURSES MAY
INTERPRET BASIC
LABORATORY RESULTS IN
ORDER TO INITIATE CARE

POLICY

In order to initiate necessary interventions in a timely fashion, Registered Nurses working in Community Health Centres may interpret basic laboratory studies including but not limited to:

- culture and sensitivity
- ova and parasite
- viral studies
- pregnancy tests

PRINCIPLES

- Registered Nurses with specialized competence have the required knowledge to interpret basic laboratory results to initiate treatment based upon approved clinical practice guidelines.
- Nurses without specialized competence shall have access to resources for the interpretation of laboratory results.

SEE ALSO

202.1 Recommended Reference Resources Guidelines
600 Laboratory Procedures

REFERENCES

Blondel-Hill, E, & Fryters, S. (2006). *Bugs & Drugs*.
Edmonton, AB: Capital Health.

Government of the Northwest Territories Department of
Health and Social Services. (1999). *Communicable
Disease Manual*. Yellowknife, NT.

Government of the Northwest Territories Department of Health and Social Services. (2003). *Northwest Territories HIV/AIDS Manual for Health Professionals*. Yellowknife, NT.

Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Clinical Practice Guidelines for Primary Community Care Nursing*. Yellowknife, NT.

Government of the Northwest Territories Department of Health and Social Services. (2004). *NWT Infection Control Manual*. Yellowknife, NT.

Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Tuberculosis Manual*. Yellowknife, NT.

Public Health Agency of Canada. (2006). *Canadian Guidelines on Sexually Transmitted Infections*. Ottawa, ON.

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Paddy Meade
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April 1, 2010

Scott Robertson
Chief Nursing Officer

BRIEF

REGISTERED NURSES IN
COMMUNITY HEALTH
CENTRES MAY PERFORM
SPECIFIC X-RAYS

POLICY

Registered Nurses may perform a limited range of X-ray procedures in Community Health Centres.

Each HSSA shall provide:

- An X-ray instruction program offered during the orientation period developed in consultation with radiology, medical and nursing personnel (see Guideline 650.1 – Guidelines for X-ray Instruction).
- An X-ray manual that has been developed/adopted in consultation with radiology, medical, and nursing personnel and be available in all Community Health Centres. This manual shall be consistent with the information used in the educational instruction program.
- A method to access radiology personnel and resources for questions regarding X-ray procedures shall exist.
- A mechanism to address quality control.

PRINCIPLES

- Safe implementation of X-ray procedures is of primary importance to ensure quality client care and safety.
- Equipment necessary for procedures is justified by the benefits of conducting such tests at the Community Health Centre

- These procedures will provide timely access to appropriate care and improve patient outcomes.
- Due to the high incidence of tuberculosis in the Northwest Territories, an X-ray machine must be available in all Community Health Centres to comply with the *NWT Tuberculosis Manual* (Government of the Northwest Territories, 2003).

ATTACHMENTS 650.1 Guidelines for X-ray Instruction

SEE ALSO 651 Types of Sanctioned X-rays

655 Interpretation of X-rays

660 Radiation Monitoring Systems

REFERENCES Government of the Northwest Territories Department of Health and Social Services. (1997). *Positioning Manual for Health Centre Radiology*. Yellowknife, NT.

Beaufort-Delta Health & Social Services Authority. (year). *X-ray Manual*. Inuvik, NT.

Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Clinical Practice Guidelines for Primary Community Care Nursing*: Yellowknife, NT.

Hospital and Health Care Facility Standards R.R.N.W.T.2005, c. R-036.

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GUIDELINE Recommended X-ray Instruction Program Content:

1. Care and use of equipment
2. Underlying principles of X-rays
3. Special considerations
4. Performance of X-rays
 - Loading film*
 - Exposing film*
 - Developing film*
 - Positioning*
 - chest X-rays
 - extremities X-rays
5. Identification, handling, and forwarding of X-rays for radiological interpretation
6. Preliminary assessment of films
7. Radiation protection and monitoring systems
8. Safety Measures
 - lead aprons*
 - lead spot blockers*
 - lead gloves*
 - lead gonad screen*
 - lead upright screen*
 - lead collar*
 - coning*
 - logbook*
 - dosimeter*

REFERENCES Health Canada. (2008). National Dosimetry Services. Retrieved February 11, 2008 from http://www.hc-sc.gc.ca/ewh-semt/occup-travail/radiation/dosim/index_e.html

Health Canada. (1999). *X-ray Equipment in Medical Diagnosis Part A: Recommended Safety Procedures for Installation and Use - Safety Code 20A*. Retrieved on February 11, 2008 from http://www.hc-sc.gc.ca/ewh-semt/pubs/radiation/safety-code_20-securite/index_e.html

Section: Diagnostics
Radiology

GUIDELINES FOR X-RAY INSTRUCTION

Page 2 of 2

Guideline 650.1

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BRIEF

THE FOLLOWING SPECIFIC
X-RAYS MAY BE INITIATED
IN COMMUNITY HEALTH
CENTRES

POLICY

The following radiological examinations may be initiated by Registered Nurses working in Community Health Centres:

- Diagnostic X-rays for traumatic injuries of the extremities or clavicles when the examination will change the course of treatment.
- Routine X-rays of extremities when ordered by a nurse practitioner or physician.
- Routine and diagnostic anterior-posterior (AP) and posterior - anterior (PA) chest X-rays.

Registered Nurses shall consult a physician before taking X-rays of pregnant women. If an X-ray is required, lead aprons shall be used for the protection of the fetus.

Each HSSAs shall develop policies and guidelines for taking X-rays of children by Registered Nurses. The policies and guidelines shall include consideration of the capacity of the X-ray machine, the competency of the Registered Nurse, and the co-operation of the child.

PRINCIPLES

- Selected procedures can be safely conducted in a Community Health Centre and are appropriate for implementation by Registered Nurses.

- Sanctioned X-rays are selected based on technical limitations of available equipment. X-ray machines in Community Health Centres do not allow for more detailed types of radiological studies.
- To ensure patient safety, X-ray machines are only used in their recommended capacity.
- Lateral chest exposures require higher amounts of radiation and the results are generally poor when using the X-ray machine in Community Health Centres and are therefore not sanctioned.
- In the case of chronic and acute chest conditions it is important that X-ray examinations be available as a diagnostic tool for client assessment.
- X-rays may potentially harm an unborn child.
- X-rays of children's limbs should include both limbs in the exact same position for comparison and a more accurate preliminary assessment.
- While children are more radiosensitive than adults, an X-ray done for the right reason may constitute less risk than a missed or incorrect diagnosis.
- The *Ottawa Knee Rules* and the *Ottawa Ankle Rules* allow Registered Nurses to be more selective and efficient in their use of radiography for patients with acute knee and acute ankle injuries.

SEE ALSO 650 X-ray Procedures in Community Health Centres

 650.1 Guidelines for X-ray Instruction

 655 Interpretation of X-rays

 660 Radiation Monitoring and Protection Systems

REFERENCES Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Tuberculosis Manual*. Yellowknife, NT.

Stiell, I.G., Wells, G. A., Hoag, R. H., Sivilotti, M. L., Cacciotti, T. F., Verbeek, P. R., et al. (1997). Implementation of the Ottawa Knee Rule for the use of radiography in acute knee injuries. *JAMA* 278(23), 2075-2079.

Stiell, I., Wells, G., Laupacis, A., Brison, R., Verbeek, P., Vandemheen, K. et al. (1995). Multicentre trial to introduce the Ottawa ankle rules for use of radiography in acute ankle injuries. *BMJ* 311, 594-597.

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BRIEF	REGISTERED NURSES IN COMMUNITY HEALTH CENTRES MAY INTERPRET BASIC X-RAYS IN ORDER TO INITIATE CARE
POLICY	<p>Registered Nurses working in Community Health Centres may provide a preliminary assessment of basic X-ray examination results in order to initiate further care based upon approved clinical practice guidelines.</p> <p>All radiological studies undertaken in a Community Health Centre shall be forwarded to a radiologist for final review and interpretation. A copy of the radiologist's report shall be filed on the client's health record.</p>
PRINCIPLES	<ul style="list-style-type: none">• While Registered Nurses may make preliminary assessment of an X-ray, it is the responsibility of a radiologist to make a final interpretation.• It is the responsibility of the Registered Nurse to consult with a physician or Nurse Practitioner in a timely manner when something abnormal is identified on the preliminary assessment of an X-ray.• It is the responsibility of the Registered Nurse to forward radiological studies to a radiologist in a timely manner.
SEE ALSO	202.1 Recommended Reference Resources Guidelines 650 X-ray Procedures in Community Health Centres 651 Types of Sanctioned X-rays

REFERENCES Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Clinical Practice Guidelines for Primary Community Care Nursing*: Yellowknife, NT.

Hospital and Health Care Facility Standards R.R.N.W.T.2005,
c. R-036.

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Section: Diagnostics Radiology	RADIATION MONITORING AND PROTECTION SYSTEMS
Page 1 of 2	Policy 660

BRIEF	X-RAY EXPOSURE BY STAFF AND PATIENTS MUST BE MONITORED
POLICY	<p>Each HSSA shall develop and implement a policy to protect against, and monitor exposure to, ionizing radiation and other potential hazards associated with the process of diagnostic imaging.</p> <p>The amount of radiation exposure of the person performing X-rays shall be monitored in accordance with the guidelines and standards of National Dosimetry Services of Health Canada.</p> <p>The number of X-rays an individual receives and exposure technique used in the community shall be monitored in accordance with the guidelines of the National Dosimetry Services of Health Canada.</p>
PRINCIPLES	<ul style="list-style-type: none"> • The monitoring of the clients' exposure to radiation, especially in children, safeguards their health. • The monitoring of exposure to radiation safeguards employee health
SEE ALSO	201 Orientation
REFERENCES	Health Canada. (2008). National Dosimetry Services. Retrieved February 11, 2008 from http://www.hc-sc.gc.ca/ewh-semt/occup-travail/radiation/dosim/index_e.html

Section: Diagnostics
Radiology

RADIATION MONITORING AND
PROTECTION SYSTEMS

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Policy 660

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R-036.*

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Pharmacy 700-799

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Section: Pharmacy	PHARMACEUTICAL AND THERAPEUTICS INVENTORY CONTROL PROGRAM
Page 1 of 2	Policy 700

BRIEF	PHARMACEUTICAL AGENTS ARE MANAGED AND CONTROLLED
POLICY	<p>Each HSSA shall develop and implement an inventory process for all formulary stocked pharmaceuticals including controlled substances. The program shall identify:</p> <ul style="list-style-type: none"> • ordering of stock pharmaceuticals • storage of stock pharmaceuticals • controlled drug count • tracking pharmaceuticals due to expire • disposal of expired pharmaceuticals • discrepancies and damages of pharmaceuticals during shipment
PRINCIPLES	<p>The pharmacy and therapeutics program must adhere to all Northwest Territories standards and guidelines such as the <i>Procedure for Control of Narcotics and Controlled Drugs in Community Health Centres, Public Health, Home Care and Long Term Units in the Northwest Territories</i> and the <i>NWT Health Centre Formulary</i> (GNWT, 2008) and the <i>Hospital and Health Care Facility Standards</i> regulations (2005).</p>
SEE ALSO	<p>701 Regulation of Controlled Drugs and Substances</p> <p>702 Audit of Controlled Drugs and Substances</p>

REFERENCES *Controlled Drugs and Substances Act R.S.C. 1996, c. 19.*

Food and Drugs Act R.S.C. 1985, F-27.

Government of the Northwest Territories Department of Health and Social Services. (2005). *Health Centre Formulary*. Yellowknife, NT: Territorial Pharmacy and Therapeutics Committee.

Government of the Northwest Territories Department of Health and Social Services. (2003). *Procedure for Control of Narcotics and Controlled Drugs, in Community Health Centres, Public Health, Home Care and Long Term Care Units in the Northwest Territories*. Yellowknife, NT.

Hospital and Health Care Facility Standards R.R.N.W.T.2005, c R-036, s. 32.

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BRIEF

PROCEDURES RELATED TO
CONTROLLED DRUGS AND
SUBSTANCES MUST BE
FOLLOWED

POLICY

Each HSSA shall comply with the legal requirements for the regulation of controlled drugs and substances described in *The Procedure for Control of Narcotics and Controlled Drugs in Community Health Centres, Public Health, Home Care and Long Term Care Units in the Northwest Territories* (GNWT, 2002).

This procedure incorporates the legal requirements of:

- *The Controlled Drugs and Substances Act, and*
- *The Food and Drugs Act.*

DEFINITIONS

Controlled Drugs and Substances are those substances covered by the *Controlled Drugs and Substances Act* (R.S.C. 1996, c. 19) and associated regulations.

PRINCIPLES

- Each HSSA is accountable for controlled drugs and substances in community health settings in accordance with the *Procedure for Control of Narcotics and controlled Drugs in Community Health Centres, Public Health, Home Care and Long Term Care Units in the Northwest Territories* (GNWT, 2002), the federal *Controlled Drugs and Substances Act*, and *The Food and Drugs Act*.
- The *Controlled Drugs and Substances Act* and associated regulations and the *Food and Drugs Act* and associated regulations define the responsibilities and requirements regarding the receipt and distribution of controlled drugs and substances.

Section: Pharmacy

REGULATION OF CONTROLLED DRUGS
AND SUBSTANCES

Page 2 of 2

Policy 701

SEE ALSO 702 Audit of Controlled Drugs and Substances

REFERENCES *Controlled Drugs and Substances Act R.S.C. 1996, c. 19.*

Food and Drugs Act R.S.C. 1985, F-27.

Government of the Northwest Territories Department of
Health and Social Services. (2003). *Procedure for
Control of Narcotics and Controlled Drugs, in Community
Health Centres, Public Health, Home Care and Long Term
Care Units in the Northwest Territories.* Yellowknife, NT.

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BRIEF

CONTROLLED DRUGS AND
SUBSTANCES ARE
AUDITED AT LEAST ONCE
EVERY SIX MONTHS

POLICY

Each HSSA shall conduct an audit of controlled drugs and substances by a regional nurse manager or designate at least once every six months. This applies to each community health setting or any health facility where controlled substances are stored and/or dispensed.

An audit shall consist of:

- A count of all controlled drugs and controlled substances.
- A review of all entries in the controlled drugs and substances registers and supporting documentation.
- A random chart audit of controlled drugs and substances given, on a minimum of five charts as per the approved Territorial Procedure (GNWT, 2002).

Any discrepancy will be reported to:

Office of Controlled Substances
Alberta and NWT Region
Suite 710 Canada Place, 9700 Jasper Avenue
Edmonton AB T5J 4C3

PRINCIPLES

- Each HSSA is responsible for maintaining control of the controlled drugs and substances in each of its community health settings.
- Audits of controlled drugs and substances provide a mechanism to:
 - Ensure that controlled drugs and substances are being dispensed appropriately
 - Assist in identifying potential abuse and misuse of drugs
- The focus of monitoring/auditing is continuous quality improvement.

SEE ALSO

300 Risk Management

700 Pharmaceutical and Therapeutics Inventory
Control Program

REFERENCES

*Controlled Drugs and Substances Act R.S.C. 1996, c. 19.**Food and Drugs Act R.S.C. 1985, F-27.*

Government of the Northwest Territories Department of
Health and Social Services. (2005). *NWT Narcotic and
Controlled Drugs Guidelines for Audit Tool*. NNLN Audit
Tool Working Group: Yellowknife, NT.

Government of the Northwest Territories Department of
Health and Social Services. (2005). *NWT Narcotic and
Controlled Drugs Audit Tool*. NNLN Audit Tool Working
Group: Yellowknife, NT.

Section: Pharmacy

AUDIT OF CONTROLLED DRUGS AND
SUBSTANCES

Page 3 of 3

Policy 702

Government of the Northwest Territories Department of
Health and Social Services. (2003). *Procedure for
Control of Narcotics and Controlled Drugs, in Community
Health Centres, Public Health, Home Care and Long Term
Care Units in the Northwest Territories*. Yellowknife, NT.

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Section: Pharmacy	DISPENSING PHARMACEUTICAL AGENTS
Page 1 of 5	Policy 705

BRIEF	REGISTERED NURSES MAY DISPENSE PHARMACEUTICALS IN ACCORDANCE WITH APPROVED POLICIES
POLICY	<p>Registered Nurses employed in the Community Health setting may dispense pharmaceuticals in accordance with approved clinical practice guidelines and as authorized in the Registered Nurse's scope of employment.</p> <p>It is the responsibility of each HSSA as the employer of the Registered Nurse to determine the extent of his or her scope of employment for dispensing medication. This is done in accordance with Government of the Northwest Territories policies, standards, and guidelines, as well as the legislated scope of practice.</p> <p>Dispensing medications by the Registered Nurse is governed by the employer's policy in accordance with specific program standards, protocols, and clinical practice guidelines, as well as adopted national and NWT treatment standards. These include:</p> <ul style="list-style-type: none"> • <i>NWT Health Centre Formulary</i> (GNWT, 2008) • <i>Northwest Territories Communicable Disease Manual</i> (GNWT, 2007) • <i>NWT Tuberculosis Manual</i> (GNWT, 2003), • <i>NWT Clinical Practice Guidelines for Primary Community Care Nursing</i> (GNWT, 2003) • <i>Canadian Guidelines on Sexually Transmitted Infections</i> (Public Health Agency of Canada, 2006) • <i>Canadian Immunization Guide</i> (Health Canada, 2002).

A Registered Nurse may supply a client with required medications upon the request of a licensed dental professional, medical practitioner, nurse practitioner, registered midwife, or veterinary surgeon, all as defined in the *NWT Pharmacy Act*. The Registered Nurse shall use reasonable care to ensure the validity of the prescriber.

The Registered Nurse shall have:

- **An employer's policy for dispensing medication**
- Received additional instruction or education in pharmacy practices, pharmacology, and therapeutics
- Access to a licensed pharmacist for consultative services
- Access to a current approved *NWT Health Centre Formulary*.

All pharmaceutical agents dispensed from a Community Health Centre shall be done so according to this policy. This includes pharmaceutical agents pre-packaged by a retail or hospital pharmacy and dispensed through the Community Health Centre.

Distributing of Retail Packaged Pharmaceutical Agents may be handled under a separate process if a policy exists.

DEFINITIONS

Administering Pharmaceutical Agents is the delivery of *one supervised dose* of medication from the registered nurse to the client that includes: assessment, selection of appropriate medication, preparation, compounding, packaging, labeling, dispensing, documentation, monitoring, provision of education about the therapeutic use of the medication and the proper storage of the medication, and evaluating the effect of the medication on the client's health status.

Dispensing Pharmaceutical agents involves both technical and cognitive components. The technical component includes such tasks but not limited to receiving pharmaceuticals, selecting the drug to dispense, checking the expiry date, labeling the product, a final physical check of the product, and documentation.

The cognitive component of dispensing involves but is not limited to assessing the therapeutic appropriateness of the medication, being able to make recommendations, advising the client on the therapeutic use of the medication, proper storage, effectiveness of medication, and adverse effects.

Distributing Pharmaceutical Agents

The process where an employee of a Health and Social Services Authority (HSSA) follows a specific procedure to transfer a sealed package of pharmaceuticals between a retail pharmacist and the client with no other assessment or intervention.

Retail Pharmaceuticals

Commercially manufactured pharmaceutical agents that are dispensed by a licensed retail pharmacist upon the order of a practitioner.

Sealed Package

A packaging method that allows a seal to be affixed to the outer packaging of the retail pharmaceutical to resist tampering and indicate if tampering has occurred. This may be achieved by placing the pharmaceutical agents inside a bag with an adhesive label over the opening.

PRINCIPLES

- Registered Nurses have traditionally dispensed medication in community health settings. Dispensing of medications by Registered Nurses will continue to fall within their scope of employment.

- Managing the pharmacy is usually the role of a pharmacist. However, due to the lack of pharmacy services, Registered Nurses in the community health role have traditionally performed this function.
- The employer shall ensure an environment that allows for safe and competent practice.
- Registered Nurses are accountable to practice according to accepted standards governing the dispensing of medication.
- The “Seven Rights” of dispensing are: right client, right medication, right dose, right time, right route, right reason, and right documentation.
- The Registered Nurse participates in collaborative drug therapy management.
- Scope of employment is defined and described in an approved job description.
- Administering or dispensing of pharmaceutical agents shall be accompanied by appropriate SOAP documentation in the client’s chart or by another documentation method approved by the employer.

SEE ALSO

252.1 SOAP Documentation Guidelines

706 Repackaging of Pharmaceutical Agents

707 Simple Compounding of Medications

710 Labeling and Documentation of Pharmaceutical Agents

711 Pharmaceutical Agents Container Specifications

Section: Pharmacy	DISPENSING PHARMACEUTICAL AGENTS
Page 5 of 5	Policy 705

REFERENCES Association of Registered Nurses of Newfoundland. (1999). *Standards Interpretation: Dispensing by Registered Nurses*. St. John's, NF.

Borg, Elaine. (2007). *Consultation on dispensing of pharmaceutical agents by community health nurses with lawyer from Canadian Nurses Protective Society*. Retrieved from GNWT Pharmacy and Therapeutics Committee records.

Nursing Profession Act R.S.N.W.T. 2003, c. 15. s. 68, 69.

Pharmacy Act S.N.W.T. 2006, c.24.

Registered Nurses Association of the Northwest Territories and Nunavut. (2007). *Bylaw: Dispensing, Compounding and Packaging Drugs*. Yellowknife, NT.

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Scott Robertson, Chief Nursing Officer

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BRIEF

REGISTERED NURSES MAY
REPACKAGE
PHARMACEUTICAL
AGENTS IN ACCORDANCE
WITH APPROVED POLICIES

POLICY

Registered Nurses may repackage pharmaceutical agents for client use.

The repackaged pharmaceutical agents shall be labelled in accordance with Policy 705 - Labeling and Documentation of Pharmaceutical Agents.

DEFINITIONS

Repackaging of pharmaceutical agents is the subdividing or breaking up a manufacturer's original package of a pharmaceutical agent for the purpose of re-packaging the pharmaceutical agent into smaller quantities for use by clients. It is also the placing of already prescribed pharmaceutical agents into a compliance aide, e.g. daily use containers. Repackaging must meet standards that ensure quality and safety of the pharmaceuticals.

PRINCIPLES

- Repacking pharmaceutical agents can enhance a particular client's ability to comply with the pharmaceutical agent.
- Registered Nurses work collaboratively with pharmacists to reduce the amount of repackaging of prescription pharmaceutical agents in the community health setting.

SEE ALSO 710 Labeling and Documentation of Pharmaceutical Agents

 711 Pharmaceutical Agents Container Specifications

REFERENCES Canadian Standards Association. (2000). *Standard: Reclosable Child Resistant Containers*. CAN/CSA-Z76.1-1790.

College of Pharmacists of British Columbia. (2005). *Standards to Assist Dispensing Practitioners*. Vancouver, BC.

Food and Drugs Act R.S.C. 1985, F-27, s. C.01.001(2).

Joint Commission on Accreditation of Health Care Organizations. (2002). *Medication Management Standards*. Atlanta, GA: Joint Commission Resources.

Nursing Profession Act R.S.N.W.T. 2003, c. 15.

Registered Nurses Association of the Northwest Territories and Nunavut. (2007). *Bylaw: Dispensing, Compounding and Packaging Drugs*. Yellowknife, NT.

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Section: Pharmacy	SIMPLE COMPOUNDING OF MEDICATIONS
Page 1 of 2	Policy 707

BRIEF	IN COMMUNITY HEALTH CENTRES REGISTERED NURSES MAY UNDERTAKE SIMPLE COMPOUNDING OF MEDICATIONS
POLICY	In community health settings, simple compounding of pharmaceutical agents is within the scope of employment for Registered Nurses.
DEFINITIONS	Simple compounding is the act of simple combining or the mixing of two or more finished products together, with minimum risk, for therapeutic use and convenience of the patient.
PRINCIPLES	<ul style="list-style-type: none"> • The Registered Nurse must ensure the stability, compatibility, and appropriateness of the compounded product for its intended use. • The Registered Nurse consults a pharmacist when necessary to determine the stability, compatibility, and appropriateness of compounding medications. • The compounded pharmaceutical agent must meet specific patient needs. • The Registered Nurse uses clinical judgment and evidence-based practice when compounding pharmaceutical agents. • Compounding pharmaceutical agents may ensure better patient compliance. • Compounding must not copy or duplicate an approved drug.

Section: Pharmacy	SIMPLE COMPOUNDING OF MEDICATIONS
Page 2 of 2	Policy 707

SEE ALSO 710 Labeling and Documentation of Pharmaceutical Agents

711 Pharmaceutical Agents Container Specifications

REFERENCES Ontario College of Pharmacists. (1995). *Protocol of Delegating, Dispensing, and Compounding in Health Care Facilities*. Toronto, ON.

Health Canada. (2004). *Policy on Manufacturing and Compounding Drug Products in Canada POL-0051*. Ottawa, ON.

Registered Nurses Association of the Northwest Territories and Nunavut. (2007). *Bylaw on Dispensing, Compounding And Packaging Drugs*. Yellowknife, NT.

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Section: Pharmacy	SPECIALIZED DRUG ADMINISTRATION
Page 1 of 2	Policy 708

BRIEF	CERTAIN DRUGS AND ROUTES OF ADMINISTRATION REQUIRE SPECIALIZED TRAINING AND COMPETENCY
POLICY	Each HSSA shall develop and implement a policy to identify both drugs and/or routes of administration which require specialized training and competency and ensure Registered Nurses receive appropriate training. This training is to ensure competence in drug administration, including drug administration via routes that are considered to require development of specialized competence.
PRINCIPLES	<ul style="list-style-type: none"> • Routes requiring specialized competence may include: <ul style="list-style-type: none"> • administration of immunizations • administration of medications below the drip chamber • administration of medication via umbilical lines • administration of medication via central venous access devices (such as Central Venous Catheters (CVCs), PortaCath®, and Peripherally Inserted Central Catheters (PICC) lines) • administration of any pharmaceutical agent or administration route that is restricted by HSSA policy • administration of medications in emergency situations • administration of medications which have significant cardiovascular, respiratory, or neuromuscular effect

Section: Pharmacy	SPECIALIZED DRUG ADMINISTRATION
Page 2 of 2	Policy 708

- It is the responsibility of the employer to identify and provide training opportunities and opportunities for continued competence where Registered Nurses are required to administer specialized drugs.
- This is a risk management strategy.

SEE ALSO 455 Certification Programs

REFERENCES Canadian Council on Health Services Accreditation. (2007). *Patient/Client Safety Goals and Required Organizational Practices*. Ottawa, ON.

Canadian Nurses Association, Canadian Medical Association, & The Canadian Pharmacy Association. (2003). *Joint Position Statement: Scope of Practice*. Ottawa, ON: Canadian Nurses Association.

APPROVAL Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer EFFECTIVE April 1, 2010

BRIEF

PHARMACEUTICAL
CONTAINERS DISPENSED
FROM A HEALTH FACILITY
SHALL BE
APPROPRIATELY
LABELLED

POLICY

Pharmaceutical agent containers dispensed from a health facility shall be appropriately labelled.

Labels shall include the following information:

- 1. Manufacturer's pharmaceutical agent name**
2. Strength
3. Frequency
4. Route
5. Duration
6. Amount dispensed
- 7. Client's name**
8. Date dispensed
9. The initials of the Registered Nurse dispensing the pharmaceutical agent



Every effort shall be made to affix the completed label to the pharmaceutical agent container.

Administering or dispensing of pharmaceutical agents shall be accompanied by appropriate **SOAP documentation in the client's chart (see Guideline 252.1**

- *SOAP Documentation Guidelines*) or by another documentation method approved by the employer.

Documenting shall include the following information:

- **Client's name**
- Date and time
- Pharmaceutical agent name and strength
- Dose, frequency, duration, and amount dispensed
- Route and/or site
- Signature and designation of Registered Nurse

DEFINITIONS

Documentation refers to charts, charting, recording, nurses' notes, progress notes. Documentation is written or electronically generated information about a client that describes the care (observations, assessment, planning, intervention and evaluation) or service provided to that client. (College of Registered Nurses of Nova Scotia, 2005)

Labeling is the process of preparing and affixing a label to any pharmaceutical agent container.

PRINCIPLES

- For quality assurance purposes, this labelling requirement applies to any pharmaceutical agent that is prepared but not administered immediately.
- Practice to regulated standards minimizes errors.

- Seven rights of dispensing: right pharmaceutical agent, right dose, right patient, right route, right time, right reason, right documentation.

SEE ALSO

252.1 SOAP Documentation Guidelines
706 Repackaging of Pharmaceutical Agents
711 Pharmaceutical Agents Container Specifications

REFERENCES

College of Registered Nurses of British Columbia. (2003).
Practice Standard for Registered Nurses and Nurse Practitioners: Medications. Vancouver, BC.

College of Registered Nurses of Nova Scotia. (2005).
Documentation Guidelines for Registered Nurses.
Retrieved January 14, 2008 from the CRNA website:
<http://www.crnns.ca/documents/CRNNS Documentation Guidelines 2005.pdf>

Food and Drugs Act R.S.C. 1985, F-27.

Pharmacy Act S.N.W.T. 2006, c.24.

Registered Nurses Association of the Northwest Territories and Nunavut. (2007). *Bylaw: Dispensing, Compounding and Packaging Drugs*. Yellowknife, NT.

APPROVAL

Paddy Meade, Deputy Minister
Scott Robertson, Chief Nursing Officer

EFFECTIVE
April 1, 2010

BRIEF

CHILD-RESISTANT
CONTAINERS ARE USED
WHEN DISPENSING
PHARMACEUTICALS

POLICY

All pharmaceuticals from a health facility must be **dispensed in a container that is certified as a “child-resistant package” by the Canadian Standards Association (CSA)**.

In certain instances, regular closures can be used provided one or more of the following criteria apply:

- The person for whom the prescription is intended directs otherwise
- In the professional judgment of the practitioner it is not advisable to use a child-resistant package in that particular situation
- A child-resistant package is not suitable because of **the physical form of the drug or the manufacturer’s** packaging is designed to improve patient compliance
- Child-resistant package is unavailable on the market.

DEFINITIONS

Dispensing Pharmaceutical Agents Involves both technical and cognitive components. The technical component includes such tasks but not limited to receiving pharmaceuticals, selecting the drug to dispense, checking the expiry date, labeling the product, a final physical check of the product, and documentation.

The cognitive component of dispensing involves but is not limited to assessing the therapeutic appropriateness of the medication, being able to make recommendations, advising the client on the therapeutic use of the

Section: Pharmacy	PHARMACEUTICAL AGENT CONTAINER SPECIFICATIONS
Page 2 of 3	Policy 711

medication, proper storage, effectiveness of medication, and adverse effects. See also *Administering Pharmaceutical Agents*.

PRINCIPLES

- Medications are the primary cause of poisoning in children.
- Unintentional ingestion of pharmaceuticals by children is preventable.
- Child resistant closures are not child-proof. Clients should be instructed to ensure all medication is stored out of the reach of children.
- HSSAs have a responsibility to identify and manage risks.

SEE ALSO

706	Rewrapping of Pharmaceutical Agents
710	Labeling and Documentation of Pharmaceutical Agents

REFERENCES

Canadian Standards Association. (2000). *Standard: Reclosable Child Resistant Containers*. CAN/CSA-Z76.1-1790.

College of Pharmacists of British Columbia. (2005). *Standards to Assist Dispensing Practitioners*. Vancouver, BC.

Poison and drug information service of Alberta. (2010). *Common poisonings: medications*. Retrieved from the PADIS website on February 9, 2010 from: <http://www.padis.ca/descviewer.php?title=Medications&oid=14>

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SPECIFICATIONS

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Registered Nurses Association of the Northwest Territories
and Nunavut. (2007). *Bylaw: Dispensing, Compounding
and Packaging Drugs*. Yellowknife, NT.

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Paddy Meade, Deputy Minister
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April 1, 2010

Section: Pharmacy	PHARMACEUTICAL AGENT EMERGENCY TREATMENT
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BRIEF	IN AN EMERGENCY SITUATION A REGISTERED NURSE MAY ADMINISTER EMERGENCY MEDICATIONS
POLICY	<p>In the event of an emergency a Registered Nurse in a Community Health setting may initiate the use of pharmaceutical agents in accordance with the <i>NWT Health Centre Formulary</i>, the Registered Nurse scope of practice, and the Registered Nurse scope of employment.</p> <p>Each Health and Social Services Authority (HSSA) shall ensure that a protocol is in place for consulting a physician.</p> <p>HSSAs shall ensure a procedure exists for a physician to be available for consultation via telephone or other method.</p>
PRINCIPLES	<ul style="list-style-type: none"> Emergency situations require immediate clinical practice decisions. Registered Nurses possess sufficient skill and knowledge to assess and initiate treatment in emergency situations. A Registered Nurse's scope of practice reflects the Nurse's professional expertise, varied skill sets, and level of knowledge. A Registered Nurse will consult a physician whenever a situation warrants. Appropriate medical advice will be obtained by telephone in cases where the condition of the client is at all serious or in cases where the condition of the client is beyond the scope of practice and expertise of the nurse to manage autonomously.

Section: Pharmacy	PHARMACEUTICAL AGENT EMERGENCY TREATMENT
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SEE ALSO 410 Emergency Situation

708 Specialized Drug Administration

REFERENCES *Emergency Medical Aid Act R.S.N.W.T. 2004, c. E-4.*

Nursing Profession Act R.S.N.W.T. 2003, c. 15.

Government of the Northwest Territories Department of Health and Social Services. (2008). 2008 *Health Centre Formulary*. Yellowknife, NT: Territorial Pharmacy and Therapeutics Committee.

Government of the Northwest Territories Department of Health and Social Services. (2003). *NWT Clinical Practice Guidelines for Primary Community Care Nursing: Adult – General Emergencies and Trauma*. Yellowknife, NT.

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EFFECTIVE
April 1, 2010

Glossary

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Familiarity with these definitions is essential for interpretation of policies and guidelines of the Government of the Northwest Territories Health and Social Services.

Commonly Used Abbreviations

CCHSA	<i>See Accreditation Canada*</i>
CHC	<i>Community Health Centre*</i>
CHN	<i>Community Health Nurse*</i>
CSA	<i>Canadian Standards Association</i>
DHSS	<i>Department of Health and Social Services</i>
DISCC	<i>Diagnostic Imaging Services Coordinating Committee</i>
GNWT	<i>Government of the Northwest Territories</i>
HSSA	<i>Health and Social Services Authority</i>
JSMC	<i>Joint Senior Management Committee</i>
NNLN	<i>Northern Nursing Leadership Network</i>
NWT	<i>Northwest Territories</i>
PCC	<i>Primary Community Care*</i>
PHC	<i>Primary Health Care*</i>
RCMP	<i>Royal Canadian Mounted Police</i>
R.R.N.W.T.	<i>Revised Regulations of the Northwest Territories (NWT Regulations as part of an NWT Act)</i>
R.S.C.	<i>Revised Statutes of Canada (Canadian Legislation)</i>
R.S.N.W.T.	<i>Revised Statutes of the Northwest Territories (NWT Legislation)</i>
RN	<i>Registered Nurse*</i>
RNANT/NU	<i>Registered Nurses Association of the Northwest Territories and Nunavut</i>
S.N.W.T.	<i>Statutes of the Northwest Territories (NWT Legislation)</i>
WSCC	<i>Worker's Safety and Compensation Commission (Formerly WCB)</i>

**denotes a definition exists in the glossary*

Accountability

The state of being accountable, liable, or answerable; liable to be required to give account, as of one's actions or of the discharge of a duty or trust. (dictionary.com)

Accreditation

An external peer review process to assess quality by developing national standards of excellence, assessing compliance with those standards, and sharing information from accreditation reviews and decisions. (Accreditation Canada, 2008)

Accreditation Canada

Accreditation Canada is a not-for-profit, independent organization accredited by the International Society for Quality in Healthcare (ISQua). They provide national and international health care organizations with an external peer review process to assess and improve the services they provide to their patients and clients based on standards of excellence. Prior to 2008, this organization was known as the Canadian Council on Health Services Accreditation (CCHSA).

Administering Pharmaceutical Agents

The delivery of *one supervised dose* of medication from the Registered Nurse to the client that includes: assessment, selection of appropriate medication, preparation, compounding, packaging, labeling, dispensing, documentation, monitoring, provision of education about the therapeutic use of the medication and the proper storage of the medication, and evaluating the effect of the medication on the client's health status.

See also: *Dispensing Pharmaceutical Agents*.

Administrative Policies

Statements used to guide in development and maintenance of Authority-specific policies, administrative directives, and standard operating procedures. Administrative policies provide system-wide guidance, procedures, and requirements. These policies are based on external and internal mandates, legislation, and regulations.

Adverse Community Event

A present or imminent event that is affecting or could affect the health, safety or welfare of people, or is damaging or could damage property. (Example: fire, floods, forest fire, influenza outbreak, or support staff is assisting in community event such as searching for a missing person). (CCHSA, 2006)

Adverse Event

An adverse event can be defined in one of three ways:

1. An unexpected and undesirable incident directly associated with the care and services provided to the patient.
2. An incident that occurs during the process of providing health care and results in patient injury or death.
3. An adverse outcome for a patient, including an injury or complication. (Davies, J. M., Hebert, P., & Hoffman, C, 2003; CCHSA, 2006)

Agency

Any recognized organization (Health and Social Services Authority/Agency [HSSA]), institution, or business, which employs a Registered Nurse for the purpose of implementing health programs and delivering health services.

Apology

A statement of remorse acknowledging that something went wrong in the Patient's care. (LPIP

Authorization

The process by which Registered Nurses are given Health Agency approval to carry out nursing or shared health functions. This is based upon written policies and adherence to Department of Health and Social Services (DHSS) guidelines and Registered Nurses Association of Northwest Territories and Nunavut (RNANT/NU), 2008)

Basic Nursing Program

Any nursing program, which leads to either a diploma or a baccalaureate degree in nursing that qualifies a nurse for registration.

Best Practices Evidence

Approaches that have been shown to produce superior results, selected by a systematic process, and judged as "exemplary," "good," or "successfully demonstrated." They are then adapted to fit a particular organization. Also known as best practice guidelines, practice guidelines, best practice. (American Productivity and Quality Center, 1997; CCHSA, 2007)

Canadian Council on Health Services Accreditation (CCHSA)

See *Accreditation Canada*

Certification

The issuance of a certificate on the successful completion of a formalized program of instruction and supervised practice for developing specialized competence.

Client*

The "recipient of professional service may be the individual, family, group, or community." (RNANT/NU, 2006).

*Note: DHSS uses the term "Client" in most policy documents. Other organizations may use the term "Patient" including Accreditation Canada (formerly CCHSA). Where a definition is taken from an organization that uses the term "Patient" the original wording is preserved and is taken to be interchangeable with the term "Client."

Client Safety

See *Patient Safety*.

Community

A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships, which the community has developed over a period of time. (World Health Organization [WHO], 1998, p.5) Community is also used as an encompassing term to represent a city, town, hamlet, village, charter community, or unincorporated town site.

Community Health Centre

A community-based facility staffed by interdisciplinary teams that provide communities with a comprehensive range of health and social services. These include an emphasis on community development, health and wellness promotion, illness/trauma prevention, counseling, rehabilitation, treatment and care, all developed and operated in a context of healthy public and social policy. The Community Health Centre works in partnership with organizations in other sectors, such as education, justice, recreation, and economic development, to promote the health of the local community. (Canadian Alliance of Community Health Centre Associations, 2008; NWT Primary Community Care Framework, GNWT, 2002). In the Northwest Territories these may also be referred to as Health Centres or Community Health and Social Services Centres.

Community Health and Social Services Centre

See *Community Health Centre*.

Community Health Nursing (CHN)

A specialty area of nursing that includes community health centre nursing, public health nursing, and home care nursing. Within this specialized area can exist other specialties e.g. a Registered Nurse with perinatal certification. A CHN collaborates with individuals, families, groups, communities, and populations in designing and implementing community development activities, health promotion, and disease prevention strategies. (Community Health Nurses Association of Canada, 2003)

Competence

An individual's knowledge, skills, and attitudes are appropriate to provide the service and are regularly evaluated. Also staff competence. (CCHSA, 2007)

Competency (Client)

Refers to the mental ability and legal capacity of a client to deal with a matter, e.g. make decisions, give or withhold consent. Also client competence. (CCHSA, 2007)

Completion of Health Records - the method of required completion of the health record to ensure continuity of patient care. (Canadian Health Information Management Association [CHIMA], 2006)**Continuous Quality Improvement (CQI)**

An organizational philosophy that seeks to meet client needs and exceed their expectations by using a structured process that selectively identifies and improves all aspects of service. (CCHSA, 2007).

Core Community Health Nursing Services

The 7 programs that address the wide range of Registered Nursing services provided at the community health level as outlined in the NWT Community Health Nursing Program Standards and Protocols Manual (GNWT, 2003). They include: maternal health, infant and child health, school-age health, adult health, chronic care, communicable disease control, and treatment and emergency services.

Critical Incidents (CI)

Events that may cause personnel to experience unusually strong emotional reactions that have the potential to interfere with their ability to function at the time of the incident or later. Critical incidents include the death of a fellow employee, serious injury to a co-worker or acquaintances, severe threatening situations faced by personnel, or unexpected deaths in the community. (CCHSA, 2007)

Critical Incident Stress (CIS)

The reaction of normal people experiencing normal responses to abnormal situations. The stress response can be immediate or delayed and can be triggered by one or a series of events. (CCHSA, 2007)

Critical Incident Stress Management (CISM)

A process to deliver a range of interventions, guided by protocols based on an approved model and resources, in order to prevent burnout. (CCHSA, 2007)

Directive

A policy instrument whereby one level within a government or someone in authority within the government directs another level of government or an agency of government to take a specific course of action (GNWT Employee Orientation Binder: Health and Social Services System, 2006).

Disclosure

Providing information to a Patient or their family about an Adverse Event.

Dispensing Pharmaceutical Agents

Involves both technical and cognitive components. The technical component includes such tasks but not limited to receiving pharmaceuticals, selecting the drug to dispense, checking the expiry date, labeling the product, a final physical check of the product, and documentation.

The cognitive component of dispensing involves but is not limited to assessing the therapeutic appropriateness of the medication, being able to make recommendations, advising the client on the therapeutic use of the medication, proper storage, effectiveness of medication, and adverse effects. See also *Administering Pharmaceutical Agents*.

Distributing Pharmaceutical Agents

The process where an employee of a Health and Social Services Authority (HSSA) follows a specific procedure to transfer a sealed package of pharmaceuticals between a retail pharmacist and the client with no other assessment or intervention.

Documentation

Refers to charts, charting, recording, nurses' notes, and progress notes. Documentation is written or electronically generated information about a client that describes the care (observations, assessment, planning, intervention and evaluation) or service provided to that client. (College of Registered Nurses of Nova Scotia [CRNNS], 2005)

Duty of Care When Giving Telephone Advice

A client's reliance on a nurse's knowledge and expertise creates a special relationship that gives rise to a legal duty for the nurse to provide reasonable care when giving telephone advice. Under certain circumstances of time, place, and state of the client, a legal duty is established to provide reasonable care. (Canadian Nurses Protective Society [CNPS], 1997)

Expression of Regret

A sincere statement of sympathy for the unfortunate circumstances with no acknowledgement of error or responsibility.

Guideline

A statement of broad experiences that must be met, yet allow flexibility with respect to the details and means of application (GNWT Employee Orientation Binder: Health and Social Services System, 2006).

Harm

An unexpected and normally avoidable outcome that negatively affects a patient's health or quality of life and that occurred during the course of receiving health care treatment:

Minor: Harm that results in transient injury with little or no additional treatment required and that does not result in any discernible disability.

Moderate: Harm that results in injury to the Patient causing transient disability or that requires further medical interventions or an additional short term hospital stay.

Severe: Harm that results in significant injury to the Patient causing permanent disability or that requires life saving intervention, surgical intervention, or an extended hospital stay.

Fatal: Harm that results in the death of the Patient.

Health Centre

See *Community Health Centre*

Health Functions

The practice of applying the necessary skills, knowledge and abilities to provide health care. See also *Transferred Health Function*.

Health Record

See *Record*.

High-Alert Medications

are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. The list of High-Alert Medications is produced by the Institute for Safe Medication Practices. (ISMP, 2008).

Incident

Events that are unusual, unexpected, may have an element of risk, or that may have a negative effect on clients, groups, staff, or the organization. (CCHSA, 2007)

In-service Education

A recognized method of providing evidence-based education for professional development, dissemination of information, and development of competencies within the organization.

Integrated Service Delivery Model (ISDM)

A team-based, client-focused approach to provide health and social services in the Northwest Territories. The focus is on delivering core services as close to a client home as possible using an integrated and collaborative approach. Referral linkages to regional and territorial-based services are utilized to facilitate access to the right services by the most appropriate caregiver in the best setting when a client needs it, and in an efficient and economical manner. (Integrated Service Delivery Model for the NWT Health and Social Services System: A Plain Language Summary, GNWT, 2004).

Job Description

A written statement listing the qualifications and major responsibilities of an individual who holds a specific position. For example, although a nurse's responsibility is to implement the nursing process, the specific techniques used to carry out this responsibility are not part of the job description.

Labeling

The process of preparing and affixing of written, printed, or graphic material on a form, container or package (R.S.C. 1985, c. c-38).

Medical Error

The failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim.

Near Miss

An event or circumstance which has the potential to cause serious physical or psychological injury, unexpected death, or significant property damage, but did not actualize due to chance, corrective action and/or timely intervention. A near miss is a free lesson in proactive risk management and error prevention. (CCHSA, 2007)

Northwest Territories Health Centre Formulary

A document for pharmaceutical agents which may be dispensed through Community Health Centres in the NWT developed by the Territorial Pharmaceutical and Therapeutics Committee and approved by the Minister of Health and Social Services.

Nursing Function

Any activity based upon evidence-based nursing knowledge and implemented with skills and judgment in the course of health care delivery.

Orientation

The process by which staff become familiar with all aspects of the work environment and their responsibilities. (CCHSA, 2007)

Patient*^{}**

See *Client*

*Note: DHSS uses the term “*Client*” in most policy documents. Other organizations may use the term “*Patient*” including Accreditation Canada (formerly CCHSA). Where a definition is taken from an organization that uses the term “*Patient*” the original wording is preserved and is taken to be interchangeable with the term “*Client*.”

**Note: For a definition of the term *Patient* as it applies to the LPIP Position Statement for the Proactive Disclosure of Adverse Events see Guideline 310.2.

Patient Safety

The prevention and mitigation of unsafe acts within the health care system. Strategies for improving patient safety include creating a culture that supports the identification and reporting of unsafe acts, effective measurement of patient injuries and other relevant outcome indicators, and tools for developing or adapting structures and processes to reduce reliance on individual vigilance. (CCHSA, 2007).

Personal Safety

The prevention and mitigation of unsafe acts including risk of personal injury or danger to the individual. Strategies for improving personal safety include increased situational awareness, creating a culture that supports the identification and reporting of unsafe acts, effective measurement of personal injuries of staff and other relevant outcome indicators, and tools for developing or adapting structures and processes to improve personal safety. (CCHSA, 2006)

Pharmaceutical and Therapeutics Committee

A committee comprised of representatives from pharmacy, medicine, nursing, and administration who have specific responsibilities under the Terms of Reference for the Pharmaceutical and Therapeutics Committee Policy.

Physician

A registered medical practitioner as defined in the *Medical Profession Act* (R.S.N.W.T. 1988, c.M-9).

Policy

A written statement that clearly describes a course of action (responsibility, actions, and accountability) to be taken in a given set of circumstances in pursuit of approved objectives. A policy provides direction for decision-making (GNWT Employee Orientation Binder: Health and Social Services System, 2006).

Prevention

Activities designed to prevent the occurrence or progression of death, disease, disability, or dysfunction (WHO, 2004)

See also *Primary Prevention*, *Secondary Prevention*.

Prevention, Primary

See *Primary Prevention*

Prevention, Secondary

See *Secondary Prevention*

Primary Community Care

The first level of care and usually the first point of contact clients have with the Health and Social Services system. In partnership with the client, services are mobilized and coordinated in response to client needs to promote wellness, prevent trauma and illness, build capacity, provide support, care for common health and social issues, and manage ongoing problems to sustain functional independence at an optimal level. It involves the elements of the right services, the most appropriate provider, the best setting, the correct time, the most efficient and economical manner, public participation, accountability, and information gathering and sharing. In the Northwest Territories, the terms Primary Health Care and Primary Community Care are used interchangeably (GNWT Integrated Service Delivery Model, 2004).

Primary Health Care (PHC)

See *Primary Community Care*.

Primary Health Care Providers

Individuals from a variety of different health disciplines who work in a multi-disciplinary setting providing a health care service that adheres to the principles of primary health care: right service, most appropriate provider, best setting, correct time, most efficient and economical manner, public participation, and accountability.

Primary Prevention

Interventions and activities directed at reducing the occurrence of illness and injury. See also *Prevention*.

Procedure

A written set of instructions that describe the approved and recommended steps for a particular act or sequence of acts. (CCHSA, 2007)

Protocol

An agreement between or amongst parties in different jurisdictions or with distinct responsibilities in the same jurisdiction that clarify roles and responsibilities in specific situations. Within the health care sector, the term *protocol* can have a different meaning as it is a term also used to describe an approach to the management and treatment of a given health condition (GNWT Employee Orientation Binder: Health and Social Services System, 2006).

Reasonable Care

The degree of care that a prudent or careful Registered Nurse (RN) would exercise under the same or similar circumstances. (Black, H., & Garner, B., 1999)

Record (*noun*)

A collection of information about a client's life and health history, needs, interventions by providers, and results. Information may be in written, audio, video, electronic or imaging form. Also known as health record, client file, or file. (CCHSA, 2007)

Reduction of Nursing Services

Occurs when only the essential services identified from each of the core community health nursing program areas will be provided.

Registered Nurse (RN)

A graduate of a recognized approved nursing program who has successfully completed the qualifying examinations has met the requirements for registration and is registered in accordance with the *Nursing Profession Act* (R.S.N.W.T. 2003, c. 15).

Repackaging of Pharmaceutical Agents

The subdividing or breaking up a manufacturer's original package of a pharmaceutical agent for the purpose of re-packaging the pharmaceutical agent into smaller quantities for use by clients. It is also the placing of already prescribed pharmaceutical agent into a compliance aide i.e. daily use containers. Repackaging must meet standards that ensure quality and safety of the pharmaceutical agents.

Required Organizational Practice

An essential practice that organizations must have in place to enhance client safety and minimize risk. It is a specific requirement for health care and service organizations in the accreditation program. (CCHSA, 2007)

Retail Pharmaceuticals

Commercially manufactured pharmaceutical agents that are dispensed by a licensed retail pharmacist upon the order of a practitioner.

Responsibility

The obligation to perform certain actions.

Risk

The “chance or possibility of danger, loss or injury. For health services organizations this can relate to the health and well-being of clients, staff, and the public; property; reputation; environment organizational functioning, financial stability, market share; and other things of value.” (CCHSA, 2007)

Role-Specific

The role of the Registered Nurse based on the clinical practice setting; those health functions that are specific to the role of the Registered Nurse depending on the clinical practice setting.

Root Cause Analysis (RCA)

“An analytic tool that can be used to perform a comprehensive, system-based review of critical incidents. It includes the identification of the root and contributory factors, determination of risk reduction strategies, and development of action plans along with measurement strategies to evaluate the effectiveness of the plans.” (Canadian Patient Safety Institute, 2005)

Scope of Employment

Refers to the practice expectation outlined in the job description developed by the hiring Health and Social Services Authority (HSSA). Scope of employment usually aligns with the legislated scope of practice. Registered Nurses working in community health centres share many of the competency requirements of other health care professionals.

Sealed Package

A packaging method that allows a seal to be affixed to the outer packaging of the RPPA to resist tampering and indicate if tampering has occurred. This may be achieved by placing the pharmaceutical agents inside a bag with an adhesive label over the opening.

Secondary Prevention

Interventions and activities directed at lessening the severity of illness and injury. See also *Prevention*.

Sentinel Event

An unexpected incident, related to system or process deficiencies which leads to death or major and enduring loss of function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or began. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition. (CCHSA, 2007)

Shared Competencies

The overlap in the scope of practice of Registered Nurses and other health care professionals, or shared competencies, are areas of common ability to provide services. Decisions regarding which professionals provide service in areas of shared competency must consider the needs of the client, individual competencies and the context of the practice. This decision-making process recognizes the unique and shared competencies of Registered Nurses and other health care professionals, and promotes optimal use of their competencies in the interest of client care. Collaborative decision-making, conducted in an atmosphere of trust, respect, and open communication facilitates coordination and integration of care. It is inappropriate to delegate these shared competencies. (College of Physicians and Surgeons of Manitoba and the College of Registered Nurse of Manitoba, 2002)

Shared Health Functions

The set of skills, knowledge, and abilities that transcend the boundaries of individual disciplines. These are the skills of a health professional and are necessary to the broad practice of health care.

Simple Compounding

The act of simple combining or the mixing of two or more finished products together, with minimum risk, for therapeutic use and convenience of the client.

Special Nursing Function

Those functions for which some of the theory and knowledge underlying their implementation may have been taught in basic Registered Nursing education programs, but the nursing skill has not been fully developed. This is gained through a combination of further education and clinical experience. Special nursing functions do not include transferred health functions e.g. obstetrical nurse. (RNANT/NU, 1992)

Standard

"A generally accepted written expectation amenable to measurement through the development of specific behaviors (criteria) against which the actual performance can be judged." (College of Registered Nurses Association of Nova Scotia. (2003)

Standard Operating Procedures (SOP)

The administrative directives that outline program specific/clinical procedures for standard delivery of best practice. (CCHSA, 2007)

Stillbirth

The complete expulsion or extraction from its mother either after at least 20 completed weeks of pregnancy OR after attaining weight of 500 grams, of a product of conception in which after the expulsion or extraction, there is no breathing, beating of the heart, pulsations of the umbilical cord or movement of voluntary muscle. (*Vital Statistics Act R.S.N.W.T. 1988 c. V-3*).

Suspension of Nursing Services

The temporary discontinuance of all Registered Nursing services provided through the community health centre. No Registered Nursing staff will be on site. In some situations, there may be a Registered Nurse still in the community but they will not be expected to provide any service due to the lack of resources needed to allow for safe practice and/or personal safety.

Telephone advice

Based on the therapeutic nurse-client relationship and involves using a telephone to provide health care advice to clients. It is an interactive process that involves assessment, planning, provision of information as well as support, evaluation, and documentation.

Transferred Health Functions

Those skills that are required in certain settings beyond the legislated scope of practice for the Registered Nurse (RN). Another health profession is required to transfer the health function. This transfer of health functions ensures safe and appropriate patient care is provided without the ongoing presence of the transfers e.g. physician. (Saskatchewan Registered Nurses Association [SRNA], 2004)

Unregulated Health Care Providers (UHCPS)

Provide clearly defined services and may assist with the activities of care within the agreed-upon plan of care. They are not regulated through legislation or accountable to an external regulatory body. UHCPS may be Community Health Representatives (CHRs), Home Support Workers (HSWs), Personal Care Aides (PCAs), family members, or health profession students in an education program leading to initial entry-to-practice in a health profession.

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The following reference list is complied from all policies and guidelines in this manual and are organized in the following categories:

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