

InTouch

Spring 2009

The Licensed Practical Nurses' Association of British Columbia

President's Message

LPNs ask frequently what the Association does for them. I would remind them that it is 'LPNs working for LPNs' in many different ways by offering support, networking, lobbying, etc. I would like to share some of my activities in the last while. I have been busy getting prepared to take a message across the province for LPN support with Legal Expense Insurance and Educational support. There will be more information to come. I attended the Bargaining conference and also the convention of BCNU as a guest and the LPNs were well received. There was a lot of information to come away with.

I also received a message from our office that a family was looking for an LPN to care for a failing family member immediately. Even though it was on the spur of the moment, I was able to call a LPN I knew through the Association who is in their area and runs a business finding care givers for families in need. I was very pleased to be able to help the family through my affiliation with the Association.

I also received a call about LPNs that are getting displaced by foreign nurses. It is not the abilities of the nurses so much as it is the need for education of the management of the facility on the professional status of the LPN and that the LPN is qualified to be in charge in the community care setting. Hopefully, this education will provide LPNs with recognition of their competencies.

The Association has helped employers understand the need to have regulated professionals in their work place plus supported the LPNs need for further



education to stay viable in the workplace.

We are presently making it known to the government that the PN program content requires 16 months (4 semesters) rather than the current 12 month (3 semesters) program without breaks. The content in PN programs is consistent across the nation (with a few provinces adding IV initiation and IV meds) but BC's is the shortest program in Canada.

We plan to ask the government to review the Scope of Practice Legislation that has been submitted to government to pass through the third reading. (This legislation is to remove the phrase "under the direction of a Registered Nurse and / or qualified physician"). In 2000, the LPNABC was one of the LPN groups that were able to persuade the Health Regulations Committee that LPNs may practice independently within their scope, in collaboration with other health care professionals as required for the most optimum patient care.

The board is working hard to prepare for the AGM at Salmon Arm in May.

Respectfully submitted JJ van Doorn

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Profile of an LPN



What makes for a great experience as an LPN? In this article, we profile our very own chapter president Elvina Spendelow:

[Our chapter president] Elvina Spendelow graduated from nursing school 35 years ago. She worked in Alert Bay at St. George Hospital for two years, and then moved to Hope to work in the Fraser Canyon Hospital, where she spent the rest of her career. Elvina is now retired, but still picks up casual shifts at the hospital.

She joined the LPNABC to satisfy a need to be in touch with other LPNs and she was curious to keep current with what was happening locally, provincially and nationally. As soon as she became a member, she was actively involved; joining The Fraser Valley Chapter and attending the Annual General Meetings.

Over the years Elvina has served as the chapter President, as well as holding a position on the Association's Executive Board. She was also appointed to serve two terms on the Council of LPNs before it became the College of LPNs. As Chapter President she was able to attend the Association Board Meetings and report back to the Chapter members herself.

When asked what she appreciates about the Chapter meetings, Elvina states it provides her an opportunity to discuss the most recent happenings, and to network with other LPNs who work in different facilities in the Fraser Valley area. She finds it has helped to discern truth from fiction when it came to claims

from the media or rumours. Attending the chapter meetings also gives her a chance to catch up with what issues LPNs are facing and what the Association is actively doing.

Hosting the Fraser Valley Chapter's Annual General Meeting gave Elvina an amazing opportunity to stretch herself and sharpen her organizational skills. This expertise was further implemented when the Chapter put on an Education Day in 2005 which was well attended by many disciplines.

When asked what is the most rewarding aspect of belonging to the Association?, Elvina responds: "The long term relationships with LPNs all over the province and the fact that it helped improve my self esteem. I did things I didn't think I could do. When we were going full scope, I wasn't confident that I could do it. But when I talked with the other members of our chapter, it helped me to know that they were going through the same thing. We encouraged each other and got through it all with each others' support. "

If being part of the LPNABC has given these gifts to Elvina, think of what it could do for you! Why not consider becoming part of this dynamic organization? **Fraser Valley Chapter**

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Activism in your Professional Association

The membership of the Association is at a critic low and it is important for LPNs to realize how important the association is for them.

It is true that the College of LPNs of BC now has the Liability insurance which is a must for licensure. The association is here for the LPNs. It is a great avenue for networking, support and guidance. The association lobbies for changes that support the LPN. The association board has representatives for the LPNs that meet with the government, i.e. the Minister of Health, the Opposition, the Nursing Directorate and any other group that is educated regarding the LPN and

has the ability to support the LPN through changes that enable the LPNs to have a clear mandate and further in the Professional Nursing Group.

Please do not be quick to criticize but rather offer your expertise if able to help the association grown and really support the LPNs in every way possible. It would be super to be able to afford ads about the LPNs within provincial newspapers or even a TV or radio ad. Someone to help us look for and obtain extra funding through grants, etc. There is so many ways to promote the association and there needs to be many doing this. **The LPNABC**

Provincial Board Members

President: Jan J van Doorn, vandoorn@silk.net
1st Vice: Muriel Overton, overton@midbc.com
2nd Vice:
Treasurer: Anita Wilson, aj59@shaw.ca
Recording Secretary: Sylvia Neden, sylviasgarden@shaw.ca
Education Chair: Sue O'Hare, sueincoombs@yahoo.ca
PN Canada Directors: Muriel Overton and Sue O'Hare
Chapter Convenor: Anita Wilson, aj59@shaw.ca

Please feel free to contact any Board Members with any questions!

Contacts with chapters.....

Ogopogo Chapter, Kelowna: Jan J van Doorn, vandoorn@silk.net
Williams Lake Chapter: Donna Moon, ddmoon@telus.net (or Muriel Overton)
Fraser Valley Chapter: Elvina Spendelow, emspend49@hotmail.com
Lions Gate Chapter:
Mid Island Chapter: Sue O'Hare, sueincoombs@yahoo.ca

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MEMBERSHIP APPLICATION



NAME _____

ADDRESS _____

_____ Phone # _____

CLPNBC Registration # _____ or
License number

Student # and School _____

LPNABC # _____ if a renewal

Employer _____ 2nd Employer _____

Employment status:	Employed as:	Area of Employment:
Full time _____	LPN _____	Acute Care _____
Part Time _____	Orderly _____	Complex Care _____
Casual _____	HSRCA _____	Community _____
	Other _____	Private _____

Annual Membership fee : Active Member - \$60.00 , Student or Retired \$25.00

Fee payable by cheque to: LPNABC
9912 Lougheed Hwy
Burnaby, BC
V2J 1N3

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Please post your newsletter or copy and circulate to other LPNs. We need members and we need members who will take an active role on the Provincial Board.



Licensed Practical Nurses Association of BC

is proud to present an **OPEN** workshop on: **ALZHEIMER'S DISEASE**

HELD IN THE BEAUTIFUL **SHUSWAP**

Dr. Alan Gow, MD FCC Guest speaker, Specialist in **ALZHEIMER'S DISEASE**
Also representation from the **ALZHEIMER'S SOCIETY**

Monday, MAY 25th, 2009 at the **Holiday Inn Express**, 1090 – 22 St. N.E. Salmon Arm, BC

1-800-473-9160

Rooms \$120.00/ night (please mention nurse's conference for convention rate)

WORKSHOP OPEN TO ALL PERSONS INTERESTED!!

The LPNABC will be hosting a Meet and Greet at the Holiday Inn Express on Sunday evening. Snacks and refreshments will be served at 1930, May 24. Location will be available at the front desk. Come meet the board and other members.

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LPNABC Annual Work Shop Registration Form	
Name _____	Phone # _____
Address _____ _____	Place of Work _____ Discipline _____
Attending Workshop _____	Attending Annual General Meeting _____
(There is no charge to attend the LPNABC Annual General Meeting)	
Registration fee \$60.00 _____ Mail workshop fee and registration form to:	
Phyllis Gidley 916 Wintergreen Drive, Kelowna, BC V1W 3V9.	
For registration of rooms please call the Holiday Inn Express, 1-800-473-9160	
Rooms \$120.00/ night (please mention nurse's conference for convention rate)	

REGISTRATION 08:00 TO 08:30

**OPENING OF CONFERENCE, GREETINGS AND INTRODUCTIONS
OF GUESTS 08:20 TO 08:50**

Intro of guest speaker 08:50

Dr. Gow on Alzheimer's 09:00

LPNABC AGM 14:00 – 16:00

Coffee and Lunch included with registration of workshop

Registration fee \$60.00

(LPNABC members are reminded to submit receipts to employers for reimbursement)

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Calendar of Events:

Nurses Week, May 10 – 16 , 2009	Please make a display or do something that will celebrate NURSES
LPNABC Conference, May 24	early evening Board Meeting
	Meet and greet (lots of fun)
May 25	Alzheimer's workshop and then AGM in afternoon
	Post Board Meeting
In Touch Newsletter, out to members approx 6 weeks post AGM	
Fall Board Meeting date TBA	

A few of the elected Board position terms are finished at this AGM and will be up for elections. The 1st and 2nd vice Presidents and the Treasurer positions will be filled at the AGM.

Chapter reports:

The Ogoogo Chapter has not been very active as the active members have been busy with the provincial Board or the AGM. We have in excess of \$300. in our bank and will help local members get to the AGM when they get active in the chapter.

Fraser Valley Chapter meeting in April
William Lake Chapter busy with local activities.

Vancouver Island Chapter Report

The Chapter has been very quiet but making plans for nursing week. We are in the process of developing an

educational presentation on longevity. Central Van Isle will once again be hosting the Palliative Care workshop this spring. This is a three day program covering family dynamics during this stressful time as well as all the nursing issues; pain management, nutrition, bowel protocols, communicating with the physician and providing dignity and comfort.

The chapter will also start working on membership building once again. LPNs must realize how important it is that we have a voice when decisions are being made that affect our practice. Our professional issues must be addressed and with a strong voice they will be.

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Lets review Dementia

Symptoms of dementia vary considerably by the individual and the underlying cause of the dementia. Most people affected by dementia have some (but not all) of these symptoms. The symptoms may be very obvious, or they may be very subtle and go unrecognized for some time. The first sign of dementia is usually loss of [short-term memory](#). The person repeats what he just said or forgets where she put an object just a few minutes ago. Other symptoms and signs are as follows:

Early dementia

Word-finding difficulty - May be able to compensate by using synonyms or defining the word

Forgetting names, appointments, or whether or not the person has done something; losing things

Difficulty performing familiar tasks - Driving, cooking a meal, household chores, managing personal finances

Personality changes (for example, sociable person becomes withdrawn or a quiet person is coarse and silly)

Uncharacteristic behavior

Mood swings, often with brief periods of anger or rage

Poor judgment

Behavior disorders - Paranoia and suspiciousness

Decline in level of functioning but able to follow established routines at home

Confusion, disorientation in unfamiliar surroundings - May wander, trying to return to familiar surroundings

Intermediate dementia

Worsening of symptoms seen in early dementia, with less ability to compensate

Unable to carry out activities of daily living (eg, bathing, dressing, grooming, feeding, using the toilet) without help

Disrupted [sleep](#) (often napping in the daytime, up at night)

Unable to learn new information

Increasing disorientation and confusion even in familiar surroundings

Greater risk of falls and accidents due to poor judgment and confusion

Behavior disorders - Paranoid delusions, aggressiveness, agitation, inappropriate sexual behavior

Hallucinations

Confabulation (believing the person has done or experienced things that never happened)

Inattention, poor concentration, loss of interest in the outside world

Abnormal moods ([anxiety](#), [depression](#))

Severe dementia

Worsening of symptoms seen in early and intermediate dementia

Complete dependence on others for activities of daily living

May be unable to walk or move from place to place unassisted

Impairment of other movements such as swallowing - Increases risk of [malnutrition](#), [choking](#), and [aspiration](#) (inhaling foods and beverages, saliva, or [mucus](#) into lungs)

Complete loss of short- and long-term memory - May be unable to recognize even close relatives and friends

Complications - [Dehydration](#), malnutrition, problems with [bladder](#) control, infections, aspiration, seizures, pressure sores, injuries from accidents or falls

The person may not be aware of these problems, especially the behavior problems. This is especially true in the later stages of dementia. Depression in elderly people can cause dementia like symptoms. As many as 40% of people with dementia are also depressed. Common symptoms of depression include depressed mood, loss of interest in activities once enjoyed, withdrawal from others, sleep disturbances, weight gain or loss, [suicidal](#) thoughts, feelings of worthlessness, and loss of ability to think clearly or concentrate.

People with irreversible or untreated dementia present a slow, gradual decline in mental functions and movements over several years. Total dependence and death, often from [infection](#), are the last stages.

When to Seek Medical Care

A person affected with dementia may not be aware he or she has a problem. Most people with dementia are brought to medical attention by a caring relative or friend. Any of the following warrant a visit to the person's health care provider.

Marked loss of short-term memory

Behavior or personality changes

Inappropriate or uncharacteristic behavior

Depressed mood

Marked mood swings

Inability to carry out daily tasks such as bathing, dressing, feeding, using the toilet, or household chores

Carelessness in personal hygiene

Persistent word-finding difficulties

Persistent or frequent poor judgment

Persistent or frequent confusion or disorientation, especially in familiar situations

Inability to manage personal finances

*Only I can change my life. No one can do it for me.
-- Carol Burnett*

Read this e-mail online at <http://www2.worksafebc.com/enews/hcare/090225.htm>

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Health Care Update

Health Care Update - February 25, 2009

Violence in Health Care

Public Service Announcements from WorkSafeBC

Eight short public service announcements examine violence and aggression in a variety of health care settings. They remind viewers that violence against health care workers affects all of us - sometimes forever - and that we all play a role in creating safer workplaces.

Violence Prevention Resources

From the Provincial Violence Prevention Steering Committee

A number of resources were shared in February's Violence Prevention Stakeholder Workshop in Burnaby.

Free DVD with discussion guide to download

Be Sure...Be Safe

The DVD includes 3 videos about safety in health care:

- **Leave when it's unsafe:** what to do if you feel unsafe when working alone in the community.
- **Assess every time:** a quick assessment you should complete prior to moving your patient.
- **Stuck by a needle:** what to do if you're stuck by a needle.

If you have any comments or suggested topics of interest, please e-mail Industry Services (Healthcare), Worker & Employer Services Division, at indlabsr@worksafebc.com

The LPNABC
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