



Practice Guideline

Independent Practice (Self-employed)

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Practice Guideline: Independent Practice

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Mission: Protect the public through regulation of the Licensed Practical Nurse profession in Saskatchewan.

Vision: Excellence in the regulation of Licensed Practical Nurses.

Values: Integrity, Quality, Professionalism, Respect.

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1. Independent Practice

The Licensed Practical Nurse (LPN) profession in Saskatchewan is regulated by the Saskatchewan Association of Licensed Practical Nurses (SALPN). The purpose of professional regulation is to protect the public from risk and reduce harm to those a profession serves. LPNs are regulated because the service LPNs provide can pose a risk to the public if performed incompetently, unethically, or by unqualified individuals.

SALPN Practice Guidance documents are intended to address additional risks associated with aspects of practice, practice roles, or provide information about new or emerging practices. SALPN Practice Guidance documents provide information that enables LPNs to make informed decisions based on the best available evidence. These documents support nursing judgment and help LPNs meet expectations of professional behaviour and requirements for practice as set out in legislation, regulation, Standards of Practice, Code of Ethics, and Practice Policies.

SALPN Practice Guidance documents are not intended to provide all the information that may be required to inform decision making within LPN practice. Each situation is unique, and information must be sought accordingly.

LPN practice is guided by the professional scope of practice (legislation and regulation), individual competence, and employment role (employer policy).

The context of practice determines the appropriate application of LPN practice with the collective consideration of conditions or factors affecting the status and needs of the patient, the abilities and attributes of the individual LPN, and the characteristics and resources of the environment. The context of practice guides individual LPN decision-making within the professional scope of practice.

2. Professional Scope of Practice: Authorization

Independent Practice (self-employment) is considered an area of practice with the potential for increased risks to the public. Effective August 2, 2019, section 21.4 of *The SALPN Regulatory Bylaws* require mandatory reporting to SALPN by LPNs who are engaged in independent practice of the fact they are so engaged, proof of liability insurance, and allows the SALPN to request copies of various policies and procedures. Information related to an LPNs independent practice will be available on the SALPN Register per clause 24.1(c.1) of the Regulatory Bylaws and will support the SALPN's mandate of public protection.

Enhanced regulation of independent practice will contribute to SALPN's public protection mandate in the following ways:

- Increased oversight of practice that is primarily independent with little to no oversight;
- Enhanced monitoring of policy and procedures for LPNs engaged in independent practice via an auditing process;
- Mandatory requirement to provide proof of additional liability insurance;
- Enhanced understanding of the nature of services that independent practice LPNs provide and the SALPN's ability to identify the risks associated with those services;
- Compliance monitoring and ensuring adherence to initial and annual requirements; and
- Guidance regarding the appropriate involvement of physicians or other authorized health professionals.

SALPN Regulatory Bylaws Office Consolidation as of August 7, 2019

NOTE:
This consolidation includes *The SALPN Regulatory Bylaws* Gazetted on August 16, 2013, and the amendments to those bylaws Gazetted on January 15, 2016, July 15, 2016, September 1, 2017, July 13, 2018 and August 2, 2019.

This consolidation is not official but is prepared for convenience of reference. Amendments to *The SALPN Regulatory Bylaws* have been incorporated into the original bylaws for convenience of reference. Technically, the original bylaws and the amendments to it, as each of them was published in *The Saskatchewan Gazette*, should be consulted for all purposes of interpretation and application of the law. In order to preserve the integrity of the original documents, errors that may have appeared are reproduced in this consolidation. The notes following each section of the bylaws indicate where the official published version of the bylaws may be found.

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Table 1

Figure 1
SALPN Regulatory Bylaws

3. Risks Associated with Independent Practice Include:

- LPNs in independent practice may have very little to no oversight of practices related to skill, equipment management, infection control, liability, how consent is obtained, or how referrals are issued;
- Services are often provided via a “mobile” service within inconsistent and uncontrolled environments;
- Patients may be less able to assess the quality of services they receive;
- LPNs gain financially from independent practice (more service results in more revenue);
- Limited referral resources.



According to section 21.4 of the Regulatory Bylaws, Licensed Practical Nurses in independent practice are those who are:

- ***Engaged in the provision of licensed practical nurse services while self-employed or as an employee of an entity that is substantially controlled by the member.***
- This means that an LPN in independent practice is:
 - **Self-employed** for the purpose of providing nursing services, or
 - Operating their own nursing business, regardless of how that business is structured

LPNs engaged in independent practice are not employees and are not part of the organizational structure of an institution or health authority. They may provide services independently, in partnership with other health professionals in independent practice, or act as the employer of other health care providers. They generally provide services without supervision. LPNs who engage in independent practice may provide a wide range of professional nursing services to clients in a variety of practice settings

An LPN engaged in independent practice may decide to enter into a contractual relationship with another business or organization as an independent contractor but remains in independent practice and is not considered to be an employee.

The nature of the working relationship is what determines whether someone is working as an employee or contractor. Factors to consider include:

- Direction and control over the manner of doing the work (such as the results of the work and the method used to do the work);
- Direction and control over the method and amount of pay (such as payment vs. receipt of benefits, submission of invoices vs. receipt of regular wages/salary);
- Ownership of facilities, supplies, tools and equipment; chance of profit or risk of loss; and
- Integration into the work environment.

An LPN engaged in independent practice should obtain legal and business advice as needed to identify, understand and comply with the laws that apply to the practice (for example, laws relating to privacy, employment standards, and taxation).

LPNs in independent practice accept new clients with health needs that can be met by the nursing services they provide and are expected to provide their services according to the legal scope of nursing practice, their individual level of knowledge, skill, and judgment, and policies for accepting new clients, discontinuing the nurse-client relationship, and managing client care, with the goal of meeting clients' needs and providing safe and ethical nursing care.

4. Regulatory Bylaw 21.4 Independent Practice

Section 21.4 of the Regulatory Bylaw provides as follows:

A member who engages in the provision of licensed practical nurse services while self-employed, or as an employee of an entity that is substantially controlled by the LPN, is required to:

- Report to the registrar the fact that the LPN is engaged in independent practice and the nature of the service(s) the LPN is providing;*
- Provide to the registrar proof of liability insurance for professional negligence in the amount of no less than \$2,000,000 per year;*
- Provide to the registrar, on request, copies of policies and procedures the member has adopted in relation to:*
 - Physician's orders;*
 - Record-keeping;*
 - Patient consents to treatment;*
 - Infection control;*
 - Referral processes; and*
- Ensure that the LPN practices in accordance with the Standards of Practice and the Code of Ethics.*

4.1 Initial Reporting of Independent Practice to SALPN

An LPN engaged in independent practice must hold a current practicing license and complete all of the following:

1. Complete and submit the Online Independent Practice registration application;
2. Pay the initial registration fee of \$100.00;
3. Report the nature of the services provided;
4. Provide supportive documentation of any additional education that may be required to perform the stated services;
5. Provide proof of insurance against liability for professional negligence in an amount that is at least \$2,000,000 per incident and \$2,000,000 per year;
6. Provide, upon request, copies of the policies and procedures the member has adopted in relation to:
 - a. Physician's orders;
 - b. Record-keeping;
 - c. Patient consent to treatment;
 - d. Infection control protocols;
 - e. Referral processes
7. Practice in accordance with the SALPN Standards of Practice and Code of Ethics.

4.2 Annual Reporting to SALPN of Independent Practice

The SALPN requires LPNs engaged in independent practice to review their personal/contact information annually. Any changes to personal/contact information, fitness to practice/capacity, or changes related to criminal charges or convictions must be reported within 30 days of the change.

Updates to personal contact information are to be made by the Member via the Online SALPN Member Portal. Changes related to criminal charges, criminal convictions, or fitness to practice/capacity are to be made directly to the SALPN Registrar via telephone or email.

Independent practice registration must be renewed annually for as long as the nursing services are being provided. This independent practice review coincides with the Practicing licensure renewal schedule (October 1st – December 1st) and is a separate process. Applicable LPNs are required to renew their Practicing licensure first, followed by the renewal of their independent practice status.

Independent practice annual renewal fees are \$50.00 as per section 6 of the SALPN Fee Bylaws.

5. Responsibilities of the LPN

LPNs in independent practice are accountable for all nursing services they provide and must utilize critical thinking and clinical judgment while using the nursing process (assessment, planning, implementation, and evaluation). The LPN must determine the range of services provided based on knowledge and competence.

LPNs engaged in independent practice must meet licensure requirements and hold a practicing license with the SALPN and must complete any additional education necessary to obtain the additional competencies required to support the service they provide. Independent practice LPNs should complete continuing education requirements related to the services they provide and to the clients and populations they serve.



6. Considerations for Independent Practice

The following list is to be used as a guide for LPNs as they determine how their independent practice can comply with the requirements. It is not to be considered all-inclusive.

LPNs are expected to utilize their critical thinking and critical inquiry skills to support their decision making at all times, in direct practice, and independent practice situations.

The items listed below have been compiled alphabetically, not by order of importance.

6.1 Advertising

- a. Advertising is a significant aspect of independent practice. Clients will want to know the LPNs professional qualifications, what services the LPN is providing, the cost of these services, and the form(s) of payment accepted.
- b. When advertising services to the public, the LPN must:
 - i. Include a description of the services provided;
 - ii. Include only accurate, factual and verifiable information;
 - iii. Provide evidence-based references to support statements; and
 - iv. Include his/her name and protected title.
- c. An LPN engaged in independent practice may not use the logo of the SALPN or an employer (previous or current), or make any other representation that would imply the LPN is an employee carrying out nursing service on behalf of either the SALPN or a healthcare agency.

6.2 Conflict of Interest

- a. The LPN engaged in independent practice adheres to all ethical principles and abides by the Code of Ethics and Standards of Practice. Well written policies can help avoid conflict of interest situations. Some of these situations may include, but are not limited to:
 - i. Directly or indirectly recruiting clients from one's employer; or
 - ii. Providing services to a client personally known to the LPN on a social basis.

6.3 Consent

- a. LPNs must obtain consent from the client or the substitute decision-maker before providing services. Informed consent is a clients' or substitute decision-makers' written or verbal agreement that they understand the services being provided, the fee for the service, and the risks involved in the services rendered. The individual providing consent must have the legal and mental capacity to do so.

Legally, you must receive informed consent from your clients before initiating any procedure or nursing intervention. Demonstrating your knowledge and ability to obtain informed consent throughout care delivery is a required competency for LPNs. Consent may be implied, given orally, or provided in writing as appropriate. Verbal or implied consent should be documented in the client's health record.

- b. An LPN engaged in independent practice will need to develop a consent form for new clients to sign before providing services. Your consent form and policies should consider:
 - i. Assessment of the client's intellectual capacity, health literacy, and the ability to understand the nature of the procedure proposed the benefits and risks, and the right to refuse the procedure. Consent is only valid if the client is competent;
 - ii. The need to re-establish consent if the initial care plan or the client's consent to the initial care plan is being changed or reconsidered; and
 - iii. That care should not be provided to a minor unless parental consent is obtained. However, the mature minor doctrine states that a mature minor is entitled to give or refuse consent to a proposed treatment that a guardian may not override

6.4 Documentation and Record-Keeping

- a. An LPN in independent practice must maintain confidential and accurate records for each client. Policies for documentation should reflect evidence-based practice.
- b. Documentation must show evidence of continuity of care and include appropriate reports of assessments, diagnoses, plans, interventions, and client outcomes as well as referrals and consultations with other care providers.
- c. An LPN in independent practice should develop policies for documenting and managing incidents/adverse events, and the type and frequency of documentation required. It is generally recommended that documentation include:
 - i. A general client information form;
 - ii. A contract signed and dated by both the LPN provider and the client identifying nursing services the client can expect;
 - iii. A voluntary consent form signed and dated by the client or substitute decision-maker to accept the implementation of said services;
 - iv. Documentation of services provided including client response;

- v. Time and date of contacts with the client;
 - vi. Referrals/referral forms for consultation with other professionals; and
 - vii. A signed and dated release of information in the event of a referral to other health professionals or agencies
- d. Security and integrity of client information must always be maintained. An LPN engaged in independent practice is accountable for maintaining client records according to generally accepted professional practice and business standards and in compliance with legislation.
- i. The LPN must comply with The Health Information Protection Act ([HIPA](#)). The Saskatchewan Information and Privacy Commissioner has produced a [Guide to HIPA](#) that LPNs may find useful in developing their policies and practices
 - ii. Personal, identifiable information such as the client's name, address, and date of birth is governed under different legislation than the client's health information. The LPN is required to comply with the regulations of [The Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#).
- e. All confidential records must be stored and physically secure 24 hours a day.
- f. The SALPN advises members to plan to retain records for a minimum of ten years following the date of last services, and in the case of minor clients, for at least two years past the age of majority or ten years, whichever is longer.
- g. You may be required to provide the SALPN with access to your client or business records and practice premises when the SALPN is:
- i. Conducting an investigation (a SALPN investigator may need to visit your practice setting and examine anything relevant to an investigation, including client and business records); or
 - ii. Administering the regulatory bylaw requirements (the SALPN registrar, or designate, may enter and inspect your practice premises and records of care provided to clients, or any other requirements under the bylaw).

6.5 Fees and Services:

- a. LPNs engaged in independent practice set fees for the services they offer in their practice. The SALPN does not determine or approve fees.
- b. Fees should be comparable to those of other nurses and health care providers who have similar competencies and experience, and who provide similar services.
- c. LPNs engage in independent practice are accountable for:
 - i. Informing clients in advance of fees and acceptable methods of payment;
 - ii. Informing clients in advance of fees for missed appointments or late payments;
 - iii. Providing clients with adequate notice before changing your fees and informing clients in advance of what the notice period is; and
 - iv. Providing clients with an official receipt listing the nursing services provided and products sold.

- d. The following activities could be considered professional misconduct and may lead to disciplinary proceedings:
 - i. Submitting an account or charge for services that are false or misleading;
 - ii. Failing to fulfill the terms of an agreement for professional services;
 - iii. Charging a fee that is excessive in relation to the services provided;
 - iv. Charging a fee to be available to provide services to a client;
 - v. Offering or giving a reduction for prompt payment;
 - vi. Failing to itemize an account for professional services; or
 - vii. Selling or transferring any debt owed to you for professional services.
- e. An LPN engaged in independent practice does not:
 - i. Recommend or promote unnecessary services to clients;
 - ii. Offer discounts or coupons for services;
 - iii. provide promotional offers; or
 - iv. Charge fees in advance for a service that has not been provided.

6.6 Infection Control:

- a. As with all nursing practice, infection control measures are a basic requirement. This is especially true when engaged in independent practice.
- b. The LPN needs to ensure that policies regarding instrument care and cleaning exist.
- c. [Infection Prevention and Control Canada](#) and the [World Health Organization](#) are credible sources of guidelines to assist the LPN in ensuring that their clients are well protected from possible sources of infection and cross-contamination.

6.7 (Professional) Liability

- a. LPNs engaged in independent practice are required to prove they have professional liability protection in accordance with current regulatory requirements.
- b. LPNs who are licensed in Saskatchewan have personal professional liability protection through [Lloyd Sudd Insurance](#). The LPN engaged in independent practice must also obtain additional commercial general liability insurance, regardless of the size of their business or number of clients. LPNs may obtain this type of commercial insurance through their insurance broker or through Lloyd Sudd Insurance Brokers.

6.8 Medication Administration

- a. LPNs in independent practice may administer client medications provided they have the required competency, and it is a condition of the scope of service established with the client. Before administering medications, the LPN should ensure the following:
 - i. That it is appropriate for the LPN to administer the prescribed medication to this specific client at this time;
 - ii. The medication is in its original container and has an affixed, valid prescription label (the medication instruction label provided by the pharmacist based on the physician prescription);
 - iii. If there is a discrepancy between the prescription label and the client's understanding of the administration directions, the LPN should consult with the medication prescriber;
 - iv. The client has given informed consent to receive the medication;
 - v. The LPN has the competency to provide the medication service; and
 - vi. Communication with other health care providers has taken place if necessary

6.9 Physician orders:

An LPN in independent practice will often find that physician orders are required before the provision of nursing services and must establish policies and procedures that identify when such orders are required, and what to do if no order is available.

6.10 Referral processes:

- a. When providing care, LPNs must consider the complexity of the client. If the needs of the client are beyond the LPNs individual capacity or competence or the client becomes unstable or unpredictable, then the LPN engaged in independent practice must consult with, or refer to, another health care provider with authority to provide the necessary care.
- b. LPNs engaged in independent practice must operate as an integral part of the healthcare system with interlinked referral and feedback mechanisms and, therefore, must establish referral mechanisms to other healthcare providers, facilities, and agencies, including stipulations and the method for sharing client health information.

6.11 Registering a Business

- a. For an LPN that is wishing to incorporate a business, they may contact ISC at <https://www.isc.ca/CorporateRegistry/RegisteringaBusiness/RegisteryourBusiness/Pages/Register-a-Business-Corporation.aspx> for support and further information.

6.12 Risk Management:

- a. Risk management is a significant aspect of building an independent practice. Adequate risk management strategies work to prevent adverse incidents from occurring and minimize the impact when they do. A risk analysis should identify elements such as:
 - i. What could go wrong?
 - ii. How bad would it be if something happened?
 - iii. How often is it likely that something will happen?
 - iv. How can the likelihood that something will happen be mitigated from the outset, and to what extent?
 - v. What can be done to control the associated consequences?
- b. The LPN should assess areas where their independent practice may result in:
 - i. Clients, staff and themselves being placed at risk of physical or psychological harm;
 - ii. Disengaged staff;
 - iii. Financial or reputation loss;
 - iv. Service interruption (ex: power failures or lack of after-hours care);
 - v. Statutory non-compliance; and
 - vi. Failed practice initiatives.

6.13 Termination of Practice

- a. The LPN engaged in independent practice must have a plan for the termination of practice that includes information relating to :
 - i. Clients of the service;
 - ii. Referral sources;
 - iii. Employees;
 - iv. Transfer of clients;
 - v. Maintaining or destroying client contracts and health records;
 - vi. Closure of business accounts and payment of fees; and
 - vii. Catastrophic events, such as death or unforeseen circumstances.
- b. It is the responsibility of the LPN to ensure ongoing management of their client health records during this time-frame.
The LPN should develop policies, practices, and contingency plan(s) to ensure records will be adequately stored and safeguarded following the termination of their practice.

6.14 Therapeutic Nurse Client Relationship

- a. LPNs are expected to develop and maintain professional therapeutic relationships with clients regardless of the practice context. LPNs engaged in independent practice should determine the appropriateness of providing service to a client in the context of their business in the same manner as they would if the care was being performed in any other health care setting.
- b. An LPN engaged in independent practice, particularly in rural communities, may find themselves in a position where a relative or close acquaintance requires care, and the LPN is the only available provider of that care in the area. In this situation, the LPN should acknowledge the presence of a potential conflict of interest and be fully aware of the differences between the professional nursing role and the role of a family member or friend. The LPN must assure the client that while a personal relationship exists, the client can expect to be treated professionally and in the same manner as other clients who do not have a personal relationship with the nurse.

7. Independent Practice Checklist

The LPN in independent practice:

- ✓ Adheres to the same professional, legal and ethical accountabilities and responsibilities as LPNs who are employees in healthcare or other types of organizations and has additional accountabilities and responsibilities to manage, while offering nursing services that fall within the LPNs individual competence level.
- ✓ Adheres to relevant legislation and regulations (related to SALPN regulatory obligations; duty to report; adverse event disclosure and reporting; privacy and security of clients' personal and health information, etc.).
- ✓ Adheres to the Standards of Practice, Code of Ethics, and published guidelines of the SALPN.
- ✓ Acquires the expertise and skill to provide services safely and competently as an LPN in independent practice, including the appropriate competencies as applicable and a sufficient knowledge base of the specific nursing practice.
- ✓ Maintains competency in the area of the independent nursing practice through on-going self-assessment of learning needs, and taking the necessary steps to address those needs, as required
- ✓ Recognizes when a referral is required for a client when the client's care needs exceed either the individual competence of the LPN or the professional scope of practice as determined by the SALPN.
- ✓ Carries out the legal obligations related to protecting health information.
- ✓ Establishes initial legal, nursing, and business policies and procedures and reviews them annually.
- ✓ Obtains and maintains the competence to initiate and operate a nursing practice business.
- ✓ Consults with a lawyer and an accountant upon initiation of a nursing practice business and maintains the relationship as needed.
- ✓ Creates and manages a business plan.
- ✓ Ensures financing is in place.
- ✓ Determines with a lawyer which business structure is required.
- ✓ Develops a marketing strategy.
- ✓ Develops business policies and procedures.
- ✓ Advertises within legal and ethical parameters.
- ✓ Acquires commercial and professional liability insurance.

8. Glossary

Advertise

To make known to the general public. It does not include communicating directly to an existing client about professional services.

Client

A person or persons with whom the nurse is engaged in a professional therapeutic relationship. This may include the client's family members or a substitute decision-maker. A client may also be a group, community, or population.

Independent Practice (self-employed)

To be engaged in the provision of licensed practical nurse services while employed or as an employee of an entity that is substantially controlled by the member.

Individual competence

The ability to apply and demonstrate competencies (knowledge, skill, and abilities) within LPN professional scope of practice safely and ethically.

Medication

Any substance that is manufactured, sold or represented for use in the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state or their symptoms

9. References

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