Winnipeg

*City Clerk's Department • Bureau du Greffier*

April 3, 2019

[redacted]

**Re: Request for access to information under Part 2 of *The Freedom of Information and Protection of Privacy Act*: Application Number 19 03 169**

[redacted]

On March 5, 2019, the City of Winnipeg received the following requests from you:

> *Please provide a copy of any communications to or from Mayor Brian Bowman discussing supervised/safe injection sites in 2018.*

Our search of the Mayor's 2018 communications resulted in locating two emails and one letter. One of the letters was an email from a constituent. As per section 4(f), FIPPA does not apply to constituent emails and so this record is not considered responsive to the request.

> *4 This Act applies to all records in the custody or under the control of a public body but does not apply to*
> *(f) a record made by or for an elected official of a local public body relating to constituency matters*

Access to the remaining email and to the letter is granted. The third parties referenced in each were consulted and they consented to the disclosure of their personal information.

If you have any questions, please call me at (204) 986-3141.

Sincerely,

Denise Jones
Access and Privacy Coordinator

**Stotski, Jeannine**

**From:** Turner, Kathy
**Sent:** Tuesday, March 12, 2019 10:25 AM
**To:** Stotski, Jeannine
**Subject:** FW: Albert House
**Attachments:** PN-Journal-April-2018 (1).pdf; THE 3 H.docx

**Follow Up Flag:** Follow up
**Flag Status:** Flagged

---

**From:** Turner, Kathy **On Behalf Of** Bowman, Brian
**Sent:** Tuesday, March 12, 2019 10:22 AM
**To:** Stotski, Jeannine
**Subject:** FW: Albert House

The 3 H document includes a sentence with safe injection sites

**From:** Ken St.George [mailto:stgeorgeken@gmail.com]
**Sent:** Thursday, May 03, 2018 1:55 PM
**To:** Bowman, Brian
**Subject:** Albert House

Good day

Please review the correspondence attached, it sheds further light on Albert House Foundation's principles as well as my support for my partners at Main Street Project. The journal article on myself is on pg 11, the interview was prior to my meeting with Mayor Bowman in November. Hoping that development on city owned land, as discussed with Mr.Jack , could be an option in the future for I have a cost effective housing development firm in place.

Regards
Ken St George, founder Albert House
stgeorgeken@gmail.com

April 2018

# PRACTICAL NURSING

## COMMITTED TO EXCELLENCE

**One of the first practical nursing graduating classes in Manitoba, circa 1950. Celebrate the long history of the practical nursing profession in Manitoba during National Nursing Week, May 7-13, 2018.**

CLPNM

College of Licensed Practical Nurses of Manitoba

# Pediatric Potpourri

***WINNIPEG, April 30, 2018 • Canad Inn Polo Park***
*0830 to 1600 hrs.*

*With*
## BARB BANCROFT, RN, MSN, PNP

EXECUTIVELINKS

***Understanding Growth and Developmental Milestones as an Approach to Pediatric Assessment***
- *The infant, toddler, pre-schooler, school-aged child, pre-teen and adolescent*
- *The teenage brain - an oxymoron*

***Specifics of Assessment - Tips and Tricks***
- *Observation of parent/child interactions, child-child interactions, and the child alone*
- *Weights, head circumferences, and vital sign measurements - age-dependent assessment and interpretation*
- *ALARM signs in toddlers vs. alarm signs in teenagers*
- *The assessment of the hydration status in children*

***Treatment Do's and Don't's***
- *Use of acetaminophen and ibuprofen in children with fever*
- *Anti-depressants in children*
- *The overuse and abuse of antibiotics in children - otitis media and bronchitis*
- *The treatment of febrile seizures - simple vs. complex febrile seizures*
- *The treatment of asthma - acute and chronic*
- *Notes on vaccination schedules and specific vaccines*

***Key things to Know about Selected Conditions in Kids***
- *Asthma, allergic rhinitis*
- *Bronchiolitis, bronchitis, pneumonia*
- *Diabetes*
- *Tonsillitis and adenoiditis*
- *Mononucleosis*
- *Autism and autistic spectrum disorders*
- *Child abuse*
- *Head trauma; Concussions*
- *Gastroenteritis*
- *Acute appendicitis*
- *Celiac disease*
- *Abdominal pain*
- *Heart murmurs - functional, pathologic*

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence based practise, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses' Association, the American Academy of Nurse Practitioners, and more.

**The central objective of this one day workshop is to provide an overview of key pediatric topics to nurses in primarily adult settings who have children in their client/patient caseload. This course is also an excellent review for pediatric nurses who work in specialized settings and wish to refresh their knowledge of general pediatrics. This workshop is not recommended for experienced pediatric or critical care nurses in adult/peds settings.**

### WHO SHOULD ATTEND?
- ***Nurses who care for adults, but occasionally care for children***
- ***Nurses from mixed medical-surgical/pediatric units***
- ***Operating room and post-anesthesia care unit nurses***
- ***Nurses who float to pediatric areas***
- ***Ambulatory Care Nurses (clinic, doctor's office, primary care, etc.)***
- ***New Pediatric Nurses***
- ***Tele-health Nurses, Community Health Nurses, Outpost Nurses***
- ***Not recommended for experienced pediatric or critical care nurses***

### HOW TO REGISTER
*Price includes lunch!*

**REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT**

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**CALL:** 1.866.738.4823
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**E-MAIL:** registration@nursinglinks.ca
**MAIL:** #22, 2526 Battleford Ave. SW, Calgary, AB T3E 7J4

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If Executive Links Inc. is forced to cancel a conference, liability is limited to reimbursement of paid conference fees. Executive Links Inc. reserves the right to change program date, meeting place, speakers or content without further notice and assumes no liability for these changes.

*To read our policies in more detail, please visit: www.nursinglinks.ca*

## *Registration Form* (Fax to 1.866.566.6028)

*Yes!* Please register me for the *Pediatric Potpourri* workshop in:

| *City* | *Date* | *Venue* |
|---|---|---|
| ☐ **Winnipeg** | April 30, 2018 | Canad Inn Polo Park<br>*1405 St. Matthews Avenue* |

Name: _____
Title: _____ Specialty: _____
Organization: _____
Home Address: _____
City: _____ Prov: ____ Postal: _____
Home Phone: (___) _____ Fax: (___) _____
E-Mail: _____

☐ *Please send me e-mail notices of upcoming conferences.*

## *Conference Fees:*

EXECUTIVELINKS

☐ $189.[00] + *$9.45 GST = $198.45 Regular Rate*

***Price includes conference sessions, lunch, coffee breaks, and handouts.***

☐ ***Please charge my:*** ☐ ***VISA*** ☐ ***M/C*** ☐ ***AMEX***

Cardholder's Name: _____
Card Number: _____ Exp: __/__

Signature: _____

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Attention: _____ Title: _____
Fax: (___) _____ Phone: (___) _____

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## 2018 Office Closure Dates

May 21, 2018
June 4, 2018
June 25, 2018
July 2, 2018
Office closed July 30, 2018 and re-opens at 0930hrs August 13, 2018
September 3, 2018
October 8, 2018
November 12, 2018
Office closed at 1200 hrs on December 21, 2018 and re-opens at 0930hrs January 2, 2019

## Fragrance-Free Notice

In response to health concerns, CLPNM has a Fragrance-Free Policy and is a scent-free environment. Please do not use scented products while on the CLPNM premises for work, education, appointments, or other business.

## College of Licensed Practical Nurses of Manitoba

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Publications Agreement #40013238

# PRESIDENT'S MESSAGE

Spring is here. With warmer weather and brighter sunshine, it seems like a good time to focus on what's ahead. For me, spring this year marks the beginning of my second year in my two-year term as President of the CLPNM Board of Directors. I'm thankful for the privilege to serve in this position, but also recognize that my role is only one of many with the CLPNM that is filled by practising LPNs.

– Cheryl Geisel, LPN

In fact, there are so many roles for LPNs with the CLPNM that it can sometimes be a challenge to recruit enough members of the profession to fill them. In that respect, the CLPNM is no different than any other professional regulatory body. Professionals have busy lives on top of personal and family responsibilities; not everyone can take on a big commitment to their profession as well. That said, participating in the regulation of your profession does not always require a big time commitment. There are other ways that LPNs can get involved.

Many LPNs showed this by responding to the CLPNM's recent survey on the Standards of Practice. I was pleased to hear that 336 LPNs set aside a few minutes during their busy day to fill out a response. This is a great example of how making a valuable contribution to the profession doesn't always have to take a lot of time. Even 10 minutes can be enough time to contribute in an important way.

The CLPNM often has opportunities for LPNs to become involved. Board and committee positions are a few examples, but the CLPNM is always looking for practice auditors, investigators and CCP auditors as well. Many LPNs may not know that the CLPNM covers all reasonable expenses associated with these roles, and also pays a stipend (in the case of auditors and investigators) or an honorarium (in the case of board and committee members).

If these roles do not sound like they would be a good fit for you, or it just is not a good time for you to take one on, you can continue to make an important contribution by responding to surveys, like the recent one on the Standards of Practice. You can also let the CLPNM know if you are interested in providing input as part of a small focus group or ad hoc committee. This, and many other ways you can contribute to the regulation of your profession are described on the CLPNM website. I encourage each of you to visit the site at www.clpnm.ca/get-involved/ to see if you may be interested in one of the opportunities listed there. If you are, please send in an expression of interest. We'd love to hear from you! ■

# UPDATE ON THE STANDARDS OF PRACTICE REVIEW

A review of the Standards of Practice that guide Manitoba's practical nursing profession was launched in the fall of 2017. The goal of the review is to ensure that the Standards continue to appropriately reflect reasonable and prudent nursing practice in today's nursing environments.

In January of 2018, the College of Licensed Practical Nurses of Manitoba (CLPNM) asked the licensed practical nurse (LPN) community to help us with this review by providing input on the Standards, along with suggestions for change.

Similar to the overwhelming response we received when we surveyed LPNs about their professional practice in 2014 and 2015, we again found that many LPNs were willing to set aside time to help inform a review of the Standards of Practice that guide their profession. In total, 336 survey responses were received. The responses were well-informed, insightful, and demonstrated that LPNs have a strong interest in sharing their expertise when it is needed to help guide the future of their profession.

Responses also pointed to challenges that some LPNs face in when applying the Standards, and to several questions about how to interpret them. Comments, questions and suggestions from LPNs will be invaluable to developing a revised document to guide safe, ethical, compassionate and competent practical nursing care in Manitoba.

Input from LPN also helped us understand other matters that could be clarified for our registrants.

- Some LPNs identified that they consult the Standards of Practice looking for guidance on whether LPNs are competent and authorized to perform specific health care activities. **Do you know that the CLPNM has published two documents on LPN competencies?** Information about specific health care interventions is not found in the Standards of Practice, but can be found in the CLPNM's *Entry-Level Competencies for the Licensed Practical Nurse* document, as well as in the complementary *Nursing Competencies for Licensed Practical Nurses in Manitoba* document. Please visit http://www.clpnm.ca/practice-guidance/competencies/ for more information.
- Some LPNs identified that they had consulted the Standards looking for guidance on topics that are addressed in the CLPNM's practice directions. **Do you know CLPNM has practice directions on assignment and delegation, continuing competence, duty to care, electronic communication and use of social media, fitness to practice, graduate practical nurse practice, independent practice, and nursing foot care?** Please visit http://www.clpnm.ca/practice-guidance/practice-directions/ to review these practice directions.
- Some LPNs commented that it is challenging to manage the LPN's duty to report, as set out in *The License Practical Nurses Act*, when privacy and confidentiality legislation such as *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA) restrict disclosure of personal and personal health information without consent. **Did you know that both PHIA and FIPPA permit disclosures without consent when another enactment of Manitoba or Canada authorizes or requires the disclosure?** (You should always follow employer policies when making disclosures under PHIA and FIPPA, even if authorized in the legislation). It may also be helpful for LPNs to be aware that the CLPNM is also bound to protect confidential information, under *The Licensed Practical Nurses Act* and CLPNM Board of Directors policy.

Stay tuned for more information on Standards of Practice review in future editions of the Practical Nursing Journal, or check the website at http://www.clpnm.ca/practice-guidance/standards/ for updates. ■

# NEW PRACTICE DIRECTION

## Rural, Remote and Underserved Populations: Access to Prescribed Medications

The following practice direction was approved by the College of Licensed Practical Nurses of Manitoba in April, 2018, and is now in effect. It was developed collaboratively with the College of Pharmacists of Manitoba, the College of Physicians and Surgeons of Manitoba, the College of Registered Nurses of Manitoba and the College of Registered Psychiatric Nurses of Manitoba.

The CLPNM issues practice directions to assist practical nurses in understanding their responsibilities and legal obligations, enabling them to make safe and ethical decisions within their practice. All practical nurses in Manitoba are expected to review, understand and practice in accordance with the information disseminated in the CLPNM's practice directions. Practical nurses should note that that failure to do so could result in investigation for misconduct and/or an audit of the nurse's practice.

This practice direction is also accessible on the CLPNM website at: http://www.clpnm.ca/practice-guidance/practice-directions/

Questions about the practice direction may be directed to the CLPNM Practice Department by email at info@clpnm.ca or by phone at 204-663-1212 or 1-877-663-1212 toll free.

### Introduction

Rural, remote and underserviced populations are at risk for potentially harmful delays in care because of barriers to timely access to services.

The five regulatory colleges that approved this practice direction recognize the importance and necessity of *interprofessional collaboration*[1] to support safe client care in situations where supplying medications is necessary. When these expectations cannot be met, all health-care professionals are responsible for resolving the practice issue as a team.

All health-care professionals have a role in safe client care. Pharmacists review medication orders and prescriptions, *dispense medication*, provide information to clients about medications and advise health-care professionals on the selection, dosage, interactions, and side effects of medications. *Nurses* work autonomously and in collaboration with other care providers to provide client-centred care for people of all ages, which may include medication therapy. *Prescribers*, such as physicians and registered nurse (nurse practitioners), use competencies to meet standards for safe and effective prescribing.

At times and in certain locations, not all professionals are accessible. For example, there are times when prescribed medication is required and pharmacy services are not accessible.

### Scope

The practice expectations outlined in this document apply to health-care professionals working with rural, remote or underserviced populations where:

- there is a client-centered need to provide a short-term supply of medication
- the client has a reasonable likelihood of experiencing harmful delays in care
- a pharmacist is not readily available within the timeframe of the client's health care visit
- the facility has safe, appropriate storage requirements for the drug (e.g. refrigeration)
- a pharmacist can review the prescribed medications and enter them into the Drug Program Information Network (DPIN) as soon as possible but no later than 48 hours after the medication has been given,[2] and

[1] Words in italics are defined in the glossary.

[2] If the pharmacist working with a remote community cannot meet the 48 hour timeline, the pharmacist must contact the CPhM in advance of proceeding

- consultation occurs between nurses (who do not have prescribing authority) and the prescriber before supplying drugs covered by *The Controlled Drugs and Substances Act*

These practice expectations do not include care situations where:

- a pharmacist is available or accessible to the client
- a pharmacist is preferred by the client
- repackaging the medication is necessary before supplying it to the client
- *compounding* of the medication is necessary before the medication can be provided
- a client did not obtain a timely renewal for an ongoing prescription unless it is for an emergent situation where the health care provider determines that there is a greater health risk to the client if they do not receive the medication, or
- the medication requires an *M3P* prescription.

## Practice Expectations

1. Prescribers, nurses and pharmacists must:
   - 1.1. Collaborate/communicate with other health care providers as necessary to meet client-care needs.
   - 1.2. Utilize interprofessional collaboration to develop a *clinical decision tool*,[3] which meets the following criteria:
     - client centered focus
     - evidence-informed practice
     - interdisciplinary input
     - annual review and evaluation
     - indications and contraindications for supplying medications
     - indications for consultation
     - in-scope and out-of-scope provisions, and
     - employer-approved.
2. The pharmacist must:
   - 2.1. Enter the following information on the medication label before supplying medications to the site:
     - generic drug name, manufacturer identification, dosage, route and strength (where necessary)
     - quantity
     - direction for use (in accordance with the clinical decision tool if applicable)
     - date the drug was prepared, lot number and expiry date of the drug
     - pharmacist initials
     - pharmacy name where medication was packaged
     - location name, address and phone number where medication was stocked for supplying, and
     - any other information appropriate/specific to the medication (e.g., auxiliary label "take with food").
   - 2.2. Upon receipt of the prescription:
     - review the medication order or prescription for client-specific care and safety
     - enter the medication into DPIN within 48 hours,[4] and
     - notify the nurse when the remainder of the prescribed medication is sent to the client.
3. The nurse must:
   - 3.1. Apply competencies to manage the current client situation including:
     - use of the clinical decision tool
     - review of the client's medical history
     - assessment of presenting complaint/concern
     - check of the client's current medication list, using DPIN where available
     - review of allergies, potential adverse drug reactions and contraindications
     - determination of the medications' expiry dates
     - entry of the client name, prescriber name, date and nurse initials on the medication label
     - client teaching
     - supply of the starter pack directly to the client (or their representative), and
     - plan for follow-up care as discussed with the client.

[3] Clinical decision tools should recognize medication eligibility under the Manitoba Formulary or Non-Insured Health Benefits (NIHB) formulary as there may be a cost associated with the drug of which the client needs to be informed.

[4] If the pharmacist working with a remote community cannot meet the 48 hour timeline, the pharmacist must contact the CPhM in advance of proceeding.

3.2. Do an assessment with the client re: supplying medication that includes consideration of:

- risk to the client's health if the medication is not supplied at that point-of-care
- wait time for the prescription pick up or delivery including impact of distance, extreme weather and/or other unusual factors, and
- potential adverse effects of the medication.

3.3. Document as per applicable standards. Documentation must also include date, drug name, strength, dose, lot number, quantity supplied, length of medication therapy and client instructions.

3.4. Notify the prescriber and pharmacist of starter pack supplied including date, drug name, strength, dose, lot number and quantity supplied, length of medication therapy, client name and identifiers, client instructions, nurse signature and title.

4. The prescriber must:

4.1. Meet necessary standards in prescribing.

4.2. Sign and send the prescription to the pharmacy within 24 hours.

## Glossary

Compounding: mixing ingredients, at least one of which is a drug or vaccine, but does not include reconstituting a drug or vaccine with only water. Compounding does not include preparing medication prior to administration. Examples of preparing medication not considered to be compounding include drawing up insulins into the same syringe, putting medications for inhalation therapy into a nebulizer or chamber and stirring oral mouthwash rinses in the same container.

Dispense: provide a drug pursuant to a prescription. Does not include the administration of a drug.

Clinical decision tool: a document that guides, based on evidence, the assessment, diagnosis or treatment of a client-specific clinical problem.

Health-care professionals: in this document, health-care professional refers to pharmacists, nurses, nurse practitioners, and physicians.

Interprofessional collaboration: partnership between a team of health-care professionals and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

M3P (Manitoba Prescribing Practices Program): prospective at-source risk management system to minimize drug diversion for controlled and narcotic medications and facilitate communication among health-care professions, regulatory authorities and federal, provincial and territorial governments regarding drug utilization issues and information.

Nurses: in this document, the word nurse refers to licensed practical nurses (LPNs), registered nurses (RNs) and registered psychiatric nurses (RPNs).

Prescriber: regulated health professional with legislated authority to prescribe.

Starter packs: a limited supply of pharmacist-prepared, pre-packaged, labelled medications so a client can start safe, efficient medication therapy while awaiting the balance of the dispensed prescription.

Supplying: providing pharmacist-prepared, pre-packaged, labelled medications to a client to take away and administer with the prescriber's instructions. (Supplying does not include medication administration or pharmacist dispensing.)

## Resources

Canadian Interprofessional Health Collaborative

- A National Interprofessional Competency Framework

College of Licensed Practical Nurses of Manitoba

- Code of Ethics for Licensed Practical Nurses
- Standards of Practice for Licensed Practical Nurses

College of Pharmacists of Manitoba

- Prescribing Authority Table
- Electronic Transmission of Prescriptions
- Facsimile Transmission of Prescriptions

College of Physicians and Surgeons of Manitoba

- Standards of Practice of Medicine

College of Registered Nurses of Manitoba

- Code of Ethics for Registered Nurses
- Practice Expectations for Registered Nurses

College of Registered Psychiatric Nurses of Manitoba

- Code of Ethics and Standards of Psychiatric Nursing Practice

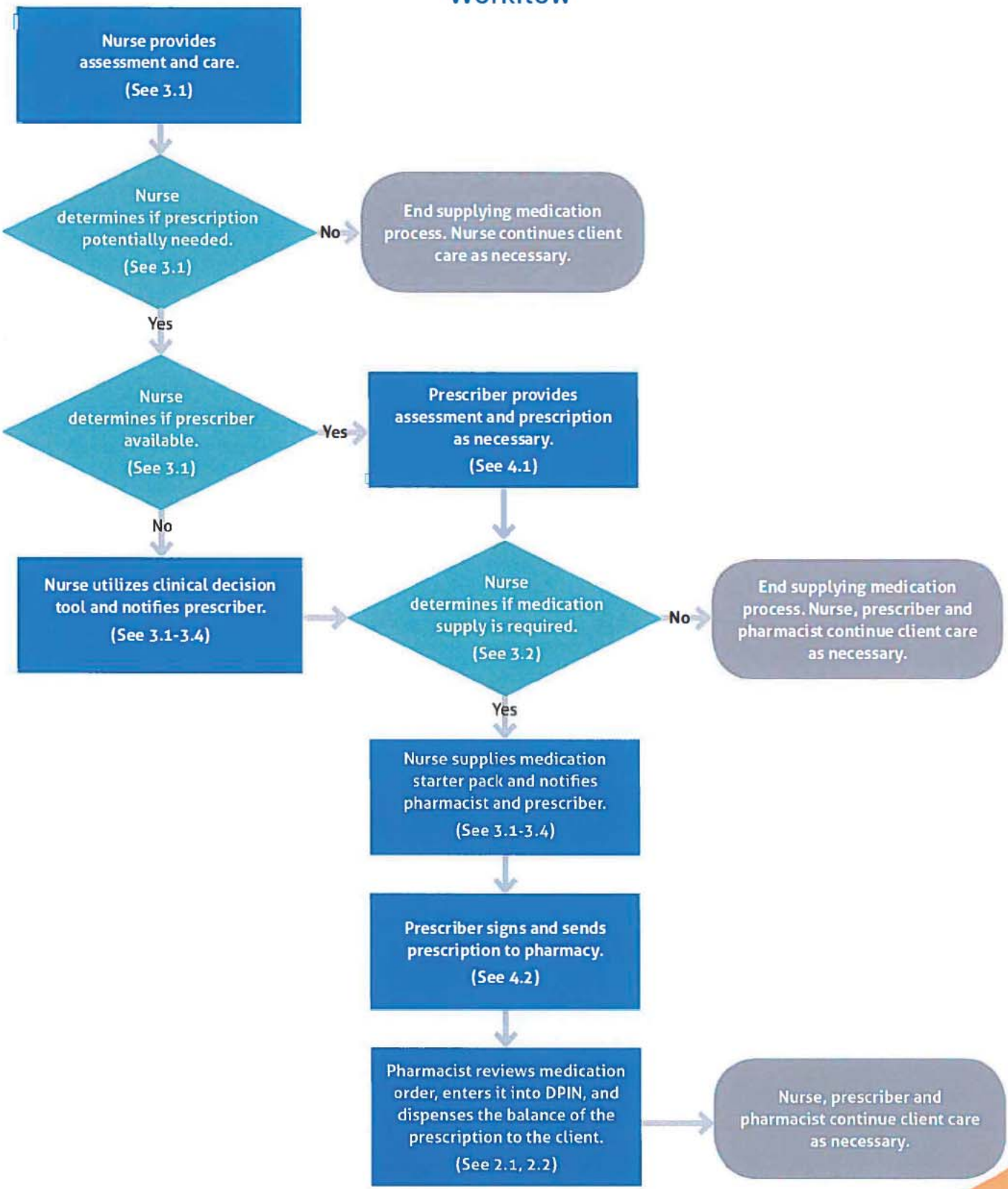
Government of Manitoba

- Drug Programs Information Network (DPIN)

Institute of Safe Medication Practices Canada

National Association for Pharmacy Regulatory Authorities (NAPRA)

# Workflow


Nurse provides assessment and care. (See 3.1)
Nurse determines if prescription potentially needed. (See 3.1)
No
End supplying medication process. Nurse continues client care as necessary.
Yes
Nurse determines if prescriber available. (See 3.1)
Yes
Prescriber provides assessment and prescription as necessary. (See 4.1)
No
Nurse utilizes clinical decision tool and notifies prescriber. (See 3.1-3.4)
Nurse determines if medication supply is required. (See 3.2)
No
End supplying medication process. Nurse, prescriber and pharmacist continue client care as necessary.
Yes
Nurse supplies medication starter pack and notifies pharmacist and prescriber. (See 3.1-3.4)
Prescriber signs and sends prescription to pharmacy. (See 4.2)
Pharmacist reviews medication order, enters it into DPIN, and dispenses the balance of the prescription to the client. (See 2.1, 2.2)
Nurse, prescriber and pharmacist continue client care as necessary.

# Leg Ulcers Assessment & Management

**WINNIPEG, May 7, 2018 • Canad Inn Polo Park**
*0830 to 1600 hrs.*

*With*
## Dr. KEVIN WOO, Ph.D, RN, FAPWCA

EXECUTIVELINKS

*** Register Early to Avoid Disappointment ***

Leg ulceration is a chronic health issue posing significant burden on individual patients and the health care system. This workshop will describe the clinical approach to diagnose and differentiate various types of ulcers in the lower extremity due to venous insufficiency, lymphedema, arterial compromise, malignancy, inflammatory diseases, infection, and other systemic conditions. Participants will develop an understanding of the mechanisms and rationale behind the appropriate use of compression therapy for the treatment of chronic edema and lower extremity ulcers. Discussion will also focus on holistic care including the needs to optimize medical treatment and lifestyle modifications. Participant will develop a pragmatic local wound care approach that is based on best practice evidence.

### *Overview of Wound Healing Physiology*
- *Phases of Wound Healing*
- *Review of Arterial System; Venous System; Lymphatic System*
- *What Makes Chronic Wounds Chronic?*

### *Wound Healing*
- *Wound Bed Preparation; Debridement*
- *Infection Management; Importance of Moisture Balance*

### *Vascular Evaluation*
- *Differential Diagnosis; Medical History & Risk Factors; Physical Examination*
- *Invasive and Non-Invasive Arterial Studies: Think ABPI*
- *Studies of Venous Insufficiency*

### *Management of Arterial & Venous Leg Ulcers*
- *Medical Therapies & Surgical Interventions*
- *Approach to Non-Healable Arterial Leg Wounds*
- *For Venous Leg Ulcers: Compression Therapies: Elastic or Inelastic?*
- *How to Apply Compression to Venous Leg Ulcers; Dos, Don'ts, and Secrets*

### *Management of Mixed Venous Arterial Disease*
- *The Evidence and the Controversy*

### *Management of Lymphedema*
- *Medical & Surgical Therapies*
- *What Can be Done to Promote Lymphatic Drainage?*

### *Atypical leg ulcers*
- *Inflammatory Diseases; Proliferative Diseases*
- *Lipidema*

Dr. Kevin Woo is an Assistant Professor at Queen's University, School of Nursing in Kingston, Canada. Kevin is an adjunct research professor at the Western University teaching for their Masters of Clinical Science in Wound Healing program. He is the Early Researcher Award recipient 2014-2019 from the Ministry of Research and Innovation. He is the co-editor of Chronic Wound Care 5, a clinical source book for health care professionals. He served on expert panels to develop Best Practice Guidelines (BPG) in collaboration with Registered Nurses Association in Ontario for the Assessment and Management of Stage 1 to Pressure Ulcers and Screening for Dementia, Delirium and Depression in older persons. Kevin maintains his clinical expertise and functions as an Advanced Wound Consultant at the West Park Health Center, a specialized chronic care and rehabilitation hospital in Toronto. Additionally, he is the Web Editor for *Advances in Skin and Wound Care* journal web site and he is a member of several editorial boards.

### WHO SHOULD ATTEND?
- *Nurses in Acute Care, Critical Care, and Long Term Care Settings*
- *Nurses in Home Care and Rehabilitation Settings*
- *Wound Care and Infection Control Nurses*
- *Adult Nurse Practitioners and Diabetes Educators*

### HOW TO REGISTER

*Save $10 on your registration when you register and pay prior to April 23rd!*

**REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT**

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**FAX:** 1.866.566.6028
**E-MAIL:** registration@nursinglinks.ca
**MAIL:** #22, 2526 Battleford Ave. SW, Calgary, AB T3E 7J4

### FURTHER INFORMATION
Should you have any questions or require assistance with registration, please call *Conference Registration* at Executive Links Inc. toll-free at 1-866-738-4823.

### CANCELLATIONS
Refunds will be given for written cancellations received seven days prior to the conference date, less an administration fee of $25.00. Refunds cannot be given after this date; however, delegate substitutions are welcome without prior notification.

If Executive Links Inc is forced to cancel a conference, liability is limited to reimbursement of paid conference fees. Executive Links Inc. reserves the right to change program date, meeting place, speakers or content without further notice and assumes no liability for these changes.

*To read our policies in more detail, please visit: www.nursinglinks.ca*

## *Registration Form* (Fax to 1.866.566.6028)

*Yes!* Please register me for the *Leg Ulcers* workshop in:

| City | Date | Venue |
|---|---|---|
| ☐ Winnipeg | May 7, 2018 | Canad Inn Polo Park<br>*1405 St. Matthews Avenue* |

Name: _____
Title: _____ Specialty: _____
Organization: _____
Home Address: _____
City: _____ Prov: ____ Postal: ____
Home Phone: (___) _____ Fax: (___) _____
E-Mail: _____

☐ *Please send me e-mail notices of upcoming conferences.*

## *Conference Fees:*

EXECUTIVELINKS

☐ $179.[00] + *$8.95 GST = $187.95 Middle Rate (on or before April 23, 2018)*
☐ $189.[00] + *$9.45 GST = $198.45 Regular Rate (after April 23, 2018)*

***Price includes conference sessions, lunch, coffee breaks, and handouts.***

☐ *Please charge my:* ☐ *VISA* ☐ *M/C* ☐ *AMEX*

Cardholder's Name: _____
Card Number: _____ Exp: ___/___

Signature: _____

☐ *Cheque or money order payable to Executive Links enclosed*
*No postdated cheques please*

☐ *My employer has approved funding. Please invoice:*
Attention: _____ Title: _____
Fax: (___) _____ Phone: (___) _____

# A CONVERSATION WITH KEN ST. GEORGE

**A conversation with Ken St. George is invigorating. He is a nurse who has spent most of his career working with Winnipeg's most vulnerable population in the core area of the city. Armed with the principles of holistic care and prevention from his foundational practical nursing education, Ken has focussed his frustration with the limitations of a 15-minute home visit on identifying a solution.**

His solution is still a work in progress. Meanwhile, he is embodying the ethical standards of the practical nursing profession by advocating for individuals experiencing homelessness and gathering resources to provide stability and support, enabling these individuals to work towards sustainable independent living.

"There has to be a better way to do this!"

Ken's frustration stems from what he sees as a mismatch between how the system is organized to provide care, and how clients are able and prepared to access it. As an example, Ken describes that individuals may be placed in an apartment as a location where supports will be delivered and then, for a variety of reasons, the individual may not remain at that same location. Therefore, when supports arrive, the individual is not there.

While the current system is not set up well to respond to client needs in these situations, Ken believes that nursing is integral to the solution. He identifies that individuals, who may not access other supports for whatever reason, may develop a rapport with a nurse who they see most consistently or frequently to address a physical need. He sees this relationship between client and nurse as pivotal in facilitating access to other resources that would optimize the

individual's outcome.

During Ken's time providing community care, he saw that the more complex the client's needs, the more that consultation and additional supports were required. He witnessed clients with particularly complex and varied needs experience periods of disassociation, which then contributed to eviction from housing that had been secured, however tenuously. As Ken's frustration with these circumstances grew, he kept returning in his mind to the strength of the relationship between client and nurse, and the skills that the profession possesses.

Ken's frustration led him to spend some time on a winter retreat with his dog and his laptop, tapping out on his keyboard what he envisioned as a more efficient and effective use of resources to better meet

the holistic needs of an individual experiencing homelessness. He came up with a plan for a residence, to be known as Albert House, which would provide housing to 12 or 13 individuals who had shared a similar experience and could offer each other support. These individuals would be further supported by 24-hour nursing staff skilled in communication and intervention with individuals who had experienced homelessness and related challenges.

Ken's vision for Albert House was informed by the Housing First model. The goal of Housing First is to move individuals off the street and out of emergency shelters into stable and long-term housing with supports. Its core principles are immediate access to permanent housing with no housing readiness requirements, consumer choice and self-determination, recovery orientation, individualized and client-driven supports, and social and community integration. Access to stable housing in Albert House would be a first step in moderating this population and easing them into social integration in an individualized manner.

Following through in the model, Ken intends for the resources available through Albert House to be delivered in a way that minimizes the traditional barrier between service provider and recipient. He prefers a partnership approach, consistent with an image of service providers and recipients walking alongside each other. He intends that services available through Albert House will acknowledge the worth of each individual and build resilient relationship skills. Think of the impact mentored individuals could have when living in a community and supported by an even broader support network!

Ken took another step towards achieving his vision by consulting with others who work the front line and see similar issues on a daily basis, including police officers, fire fighters and other advocates to end homelessness. Understandably, he found there was unanimous recognition of the need to get people off the streets, and support for any resource that could help to make it a sustainable move. These conversations gained momentum and informed a working business plan to move the initiative forward.

Ken's vision is getting attention. Although he is not the first to adopt the principles of the Housing First model, the proposed level of nursing involvement is unique to Ken's vision for Albert House. Ken states that his plan has the attention of the Housing First founder; likewise, local recognition has also resulted in an invitation for Ken to participate in the CEO Sleep Out in October 2017. He continues to seek support for his vision, and is next focusing his efforts at the federal level. He hopes that support for his concept from members of parliament may open doors to further discussion with another level of government.

Ken identifies nursing skills as the unique strength of his model for Albert House. His plan centres on the benefits of early prevention, early intervention, and consistent maintenance to provide efficiencies at a relatively low cost, while also avoiding future costs associated with frequent access to emergent services. Additional supports, such as on-site health teaching, reinforcement of instructions, and coordination of appointments, will be invaluable in the environment, which he sees as one where social skills can be nurtured and individuals affirmed. Ken sees this way of providing care as being safe, stabilizing and conducive to better health for these individuals, while enabling them to recognize their own worth and potential.

Lobbying for this initiative continues. Ken has a location in mind. He also has an exit strategy for when there is an end to homelessness and this population moves into their own housing with jobs and circles of social support.

When faced with roadblocks or barriers within the current system, Ken's advice for other nurses is to identify issues and brainstorm solutions that are outside the box. He also recommends engaging others who share your vision and seeking out a mentor. Then, be prepared for a marathon! ■

# ANNUAL GENERAL MEETING AGENDA

**Date:** Monday June 4, 2018
**Time:** 11:30am
**Location:** Clarion Hotel & Suites, Winnipeg, MB

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Registration (begins at 1100hrs)

Announcements

Call to Order (1130hrs)

Credentials Report

Rules of Procedure

Approval of Agenda

Introductions

President's Welcome

Appointment of Scrutineers

Annual Report & Current College Activities

Election Results – Presentation of Board of Directors

Open Forum

Adjournment

CLPNM

College of Licensed Practical Nurses of Manitoba

The AGM and Luncheon will take place at the Clarion Hotel & Suites, located at 1445 Portage Ave in Winnipeg, Manitoba.

To register to attend the AGM (free of charge), please visit the CLPNM website at www.clpnm.ca

The Luncheon will take place at 1:00pm, and tickets can be purchased at $35 each by contacting the CLPNM office.

# ANNUAL GENERAL MEETING RULES OF ORDER

1. The current edition of Robert's Rules of Order Newly Revised shall be the parliamentary authority on any procedural matter.

2. Every licensed practical nurse registered with the College who attends an annual or special general meeting of the College is entitled to voice and vote at the meeting.

3. Every graduate practical nurse, student practical nurse, former member, honorary member, or member of the general public who attends an annual or special general meeting of the College is entitled to voice at the meeting, but is not entitled to vote.

4. Licensed practical nurses are required to present, at the meeting, current photo identification and to state their College registration number as evidence of entitlement to vote.

5. Those confirmed as eligible to vote shall be issued a voting flag.

6. A majority of eligible voters present at the meeting shall be needed for adoption of any business.

7. Before any vote is taken, the meeting Chair shall appoint three [3] scrutineers, who are not voting members of the College.

8. Voting shall be by voting flag unless, before the vote is taken, the Chair orders that a ballot vote be held or an eligible voter moves that a ballot vote be held.

9. In any vote by voting flag, the Chair, with the assistance of the scrutineers if necessary, shall count the votes and shall decide the results. The Chair's decision shall be final.

10. In a ballot vote, the scrutineers shall distribute, collect and count the ballots and report the results in writing to the Chair.

11. In the event of a tie vote, either by voting flag or ballot vote, the Chair of the meeting shall cast the deciding vote.

12. A quorum for any annual general meeting or special general meeting of the College shall be the number of licensed practical nurses registered with the College who attend the meeting.

13. While the meeting is in progress, voting flags must be turned over to the designated scrutineer before exiting the meeting room. Those eligible to vote shall not enter or exit the meeting room when there is a motion on the floor.

14. Any person who wishes to speak to a motion shall, at the designated time, go to a microphone, address the Chair, give their name and district (if applicable), and shall indicate whether they are speaking in the affirmative or negative on the motion.

15. Only eligible voters have the right to make a motion and the mover shall have the right to speak to the motion first.

16. All motions and amendments shall be in writing on motion paper, signed by the maker and seconded, and shall be sent to the Chair.

17. Eligible voters and Board members shall speak only once to any given question until all eligible voters and Board members wishing to speak have done so.

18. Debate is limited to two [2] minutes for each speaker and ten [10] minutes in total for debate on each question. If there is more than one microphone on the floor, the Chair shall alternate between microphones.

19. A timekeeper shall be designated and shall signal with a yellow card when two minutes for a speaker has passed, and shall signal with a red card when allotted time for debate on the question has expired.

20. Time for debate may be extended by a two-thirds [2/3] vote of the eligible voters.

21. A call to close debate [move the previous question] requires a two-thirds [2/3] vote of the eligible voters.

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Source: CLPNM Board Policy BG-3 Rules of Order and Procedure last approved April, 2017. ■

*Simplify, Don't Mystify...*

# Pharmacology Update for Nurses

***WINNIPEG, June 4, 2018 • Canad Inn Polo Park***
*0830 to 1600 hrs*

## BARB BANCROFT, RN, MSN, PNP

EXECUTIVELINKS

*** Updated with NEW Content! ****

### *9000 Drugs, Where to Start? Differentiate Quickly Among the Classes of Drugs with the "Suffix" of Each Class*

- *The "statins", the "prils" the "triptans" and the "sartans"*
- *The "prazoles" and the "afils"*
- *The "olols", the "alols", the "ilols" and the "dipenes"*
- *The "coxibs" the "mabs", and the "glitizones"*
- *The "conazoles", the "cyclovirs" and more*

### *Clinical Uses and Mechanism of Action: The Key Things You Need to Know*

- *Analgesics; Drugs for Diabetes; Targeted Therapies*
- *Cholesterol-Lowering Agents, Anti-Hypertensives*
- *Anti-Fungal and Anti-Viral Agents*

### *Understanding the Common Treatment Regimens for Selected Clinical Conditions*

- *Hypertension; Chronic Heart Failure*
- *Diabetes Mellitus Type 2*
- *Depression*

### *You're Taking WHAT??? Clinical Interactions Between Drugs, Alternative Therapies and Food*

- *The Effect of Grapefruit Juice on the Metabolism of Certain Drugs*
- *Foods with Potassium; Foods with Vitamin K*
- *St John's Wort*

### *Specific Mechanisms of Actions of Drugs in Popular Use*

- *The "Highway System" and the "prils"*
- *The Nocturnal Liver and the "statins"*
- *The Proton Pump and the "prazoles"*

### *The Buzz on Medical Cannabis - What the Evidence Says*

- *Indications; Contraindications*
- *Methods & Issues with Use*

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence based practise, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses' Association, the American Academy of Nurse Practitioners, and more.

There are a staggering number of drugs that nurses are expected to keep current with. Without some systematic way of categorizing the information, it's easy to become overwhelmed by such a vast amount of information. This course is aimed at simplifying the volume of drug information into easier recall and to crystallize the key things you need to know about the major categories of drugs. And as always, a day with Barb Bancroft will include humour along with important clinical applications that will help you remember and apply the material on a daily basis in your clinical setting.

### WHO SHOULD ATTEND?

- *RNs, NPs, RPNs, & LPNs in All Areas*
- *Acute & Critical Care, Special Care Areas*
- *Geriatric, Home, Community, and Primary Care*
- *Outpost Nurses, Occupational Health Nurses; Transition Coordinators*
- *Nurse Practitioners, Tele-Health Nurses, Educators, Managers*

### HOW TO REGISTER

*Save $10 on your registration when you register and pay prior to May 22nd!*

**REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT**

**WEB:** www.nursinglinks.ca
**CALL:** 1.866.738.4823
**FAX:** 1.866.566.6028
**E-MAIL:** registration@nursinglinks.ca
**MAIL:** #22, 2526 Battleford Ave. SW, Calgary, AB T3E 7J4

### FURTHER INFORMATION

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*To read our policies in more detail, please visit: www.nursinglinks.ca*

## *Registration Form* (Fax to 1.866.566.6028)

*Yes!* Please register me for the ***Pharmacology*** workshop in:

| *City* | *Date* | *Venue* |
|---|---|---|
| ☐ **Winnipeg** | June 4, 2018 | Canad Inn Polo Park<br>*1405 St. Matthews Avenue* |

Name: _____
Title: _____ Specialty: _____
Organization: _____
Home Address: _____
City: _____ Prov: ____ Postal: _____
Home Phone: (  ) _____ Fax: (  ) _____
E-Mail: _____

☐ *Please send me e-mail notices of upcoming conferences.*

## *Conference Fees:*

EXECUTIVELINKS

☐ $179.[00] + *$8.95 GST = $187.95 Middle Rate (on or before May 22, 2018)*
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***Price includes conference sessions, lunch, coffee breaks, and handouts.***

☐ *Please charge my:* ☐ *VISA* ☐ *M/C* ☐ *AMEX*

Cardholder's Name: _____
Card Number: _____ Exp: ___/___

Signature: _____

☐ *Cheque or money order payable to Executive Links enclosed*
*No postdated cheques please*

☐ *My employer has approved funding. Please invoice:*
Attention: _____ Title: _____
Fax: (  ) _____ Phone: (  ) _____

# SAVE THE DATE

College of Licensed Practical Nurses of Manitoba

## Registration Renewal will open this year on September 1, 2018.

Be sure to check your email inbox in July and August of 2018 for your 2019 registration renewal reminder. To reduce the risk that this, and other CLPNM communications, might be sent to your junk mail, make sure that info@clpnm.ca is marked as a contact or safe sender in your email application.

Also be sure that all of your contact information on record with the CLPNM is up-to-date so you do not miss receiving this and other important messages from the CLPNM. You can check to see if we have your most recent contact information, and update it if we do not, by visiting the CLPNM website at www.clpnm.ca and logging into your online registration profile.

If, for whatever reason, you miss seeing our renewal notice in your inbox, you can still go ahead and access the online registration system after September 1 to start the renewal process and see if you have been selected for the Continuing Competence Program Audit.

If you believe you may have missed receiving an email, letter or other notice from the CLPNM that was expected, for whatever reason, it is your responsibility to follow-up with the CLPNM.

**Complete your renewal no later than November 1, 2018 to avoid late fees.**

Start your renewal as soon as possible after September 1 so you have time to correct any deficiencies in your renewal application before late fees apply.

For more information, visit http://www.clpnm.ca/registration/annual-renewal/.

# CAN WE REACH YOU?

**If you are a practical nurse in Manitoba, keeping your personal contact information up-to-date with the College of Licensed Practical Nurses of Manitoba (CLPNM) will ensure you receive important information about your profession, your practice and your licence.**

The CLPNM's primary means of communicating with its registrants is by email. Important information may also be sent to you by mail or communicated over the phone. For this reason, it is important for you to keep all of your contact information up-to-date in your CLPNM registration profile, at all times.

The CLPNM may contact you with important information any time during the year, so be sure to update your personal contact information as soon as it changes, not just during the registration renewal window. Under CLPNM By-Law, registrants have an obligation to notify the CLPNM when their personal contact information changes.

To update your contact information, or to check its accuracy, login to your online CLPNM registration profile. If you have forgotten your user ID or password for the registration system, find out how to recover them in our FAQ.

It is equally important for you to check your junk email folder on a regular basis to ensure that email communication from the CLPNM has not been missed, and to refrain from actively blocking or unsubscribing from the CLPNM's email communications. You will not be able to stay informed of requirements and deadlines that affect your practice and your licence if you do not take steps to ensure you are receiving the CLPNM's emails.

If you believe you may have missed receiving an email, letter or other notice from the CLPNM that was expected, for whatever reason, it is your responsibility to follow-up with the CLPNM. ■

FIPPA 19 03 169 - Responsive Records


# LIABILITY INSURANCE

## The Licensed Practical Nurse Errors and Omissions Insurance Policy was renewed in January, 2018 for another year.

The College of Licensed Practical Nurses of Manitoba (CLPNM) coordinates the purchase of this policy on behalf of its registrants to ensure that members of the public have recourse in the event of an error or omission that takes place in the course of practice. Costs of this policy are included in annual registration renewal fees.

It is important for all practical nurses to be aware of what this policy does, and does not, cover. There are limits to the amount of coverage available per claim. As well, a number of acts – such as those that are deliberate, dishonest, or cause bodily injury - may be excluded from coverage entirely.

Please visit http://www.clpnm.ca/resources/errors-and-omissions-liability-insurance/ to review the confirmation of coverage, details of the policy, and FAQs about malpractice insurance. Any questions or requests for further information about the policy should be directed to Lloyd Sadd, the insurance provider, at 1-800-665-5343.

Licensed practical nurses who are self-employed may also require additional coverage and are encouraged to contact an insurance provider to discuss their coverage needs. ■

# ASK A PRACTICE CONSULTANT

**Question: I belong to a nursing association that relates to my domain of practice. My association has developed guidelines for practice and education. Am I obligated to follow these guidelines? What are my obligations if the guidelines are inconsistent with the professional practice obligations established by the College of Licensed Practical Nurses of Manitoba?**

## Answer:

While both organizations may share the goal of quality patient care, there is a fundamental difference between the role of a regulatory body and that of a professional association. LPNs must understand the differences in these roles in order to identify when a guideline is optional, or when it sets out professional practice obligations.

A regulatory body is mandated to govern its members in a manner that protects the public interest. The College of Practical Nurses of Manitoba (CLPNM) is the only regulatory body with the authority to regulate practical nursing in Manitoba. The CLPNM Board of Directors is comprised of active practising licensed practical nurses (LPNs) and public representatives who are tasked with overseeing this authority. This authority is derived from *The Licensed Practical Nurses Act* (the Act).

The CLPNM is accountable to the public. It is responsible for ensuring that practical nurses provide safe, competent and ethical nursing care to Manitobans. It establishes entry-to-practice criteria; grants registration to qualified applicants; establishes and monitors standards of education, practice, and ethics; ensures continuing competence; and oversees the conduct of practical nurses. The right to practise as a practical nurse in Manitoba requires registration with, and compliance with the directives of, the CLPNM.

All LPNs in Manitoba are expected to understand and adhere to the professional obligations set out in the Act, and in the CLPNM's Standards of Practice, Code of Ethics and Practice Directions. These documents collectively establish the professional standards for the practical nursing profession. Any LPN who does not practise consistently with these requirements may be investigated and sanctioned by the CLPNM.

Professional associations play a different role. Often, they exist to support the goals and interests of their members. An association may provide networking opportunities, publish information of relevance to an area of practice, and arrange professional development opportunities. An association might also advocate on behalf of its members and advance awareness of the contribution the profession can make in pursuit of improved health care and policy planning.

While membership in a professional association is not mandatory, it may offer a wealth of information and professional connections, as well as a venue for sharing perspectives, experiences and practice resources. Membership in an association demonstrates a desire to learn and a dedication to professional growth.

While associations can play an important role in supporting quality practice, LPNs must be aware that no professional association has any regulatory authority over the profession of practical nursing in Manitoba.

An LPN may choose to adopt a guideline issued by a professional association; however, if that guideline is in conflict with a professional or legal obligation, the CLPNM will hold the nurse accountable for complying with the professional or legal obligation.

Any LPN who has questions on this topic is encouraged to contact a Practice Consultant with the CLPNM at 204-663-1212 or 1-877-663-1212 toll free.

To review the Standards of Practice, Code of Ethics and Practice Directions, please visit www.clpnm.ca. ■

FIPPA 19 03 169 - Responsive Records


# ASK A REGISTRATION CONSULTANT

## What are suitability checks, and how do they apply to me?

The College of Licensed Practical Nurses of Manitoba (CLPNM) is expected to transition to new governing legislation, *The Regulated Health Professions Act* (RHPA), in the near future. In order to prepare for a more seamless conversion from our current legislation to the RHPA, the CLPNM has begun to implement some changes to its registration and renewal requirements. Some of these changes relate to the CLPNM's processes for confirming that its registrants do not have a criminal record, nor an abuse registry record, that may place the public at risk.

The CLPNM collectively refers to criminal record checks, adult abuse registry checks and child abuse registry checks as suitability checks. They are referred to this way because they contribute to the CLPNM's assessment of whether an applicant or registrant is suitable to practise as a member of the profession.

The CLPNM pilot tested a process for requiring and reviewing suitability checks from a portion of its registrants in 2017. Based on learnings from the pilot, some process changes were introduced. Beginning in 2018, the CLPNM will require each registrant to provide updated suitability checks at least every five years. Registrants will be required to submit these checks, when directed by the CLPNM, in order to maintain their active practising registration. Those selected to supply suitability checks this year were notified by correspondence sent via Canada Post in January 2018.

It is important to note that the new requirement to submit periodic suitability checks is not unique to licensed practical nurses (LPNs). Under the RHPA, all health professions will be required to adhere to similar requirements, which will contribute to greater public protection and confidence in all health professions.

As members of a regulated profession, Manitoba's LPNs are expected to adhere to the profession's Standards of Practice and Code of Ethics. These documents identify that LPNs must demonstrate ethical decision making and sound judgment regarding professional and personal conduct. Should a suitability check reflect any adverse results not previously disclosed to the CLPNM, a registration risk assessment will be conducted to determine the extent to which the conduct in question presents a risk to the public.

Based on the outcome of the assessment, the registrant may be referred to CLPNM's Board of Directors or Investigation Committee for a review and decision. Potential outcomes may include additional fees, monitoring, and/or having conditions applied to a registration in the interest of public protection. In some cases, depending on the severity of the offence, registration with the CLPNM may be suspended pending the results of further investigation. The CLPNM recognizes that each case is unique and will consider all circumstances before deciding on a course of action.

Visit www.clpnm.ca/registration/suitability-checks/ for further information, including instructions on how and where to apply for suitability checks if you have been directed to provide them.

If you have any questions or concerns not answered on the website, please contact the CLPNM by email at info@clpnm.ca or by phone at 204-663-1212 or at 1-877-663-1212 toll free. ■

*What Every Nurse Needs to Know About....*

# Neurotransmitters

***WINNIPEG, September 17, 2018 • Canad Inn Polo Park***
*0830 to 1600 hrs.*

*With*
## BARB BANCROFT, RN, MSN, PNP

### *Neurotransmitters : Too Much, Not Enough, Or Just Right?*
- *Which Neurotransmitters, Where are They Located and Why Study Them?*
- *Indolamines: Serotonin & Melatonin*
- *Catecholamines: Dopamine, Epinephrine, Norepinephrine*
- *Anandamides: Endogenous Endocannabinoids; Acetylcholine; GABA*

### *Serotonin - 17 Discovered Receptors and Counting!*
- *What happens when Serotonin is Blocked or Boosted*
- *Serotonin in Health: Happiness, Achievement; Self Confidence;*
- *Serotonin in Disease States: Depression, Eating Disorders, Impulse Control, Migraines, N&V, Gastric Motility IBS, PMDD, Premature Ejaculation*
- *Substance Use & Serotonin - Cannabis, Hallucinogens, Opiates, Cocaine*
- *Depression, Suicidal Ideation & the SSRI's SNRI's, Botox, & Ketamine*

### *Dopamine – The Pleasure Activator; Its role in Addictive Behaviour*
- *Addiction in Teenagers – Why it's Different; Early Exposure Matters*
- *The Fentanyl Problem and Other Illicit Drugs that Boost Dopamine*
- *Dopamine and: Meth, Cocaine, Cigarettes & Alcohol; Videogames*
- *Dopamine and Sexual Function/Dysfunction & Prescription Drugs*
- *Smoking Cessation Drugs*

### *Low Dopamine & Acetylcholine: Parkinson's, Huntington's*
- *Tardive Dyskinesia, Extrapyramidal Symptoms & Drugs that Block or Boost Dopamine*
- *Restless Leg Syndrome – Link to SSRI's and Other Causes*
- *Low Dopamine & Norepinephrine : ADHD*
- *Role, Effectiveness & Cautions re Prescription Stimulants in ADHD*
- *How Norepinephrine Works; Effect on Mood; Risk Posed by Steroids*

### *Excess Dopamine: Psychosis & Hallucinations*
- *Organic, Drug, & Infectious Causes; Older, Atypical, & Second Generation Drugs to Treat*
- *Side Effects, Weight Gain, Secondary Diabetes*

### *GABA: Inhibitory Effect; Panic Disorders & GAD*
- *Use of Benzodiazepines, Anxiolytics & Hypnotics*
- *Seizures – Anti-Convulsants and GABA; in Chronic Alcoholism*

### *Acetylcholine & Cognitive Function: Alzheimers & New Drugs; Boosting Cognition*

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence based practise, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses' Association, the American Academy of Nurse Practitioners, and more.

EXECUTIVELINKS

## ** *Brand New Workshop!* **

Does every nurse need to know about neurotransmitters? Absolutely! There is literally no brain or body function that we could survive without them. Inhibitory neurotransmitters like Serotonin and GABA contribute to a stable mood, calm the brain and help create balance; they also help regulate sleep, pain, digestion and cravings. Excitory neurotransmitters like Norepinephrine and Epinephrine regulate stimulatory processes, heart rate and blood pressure; but also anxiety, decreased focus, stress and insomnia. One neurotransmitter has both effects – Dopamine – and it helps with both depression and focus (this one helps you find your keys!). All neurotransmitters can be affected, blocked, or boosted by imbalances, substances, and drugs and debilitating disease states can result. Join us for this fascinating tour of Neurotransmitters and how they affect your patients & clients.

### WHO SHOULD ATTEND?

*•Nurses who work in Acute & Continuing Care, Community & Primary Settings*
*•Neuro Nurses; Pediatric Nurses; Street Nurses; Allied Health Professionals*
*•Addictions and Mental Health Nurses; Mental Health Professionals*
*•Occupational Health Nurses; Educators & Managers*

### HOW TO REGISTER

*Save $30 on your registration when you register and pay prior to May 14th, $20 prior to July 30th, and $10 prior to August 27th!*

***REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT***

**WEB:** www.nursinglinks.ca
**CALL:** 1.866.738.4823
**FAX:** 1.866.566.6028
**E-MAIL:** registration@nursinglinks.ca
**MAIL:** #22, 2526 Battleford Ave. SW, Calgary, AB T3E 7J4

**FURTHER INFORMATION**
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**CANCELLATIONS**
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If Executive Links Inc. is forced to cancel a conference, liability is limited to reimbursement of paid conference fees. Executive Links Inc. reserves the right to change program date, meeting place, speakers or content without further notice and assumes no liability for these changes.

To read our policies in more detail, please visit: www.nursinglinks.ca

## *Registration Form* (Fax to 1.866.566.6028)

*Yes!* Please register me for the *Neurotransmitters* workshop in:

| *City* | *Conference Date* | *Venue* |
|---|---|---|
| ☐ **Winnipeg** | September 17, 2018 | Canad Inn Polo Park<br>*1405 St. Matthews Ave.* |

Name: _____
Title: _____ Specialty: _____
Organization: _____
Home Address: _____
City: _____ Prov: ____ Postal: _____
Home Phone: (___) _____ Fax: (___) _____
E-Mail: _____

☐ *Please send me e-mail notices of upcoming conferences.*

## *Conference Fees:*

EXECUTIVELINKS

☐ $159.[00] + *$7.95 GST = $166.95 Super Early Rate (on or before May 14, 2018)*
☐ $169.[00] + *$8.45 GST = $177.45 Early Rate (on or before July 30, 2018)*
☐ $179.[00] + *$8.95 GST = $187.95 Middle Rate (on or before August 27, 2018)*
☐ $189.[00] + *$9.45 GST = $198.45 Regular Rate (after August 27, 2018)*

***Price includes conference sessions, lunch, coffee breaks, and handouts.***

☐ ***Please charge my:*** ☐ ***VISA*** ☐ ***M/C*** ☐ ***AMEX***

Cardholder's Name: _____
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Signature: _____

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***No postdated cheques please***

☐ ***My employer has approved funding. Please invoice:***
Attention: _____ Title: _____
Fax: (___) _____ Phone: (___) _____

# INVESTIGATION COMMITTEE REPORT TO THE BOARD OF DIRECTORS SUMMARY OF DECISIONS

## Reporting Period: November 17, 2017 – March 5, 2018

This report provides information on decisions made by the CLPNM Investigation Committee during the timeframe identified above. The Investigation Committee considers the unique circumstances of each case when making its decisions. For that reason, complaints described as having a similar subject matter in this report may be associated with different decisions.

| Subject of Complaint | Committee Decisions During Reporting Period |
|---|---|
| Failure to meet the expected standards for the application of nursing knowledge, skills and judgment.<br><br>Failure to meet the expected standard for professional conduct and leadership. | Conditions/restrictions applied to the registrant's registration.<br><br>An investigation was ordered. |
| Failure to meet the expected standards for the application of nursing knowledge, skills and judgment.<br><br>Failure to meet expected standard for professional conduct and leadership.<br><br>Failure to meet the expected standards for client-centred nursing care. | Conditions/restrictions applied to the registrant's registration.<br><br>An investigation was ordered. |
| Failure to meet the expected standards for the application of nursing knowledge, skills and judgment.<br><br>Failure to meet expected standard for professional conduct. | A practice audit was ordered. |
| Failure to meet the expected standards for the application of nursing knowledge, skills and judgment.<br><br>Failure to meet expected standard for professional conduct. | An investigation was ordered. |
| Failure to meet the expected standard for self-reflection and insight into own fitness to practice.<br><br>Failure to meet the expected standards for the application of nursing knowledge, skills and judgment. | Conditions/restrictions applied to the registrant's registration.<br><br>An investigation was ordered. |
| Failure to meet the expected standards for the application of critical thinking and nursing knowledge, skills and judgment.<br><br>Failure to meet the expected standard for professional communication. | An investigation was ordered. |

| Subject of Complaint | Committee Decisions During Reporting Period |
|---|---|
| Failure to meet the expected standard for professional communication.<br><br>Failure to meet the expected standard for the application of critical thinking and nursing knowledge, skills and judgment. | Conditions/restrictions applied to the registrant's registration.<br><br>An investigation was ordered. |
| Failure to meet the expected standards for client-centred nursing care | Conditions/restrictions applied to the registrant's registration.<br><br>An investigation was ordered. |
| Failure to meet the expected standard for self-reflection and insight into own fitness to practice. | Conditions/restrictions applied to the registrant's registration.<br><br>Offered a multi-year voluntary undertaking agreement, which included ongoing monitoring of the registrant's fitness to practice and employer practice reports. |
| Failure to meet the expected standards regarding duty to report. | The registrant was directed to complete remedial education. |
| Failure to meet expected standard for professional conduct and leadership.<br><br>Failure to meet the expected standards in the application of nursing knowledge, skills and judgment. | The registrant was directed to complete remedial education. |
| Failure to meet the expected standards in the application of nursing knowledge, skills and judgment.<br><br>Failure to meet the expected standards for client centred nursing care. | Offered a one-year voluntary undertaking agreement, which provided for remedial education and employer practice reports.<br><br>The registrant was directed to pay costs associated with the investigation of the matter. |
| Failure to meet the expected standards for the application of nursing knowledge, skills and judgment. | Offered a multi-year voluntary undertaking agreement, which provided for remedial education and employer practice reports.<br><br>The registrant was directed to pay costs associated with the investigation of the matter. |
| Failure to meet the expected standard for professional communication.<br><br>Failure to meet expected standard for professional conduct and leadership. | An investigation was ordered. |
| Failure to meet the expected standards for the application of nursing knowledge, skills and judgment. | The matter was closed and the Committee determined no further action was required. |

| Subject of Complaint | Committee Decisions During Reporting Period |
|---|---|
| Failure to meet expected standard for professional conduct<br><br>Failure to meet the expected standards for the application of nursing knowledge, skills and judgment. | Change in conditions/restrictions applied to the registrant's registration.<br><br>Offered a multi-year voluntary undertaking agreement, which provided for remedial education, ongoing monitoring and employer practice reports.<br><br>The registrant was directed to pay costs associated with the investigation of the matter. |
| Failure to meet the expected standard for self-reflection and insight into own fitness to practice | Change in conditions/restrictions applied to the registrant's registration.<br><br>Offered a multi-year voluntary undertaking agreement, which provides for remedial education, ongoing monitoring and employer practice reports.<br><br>The registrant was directed to pay costs associated with the investigation of the matter. |
| Failure to meet expected standard for professional conduct and leadership.<br><br>Failure to meet the expected standards regarding duty to report.<br><br>Failure to practice within the legislated scope of practice. | Revision to a previously offered multi- year voluntary undertaking agreement. |
| Failure to present a positive image of nursing to colleagues. | Offered a multi-year voluntary undertaking agreement, which provides for remedial education and employer practice reports.<br><br>The registrant was directed to pay costs associated with the investigation of the matter. |
| Failure to meet the expected standard for professional communication.<br><br>Failure to meet the expected standard for self-reflection and insight into own fitness to practice.<br><br>Failure to meet the expected standards for client centred nursing care. | The matter was adjourned until such a time that the registrant requests to return to nursing practice. |
| Failure to meet the expected standards in the application of nursing knowledge, skills and judgment. | The matter was closed as the registrant met all of the direction set forth by the Investigation Committee at previous meetings. |
| Failure to maintain professional boundaries. | The matter was closed as the registrant met all of the direction set forth by the Investigation Committee at previous meetings. |
| Failure to meet the expected standard for self-reflection and insight into own fitness to practice. | Revision to a previously offered multi- year voluntary undertaking agreement. |

| Subject of Complaint | Committee Decisions During Reporting Period |
|---|---|
| Failing to document.<br>Failure to follow facility policy.<br>Failure to follow the 5 rights of medication administration. | The matter was adjourned until such a time that the registrant requests to return to nursing practice. |
| Failure to meet the expected standard for self-reflection and insight into own fitness to practice.<br>Failure to meet the expected standards for the application of nursing knowledge, skills and judgment. | Registrant does not hold active practicing registration. The registrant was directed to undergo a fitness to practice assessment through a third party. If the fitness to practice assessment is deemed as satisfactory the registrant may begin the reinstatement process. |
| Failure to meet the expected standards for the application of nursing knowledge, skills and judgment. | Registrant does not hold current active practicing registration. The registrant was directed to undergo a fitness to practice assessment through a third party. If the fitness to practice assessment is deemed as satisfactory the registrant may being the reinstatement process. |
| Failure to meet the expected standard for the application of knowledge, skills and judgment. | Conditions/restrictions applied to the registrant's registration. |
| Failure to meet the expected standard for self-reflection and insight into own fitness to practice.<br>Failure to meet the expected standards for the application of nursing knowledge, skills and judgment.<br>Failure to meet the expected standard for nursing conduct, leadership and interprofessional practice. | Registrant does not hold current active practicing registration.<br>The registrant was directed to appear at the next Investigation Committee meeting.<br>The registrant was directed to be interviewed by the investigator prior to the next Investigation Committee meeting. |
| Failure to meet the expected standard for self-reflection and insight into own fitness to practice. | The registrant was directed to appear at the Investigation Committee meeting. |
| Failure to meet the expected standard for self reflection and insight into own fitness to practice. | The matter was closed as the registrant satisfactorily met all of the requirements and directions of a multi-year voluntary undertaking agreement.<br>Conditions/restrictions were removed from the registrant's registration. |

# Geriatric Gems: Beyond the Basics

**WINNIPEG, October 22, 2018 • Canad Inn Polo Park**
*0830 to 1600 hrs.*

## With:

**BARB BANCROFT, RN, MSN, PNP**

EXECUTIVELINKS

** *Back by Popular Demand* **

** *Register Early to Avoid Disappointment* **

### *The Essence of Senescence: Aging and the 1% Rule*
- *Functional Reserve Capacity of Tissues vs. Baseline Function*
- *The Kidneys and Nephrotoxic drugs*
- *Anti-Cholinergic Drugs and the Cognitive Function*
- *Beta-Blockers and Heart Failure*

### *Vital Clues for Checking Vital Signs*
- *It's Not Routine – How to Interpret Vital Signs in the Geriatric Population*
- *What's New with Blood Pressure Parameters?*
- *Weight as a Vital Sign in the Elderly*

### *Neurology of Aging*
- *The 3 Ds – Delirium, Depression, and Dementia*
- *Etiology and Treatment of Each of the D's*
- *Peripheral Neuropathy*

### *The Old Ticker*
- *The 1% Rule and Cardiac Output*
- *Chronic Heart Failure Etiology, Clinical Manifestations and Treatment*

### *GI and GU*
- *NSAIDS and the GI tract, Constipation*
- *Prostatitis and Urinary Tract Infections*

### *Endocrine System*
- *The Geriatric Patient with Diabetes*
- *Thyroid Disorders in the Elderly*

Barb Bancroft is a widely acclaimed nursing teacher who has taught courses on Advanced Pathophysiology, Pharmacology, and Physical Assessment to both graduate and undergraduate students. Also certified as a Pediatric Nurse Practitioner, she has held faculty positions at the University of Virginia, the University of Arkansas, Loyola University of Chicago, and St. Xavier University of Chicago. Barb is known for her extensive knowledge of pathophysiology and as one of the most dynamic nursing speakers in North America today. Delivering her material with equal parts of evidence based practise, practical application, and humour, she has taught numerous seminars on clinical and health maintenance topics to healthcare professionals, including the Association for Practitioners for Infection Control, The Emergency Nurses' Association, the American Academy of Nurse Practitioners, and more.

This one-day workshop is designed for nurses who provide care to older adults in acute care settings, long-term care, and the home. Barb will assist nurses in developing skills in assessment and care of urgent problems that commonly occur in older patients/clients.

### WHO SHOULD ATTEND?

- *Med-Surg Nurses*
- *ER/Critical Care Nurses*
- *Geriatric RN's and LPN's*
- *OT's and Pt's*
- *Social Workers*
- *Home Care Nurses*
- *Rural Acute Care Nurses*
- *Transition Nurses*
- *Ambulatory Care Nurses*
- *Nurse Practitioners*

### HOW TO REGISTER

*Save $30 on your registration when you register and pay prior to May 22nd, $20 prior to September 4th, and $10 prior to October 1st!*

REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT

**WEB:** www.nursinglinks.ca
**CALL:** 1.866.738.4823
**FAX:** 1.866.566.6028
**E-MAIL:** registration@nursinglinks.ca
**MAIL:** #22, 2526 Battleford Ave. SW, Calgary, AB T3E 7J4

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*To read our policies in more detail, please visit: www.nursinglinks.ca*

## *Registration Form* (Fax to 1.866.566.6028)

*Yes!* Please register me for the *Geriatric Gems* workshop in:

| *City* | *Date* | *Venue* |
|---|---|---|
| ☐ **Winnipeg** | October 22, 2018 | Canad Inn Polo Park<br>*1405 St. Matthews Ave.* |

Name: _____
Title: _____ Specialty: _____
Organization: _____
Home Address: _____
City: _____ Prov: ____ Postal: _____
Home Phone: (___) _____ Fax: (___) _____
E-Mail: _____

☐ *Please send me e mail notices of upcoming conferences.*

## *Conference Fees:*

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***Price includes conference sessions, lunch, coffee breaks, and handouts.***

☐ *Please charge my:* ☐ *VISA* ☐ *M/C* ☐ *AMEX*

Cardholder's Name: _____
Card Number: _____ Exp: ___/___

Signature: _____

☐ *Cheque or money order payable to Executive Links enclosed*
*No postdated cheques please*

☐ *My employer has approved funding. Please invoice:*
Attention: _____ Title: _____
Fax: (___) _____ Phone: (___) _____

# THE 3 H'S- HOMELESSNESS, HOLISTICS, AND HARM REDUCTION FROM A FRONT-LINE NURSING PERSPECTIVE.

## ABOUT THE AUTHOR

- Mr. St. George has collected 12 years of subjective and objective data by committing his nursing career to Winnipeg's most marginalized and vulnerable Indigenous and otherwise populations of the core area.
- In partnership with Main Street Project, we are focused on developing "communities within communities", to provide supportive housing environments focused on the promotion and correlation of Indigenous beliefs and customs of healing and well being with the holistic principles of the nursing discipline.

## BACKGROUND

- An over representation of our Indigenous brothers and sisters struggling with homelessness in any of it's forms, with co-existing addictions, mental and physical health complexities has been identified. Racism, discrimination, stigmatization and inequalities within current service models remain evident.
- Aforementioned, the issue we have learned by seeking the truth, are a result of the attempts to colonialize our Indigenous population in an unacceptable manner which we now know never should have been explored. Incidences of residential school placement, cultural genocide as deemed by many, have indeed resulted in generations of trauma to our Indigenous population.
- Systemic gaps are noted within current service delivery models supposedly catered to meet the needs of this vulnerable demographic.
- These systemic gaps may be a result of less perspective on the individuals' ability to accept multiple service deliveries offered to them for stabilization of both housing, and health and wellness. Multiple disciplines offering various support for an individual whom has endured years of trauma, distrust with various infrastructure service models, abuse, broken relationships (professional or non), lack of continuity, disassociation to those trying to help, leading to non-compliancy.
- Lack of supportive housing environments identified by multiple organizations within the homelessness sector.
- Lack of harm reduction service delivery models within Manitoba.

## INDIGENOUS HEALING TRADITIONS AND BELIEFS

- Imperative that Indigenous perspectives of the world and the use of traditional healing are recognized as the key criteria when providing service and caring for the vulnerable demographic described.
- "Health" from an Indigenous viewpoint refers to more than just physical well being, it includes social, emotional, spiritual, and cultural well being of an individual as well as that individuals' community. Whether fully understood or partially, by service providers, the premise must be utilized and respected, without bias or judgement.
- These ideologies, and implementation of the same are clearly documented within the TRCC's (Truth and Reconciliation Commission of Canada) 94 recommendations.

- **Consultation and collaboration with Indigenous Elders to ensure that service delivery models are culturally appropriate, is of extreme importance and must be utilized. Cultural knowledge and protection by incorporating Elders is vital to the success of any service delivery model within the homelessness sector.**

**NURSING HOLISTIC PRINCIPLES**

- **The actual foundation of success within the multi-disciplined nursing profession. Education of holistic principles of nursing is global within institutions of nursing, and can be implemented by any nurse, in any region, with any nursing designation.**
- **The holistic focus is from a lens which views an individual's path to optimal health and well being as spiritual, social, mental, and physical health. When combined with clinical intervention and assessment, it is a very powerful and successful tool, especially for a complex vulnerable individual. Using a rudimentary metaphor, holistic nursing can be described as "healing the whole individual, not just the hole in the individual".**
- **Unfortunately, nursing, due to health care demands, aging populations, difficulty retaining nurses, operational and management demands, as well as many other variances, has lost focus on the holistic aspect. This is evident in all areas, whether it is acute, clinic, community, or long-term care settings. Nursing has become more focused on clinical intervention and task orientation when in all actuality, if implemented properly, the scope of holism in nursing is to prevent these same costly interventions.**
- **Harm reduction is accepted by the Canadian Nurses Association as ethically responsible for individuals who choose not at the time of seeking aid, to have to choose sobriety. This ideology is non-bias and non- judgemental in nature, allowing an individual to choose his/her path while being encouraged by one of the world's most trusted professions.**
- **Harm reduction, as an ethical and holistic principle of nursing, includes safe injection sites, needle exchange programs, managed alcohol programs within supportive housing, and long-term addiction recovery.**

**INDIGENOUS HEALING AND NURSING HOLISM COMBINED WITH SUPPORTIVE HOUSING**

- **Allow nursing to lead, and practise to full scope. If done, the holism principle will easily accommodate and include Indigenous healing beliefs and customs. This will provide a strong relationship between care giver and individual. It facilitates with ease, the concepts of Indigenous belief in healing within the structure of care in current existence, again a recommendation of the TRCC.**
- **By promoting the parallel similarities of nursing holism, Indigenous holism, and adding an environment of family oriented social and spiritual support, will be the key to cost effectiveness and sustainability ongoing. It avoids ER, EMS, and justice system intervention. Utilization of early prevention and intervention within holism, such as harm reduction, has deemed effective across Canada, not only in saving lives, but changing them as well.**
- **This method or model of care will produce a significant decrease in numbers of individuals struggling with homelessness and addiction. By doing this, perhaps a different perspective from the general population will be achieved, and a decrease in stigma and discrimination could be a realistic goal, again a recommendation of TRCC.**

**RECOMMENDATIONS**

- **Significant collaboration between service providers willing to provide harm reduction, and levels of government to ensure that preventative, holistic, harm reduction measures are established as soon as possible for Winnipeg is in a crisis at present, and there appears to be no immediate signs of improvement.**
- **Inclusion of nursing holistic principles to encompass Indigenous healing beliefs, within each vulnerable individuals' unique needs of support.**
- **Recognition by all within the sector to quickly evaluate and fulfill the need for supportive housing, and to establish the understanding that on occasion, traditional housing first principles with an incorporation of various supports is not always suitable for some individuals.**
- **Create small communities of supportive housing within large communities of the City of Winnipeg, to promote spirituality, socialization, relationships like that of family orientation, utilizing service described in this correspondence.**
- **Focus immediately on the need for harm reduction measures in the core regions as described by Main Street Project, it is essential.**
- **Consideration of problem solving from organizations and individuals closest to the front lines should be evaluated with important prevalence. Transition from institutions whom have been assisting the homeless for decades, is evident and imperative, towards now housing these same individuals.**

**Thank you for your time and consideration, please contact me if you have questions,**

**Ken St. George, founder, Albert House, in partnership with Main Street Project**

**stgeorgeken@gmail.com**

**Tel 204 899 3540**

**Province of Manitoba**

**LEADER OF THE OFFICIAL OPPOSITION**

Mayor Brian Bowman
Mayor's Office
510 Main Street
Winnipeg, MB R3B 1B9

Brian!

Dear Mayor:

The federal government has recently announced they will allow Ontario municipalities to bypass the provincial government in applying for federal funding for safe consumption sites. This move opens up opportunities for cities like Toronto and Thunder Bay to access the overdose prevention services they need.

The evidence for safe consumption sites is clear—these facilities reduce the rates of overdose deaths and help to stem the spread of infection through intravenous drug use. They provide an on-ramp for drug users to access the supports they need to conquer their addictions by connecting them with long term treatment. Health Minister Ginette Petitpas Taylor noted the new federal policy will "remove all barriers [and] cut the red tape".

As you are well aware, Winnipeg is in the midst of a serious meth and opioid crisis. According to the WRHA, the number of people entering treatment centres for meth use has increased by 700% since 2012. The health authority distributed 1.68 million needles in the last fiscal year, a 70% increase since 2016. The WRHA has also reported multiple outbreaks of hepatitis B, hepatitis C, syphilis and HIV—which has serious public health implications.

There are Winnipeg organizations which have expressed interest in building a safe consumption site that need access to federal funding. I am urging you to write to Minister Petitpas Taylor to ask for a similar exemption as Ontario municipalities. My office is more than willing to support you in this endeavor, whether it be with research or public advocacy.

Safe consumption sites are not the sole solution for Winnipeg's addictions crisis, but it's a concrete step we can take to keep drug users and the public safe. I hope this new federal avenue will allow our city to tackle its addictions crisis and give Winnipeggers the support they deserve.

Miigwech,

Wab Kinew