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**Contact for further information:**

“We are considering utilizing a RPN in the non-urgent section of our ED. Could you share your training plans to transition a RPN from a Medicine unit to work in the Emergency Department? Additionally, any advice or recommendations on you implemented this would be appreciated.” (sent on August 27, 2020)

**Date of Summary:** September 19, 2020

**Abbreviated Question:**

Policy/Procedure  Practice  Program Info  Committee Structure info  Role  Students

Model/Structure  Care Delivery  Collaboration  Regulation/Legislation  Pt. Safety

Quality/Outcome/Indicator  PP Culture/Leadership  Other:

**Keyword(s):**

| **Responder Info** |  | **Attachment(s)** |
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| Loralie Hachey, RN, BScN  Manager, Medical/Surgical Unit & Emergency Department  Carleton Place & District Memorial Hospital  211 Lake Avenue East, Carleton Place, ON K7C 1J4  Direct: 613-257-2200 ext: 853  Email: lhachey@carletonplacehosp.com | Happy to see your name pop up in my email! I have been considering this myself, will be interesting to see how other small hospitals have made this work. I believe Perth and Smiths Falls have this model and it works well for them, I will reach out to the Manager. |  |
| Sue Bow  susan.bow@pemreghos.org  Critical Care Educator  Pembroke Regional Hospital  613-732-2811 Ext 6644 | I can’t help you a great deal other than tell you we do utilize RPNS in our minor treatment area. Our minor treatment in the main ER and our “walk in clinic type area” are run by RPN( 1 in each area). Our “ walk in” area is not a true clinic- the patients have all been seen by triage and have to meet set criteria to be sent to that area.  As to training, it is a general peer orientation process. There is no formal process/education provided by educators. We are currently experiencing more staff turnover than previously, and as result we are realized we need to develop a guideline for orientation. I am currently working on developing this “checklist”. Our RPNs historically, have not always been allowed to work to full scope of practice ( ie IV meds, IV initiation, blood administration, NG insertion, wound packing)) but over the last few years that has changed. For these specific skills RPNs received additional educational sessions ( online and hands –on) with a verification process to be completed. This was due largely because we had a lot or RPNs within the facility that did not have this teaching in their original program of study.  I don’t think this will help you a lot, but wanted to let you know we have had a very positive experience with RPNs in ER. |  |
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