

Duty of Care

Practice Guideline



ANBLPN

Association of New Brunswick Licensed
Practical Nurses

AIAANB

L'Association des Infirmier(ère)s Auxiliaires
Autorisé(e)s du Nouveau-Brunswick

Mission

The Association of New Brunswick Licensed Practical Nurses (ANBLPN) is the regulatory authority for Licensed Practical Nurses (LPN) in New Brunswick. ANBLPN's mandate is protection of the public by promoting the provision of safe, competent, ethical, and compassionate care. ANBLPN sets, monitors, and enforces practical nurse education, registration, and professional conduct. ANBLPN creates Standards of Practice, establishes a Code of Ethics, and develops and implements a Continuing Competence Program. Additionally, ANBLPN publishes documents to support the practice of LPNs in New Brunswick.

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INTRODUCTION

Licensed Practical Nurses (LPN) have a professional and legal obligation to provide clients with safe, competent, ethical, and compassionate care. When you accept employment as a Licensed Practical Nurse (LPN), the duty that is embedded in this obligation extends to all practice contexts, at all times, including during an emergency or disaster.

Duty of Care is the moral, ethical, legal, and professional obligation that requires LPNs to adhere to a reasonable standard of care while providing, assigning, delegating, supervising, promoting, evaluating, or advocating for care. This obligation is outlined in the [LPN Act \(2014\)](#), the [Standards of Practice for LPNs](#) and the [Code of Ethics for LPNs](#).

LPNs are obligated to uphold the components embedded within the duty of care as outlined in the LPN Act, Standards of Practice and Code of Ethics

Duty of Care consists of three intertwined components; legal duty, ethical duty, and professional duty (Dowie, 2017). This practice guideline will outline the obligations that exist within the duty of care; the duty to provide care, and the duty to report.

DUTY TO PROVIDE CARE

The duty to provide care is a requirement of all LPNs and is in accordance with the Code of Ethics for LPNs and the Standards of Practice for LPNs. Nursing professionals are expected to ensure client safety and recognize, assess, and respond to client care needs (Dowie, 2017). This duty applies to every component of the therapeutic nurse-client relationship and begins once the LPN has accepted an assignment. The duty of care continues until the accountability for care is transferred to another qualified health care provider (NSCN, 2019).

In rare circumstances, an **unreasonable burden** may exist. An unreasonable burden occurs when the nursing professional is unable to provide care and meet their professional standards of practice due to unreasonable expectations, lack of resources or ongoing threats to personal safety (ANBLPN & NANB,[a] 2020). An unreasonable burden may occur when an LPN is being asked to provide care in an emergency or dangerous situation.

Emergency Situations

Emergency situations can occur for various reasons; such as during a disease outbreak (i.e., COVID-19 pandemic) or when there has been a mass infrastructure failure (i.e., plane crash, act of terrorism or weather-related disasters) (NSCN, 2019).

The duty to provide care is foundational to nursing practice, however, nursing professionals can experience real fears and dilemmas as they balance the duty of care for their clients with their duty to care for themselves and their families (McKenna, 2020).

As an LPN you are obligated to provide care during emergency or disaster situations. Though nursing professionals must assume a certain amount of risk while providing care during disease outbreaks or other emergency situations, there is no expectation that they place themselves in harms way unnecessarily. However, LPNs are expected to use appropriate safety precautions that have been outlined by their employer, be aware of pandemic or disaster guidelines and know where and how to access available supports to minimize their risk (CLPNPEI, 2020). If your workplace lacks these supports, you should collaborate with your employer to have them developed and instituted.

Employer Role in Emergency Situations

Both the nursing professional and employer assume a shared responsibility of working together to ensure that processes are in place to fulfill professional obligations. Employers are responsible for ensuring adequate staffing, education, resources, support, and any necessary equipment to minimize the risk to nursing professionals (ANBLPN & NANB [a], 2020).

Dangerous Situations

Dangerous situations for nursing professionals exist outside of environmental disasters. These situations may include physical, sexual, or emotional abuse from clients or family members of clients, or when the nursing professional is caring for a client in an environment where there is a risk of violence, such as open weapons on site or aggressive animals (NSCN, 2019).

In these situations, you must compare your personal safety with the needs of the client. Though you are not expected to put yourself in harms way, you should determine the risk to the client if you do not provide the care. For example, this may be the case if you are caring for a client who has a cognitive impairment which has resulted in physical, combative behaviours. While there is a risk to the nursing professional when providing care to the client, there is a greater risk to the client if they do not receive nursing care. In this case, you should work with your employer to implement strategies to minimize the risk to nursing professionals while meeting client needs.

When thinking about your duty to provide care in dangerous situations, consider the following:

- You are accountable to make decisions that are in the best interest of clients and to protect them and yourself from harm;
- You are accountable and responsible for your actions, and inactions, at all times;
- You are not expected to expose yourself unnecessarily to risks;
- You are expected to protect your clients and yourself using appropriate resources and equipment; and
- Discuss your concerns with your manager and find out what supports are available to staff (it is your responsibility to participate in any required training offered by your employer) (ANBLPN & NANB, [a] 2020)

Employer Role in Dangerous Situations

Under New Brunswick's [Occupational Health and Safety Act](#), employers are obligated to provide a safe working environment which includes taking every reasonable precaution to ensure the health and safety of employees. Under this Act, you as an employee, are also obligated to use any tools or resources available from your employer to minimize risk to yourself and others.

Refusal to Provide Care / Withdrawal from Care

A foundation of nursing practice is the duty to provide care with an inherent obligation to meet client care needs. However, nursing professionals must balance the duty to provide care with the duty to care for themselves and their family (McKenna, 2020). Refusal to provide care or withdrawing from care is an ethical dilemma without a clear answer.

Refusing to provide care or withdrawing from care may be appropriate in very specific situations. Typically, this would be warranted in situations where providing the care puts the client at a greater risk for a poor outcome than not providing the care.

LPNs must understand and consider three important areas with respect to refusal of care or withdrawing from care. First, even though the LPN may appropriately refuse or withdraw from care; they still bear the responsibility to ensure that the care is provided by another appropriate care provider. LPNs should also be aware that this may mean continuing to provide the care until the accountability for care can be transferred to the other care provider.

Before withdrawing from care, LPNs have a professional responsibility to collaborate with their employer, make decisions in the client's best interest and access training and education to ensure they have all the available facts.

Secondly, LPNs are expected to explore every reasonable option to ensure that they have balanced their personal beliefs and safety with the client care needs. This means that the LPN must ensure their decision to refuse or withdraw from care is based on examining all relevant factors and alternative options.

Lastly, the LPN planning to refuse or withdraw from care must communicate their intent to do so to their employer (or client if self-employed). LPNs must give their employer, or client, reasonable time to find an appropriate, alternative care provider.

Regardless of the situation, LPNs must remember that they remain accountable to provide care until the care has been transferred and accepted by another appropriate care provider.

Circumstances that may warrant Refusal to Provide Care / Withdrawal from Care

Refusal to provide care or withdrawal from care is only warranted in very specific circumstances. When warranted, the LPN must always take immediate follow up action to ensure the needs of the client are met. Failing to do so, may result in a violation of your standards of practice.

Being "busy" is rarely a legitimate reason to refuse or withdraw from care. Nursing professionals should collaborate with their employer to discuss workflow and how best to manage care requirements by prioritizing required interventions (NSCN, 2019).

Legitimate circumstances that may warrant refusal or withdrawal from care are generally limited to four areas; (1) Lack of Competence, (2) Abusive Situations, (3) Moral or Ethical Circumstances and (4) Fitness to Practice.

Lack of Competence

LPNs are expected to practice within their individual competence. They are accountable to continuously seek new knowledge and skills in their individual practice areas and are not obligated to provide care that is beyond their level of competence. If an LPN is asked to provide an intervention that is beyond their competence, it may result in putting the client at a higher risk for a negative outcome.

However, a lack of competence with a specific intervention does not support continual refusal of care. When an LPN has self-assessed that they lack a particular competence that is within their legislated scope of practice and is an expectation of their employment, they are expected to put a learning plan in place to address the knowledge gap (i.e., Continuing Competence Program). This may include seeking out clinical mentorship, reviewing policy manuals or obtaining employer-based education modules.

LPNs may not refuse to obtain competencies that are within their provincial scope of practice and are expectations of their employment role.

Employers are obligated to support LPNs to gain the necessary competencies and provide any resources available to facilitate their learning.

Abusive Situations

Abusive situations are those that put nursing professionals in unreasonable danger with threats to their personal safety. This may include situations such as when clients or family members fail to respect the professional nurse-client relationship, or if they try to control, manipulate, or make the LPN afraid of them (NSCN, 2019). As per the Occupational Health and Safety Act, employers are obligated to provide employees with a safe work environment, which includes eliminating or managing the risk for abuse or injury in the workplace.

If an LPN is experiencing an abusive situation, they are accountable to:

- Set boundaries with the client or family members (providing doing so will not make the situation worse);
- Take action to protect the client by notifying any necessary external agencies (law enforcement, family services, adult protection services);
- Notify the client or family of your intent to withdraw from care once alternative arrangements have been made;
- Notify your manager/employer; and
- Document all your assessments and actions (CLPNPEI, 2020).

In extreme circumstances where the LPN finds themselves in eminent danger, they may remove themselves immediately.

Moral or Ethical Conflicts

A moral or ethical conflict occurs when the LPN feels they cannot provide care because elements of the care plan are in direct opposition to their personal beliefs or values (i.e., providing MAID). In these situations, it is difficult to provide a clear answer on how to resolve this issue.

The LPN must address the conflict while meeting their duty to provide care. This may mean making arrangements with their employer to change the client assignment. However, the LPN should be aware that if their request cannot be accommodated, they will be required to provide care for the client in a professional and unbiased manner.

Fitness to Practice

Fitness to Practice means that LPNs possess the qualities and capabilities that are relevant for practice. As such, LPNs are accountable to ensure that they maintain the required mental and physical wellness to meet the responsibilities of their role as outlined in the Code of Ethics and Standards of Practice.

LPNs are responsible for their own practice and are also accountable to recognize when a physical or psychological condition impacts their ability to provide safe, competent, ethical, and compassionate care. Accountability is inherent to the role of the LPN and all LPNs have a responsibility to keep clients safe.

Fitness to Practice issues may be related to complex issues (physical or mental illness) or may be sporadic such as fatigue. Whatever the circumstance, LPNs are accountable to address the issue and seek assistance in order to maintain the necessary fitness to practice to provide safe, compassionate, competent, and ethical care. Employers must also support the LPN within their established workplace policies and procedures and arrange for replacement staff if necessary.

Abandonment

Abandonment occurs when an LPN has engaged with the client or has accepted an assignment (thereby establishing the duty of care) and discontinues care without:

- Negotiating with the employer to develop a mutually acceptable plan for withdrawal of services;
- Arranging for appropriate alternative or replacement services;
- Allowing the employer a reasonable opportunity to provide alternative or replacement services; and
- Ensuring adequate communication (verbal or written) and information with other care providers (ANBLPN [b] 2019).

For more information on Abandonment of Care, please see ANBLPNs [Abandonment of Care: Position Statement](#).

Providing Care in Unfamiliar Practice Environments

Nursing professionals are hired by an organization, not by a specific unit of the organization. Therefore, there may be times when you are reassigned to an unfamiliar practice environment. This is often referred to as “floating to another unit”. Though this is unsettling to nursing professionals, it is a legitimate practice of large organizations that is sometimes required to meet the care needs of their clients.

If you are asked to provide care in an unfamiliar practice environment, you should discuss your assignment based on what interventions you can provide, rather than what you cannot do. The foundations of nursing consist of entry-level competencies that extend to all practice environments. While you may not be able to fulfill all the requirements of the practice environment, you are expected to perform basic interventions within your scope of practice to support the practice area that requires your assistance.

Employers are responsible to provide adequate staffing and resources to ensure that staff feel supported and can work within their scope of practice and individual level of competence. They must arrange education for staff who are asked to provide care in unfamiliar practice environments, develop policies and procedures to assist those staff and consider the competencies of the care provider when arranging client assignments.

When reassigned to an unfamiliar practice environment you should:

- *Request a brief orientation;*
- *Request support from those familiar with the practice environment; and*
- *Communicate to staff what your individual scope of practice and competence is.*

DUTY TO REPORT

A vital component of meeting the LPN Standards of Practice and Code of Ethics is understanding that LPNs have a legal, professional, and ethical duty to report incompetent, unethical or impaired practice of health care professionals. LPNs must further understand that this duty extends beyond their own profession and applies to any care provider, whether regulated or not. As such, the LPN has a duty to report a client situation to an applicable external agency.

When addressing these instances, it is important to differentiate between which issues should be addressed by the practice environment (employer) and which issues require reporting. LPNs have a professional, ethical, and legal duty to report instances that:

- Involve conduct deserving of discipline of an LPN;
- Are included under federal or provincial law and that contain a reporting requirement (i.e., *Adult Protection Act, Children, Youth and Families Protection Act*); and
- Are required to be self-reported to the regulatory body (CLPNNL, 2018).

Any circumstance involving an LPN which places a client at risk must be reported to the regulatory authority as this is necessary to ensure the protection of the public. If an LPN has reasonable grounds to believe that another health care professional has engaged in professional misconduct, incompetence or conduct unbecoming of the profession they have a legal duty to report the circumstance (in writing) as this poses a danger to the public. If the health care professional is not an LPN, the LPN must report them to their respective regulatory body or employer. Failing to report these issues may be considered a breach of the LPN Standards of Practice and Code of Ethics.

Taking no action when action is warranted, may be considered a breach of the Standards of Practice and Code of Ethics

Employers Role

Employers also have a duty to report to the regulatory authority, in writing, when an LPN is terminated from their employment due to professional misconduct, conduct unbecoming of the profession, incompetence or incapacity. Employers should also report situations where an LPN voluntarily resigns from their position before completing a professional practice remediation plan.

Circumstances Related to Conduct Deserving of Discipline

LPNs have a legal, professional, and ethical duty to report the conduct or behaviour of an LPN or other health care professional when they have reason to believe that their actions pose a risk to the public. The following list provides examples to assist LPNs identify these circumstances, however, it is not an exhaustive list:

- Abuse of a client (sexual, physical, verbal, psychological, financial);
- Incapacity or unfitness to practice;
- Breach of client privacy/confidentiality;
- Bullying or harassment;
- Theft from employer, client, or others;
- Falsifying information;
- Failure to consult or collaborate when necessary;
- Repeated errors;
- Inappropriate communication (i.e. social media);
- Practicing outside the scope of practice or scope of employment; and/or
- Using professional status/title for personal gain (CLPNNL, 2018).

How quickly you report such circumstances depends on the level of risk to the client. If the client is in immediate danger, you must report the circumstance in a timely manner to ensure the safety of the client. Once the safety of the client has been secured you must consider the process to report. Each circumstance is different and may require different approaches to reporting. Generally, you will report to either the employer, the regulatory authority or to an external agency.

Reporting to the Employer

LPNs must inform their employers when they have identified conduct deserving of discipline or circumstances that require reporting by law. The initial reporting may be verbal but should be followed up with a signed, written report. Though the employer may not be able to discuss the details of the case with you due to privacy, they may disclose when action is taken. If the employer does not address the issue, it may be necessary for you to advance the report by following the chain of command within the organization (CLPNNL, 2018).

Examples of when to report directly to the employer include:

- A possibility that attempting to discuss with the individual will result in a volatile situation;
- Ongoing evidence of the practice issue even after addressing the issue directly with them;
- The health care professional lacks proper insight into their practice issue;
- Client safety becoming further jeopardized if the situation is not addressed; and
- Client outcomes becoming negatively impacted.

Reporting to the Regulatory Authority

Reporting directly to the regulatory authority is advisable when the practice or conduct of the regulated professional affects the safety of the public, damages the public's trust in the profession or negatively impacts the integrity of the profession. Employers may also report directly to the regulatory authority when the regulated health professional fails to respond to the employer's performance improvement plan.

Formal reports to ANBLPN must be submitted in writing to the attention of the Registrar/Executive Director. The report should contain full details, without breaching the confidentiality of others who may be involved (clients). Decisions to make a formal report to the regulatory body should not be done in haste or without consultation. The Registrar/Executive Director can provide guidance as necessary. For more information on the reporting process please go to www.anblpn.ca.

Reporting to External Agencies

Certain circumstances negate a legal obligation to report to an external agency such as law enforcement or to relevant provincial/federal agencies. Some provincial and federal laws (*Adult Protection Act, Children, Youth and Families Act, Gunshot and Stab Wound Reporting Act, Fatalities Investigations Act*) have mandatory reporting requirements.

The duty to report these circumstances is required even if they have already been reported to the employer and regulatory authority (CLPNNL, 2018). LPNs should seek direction from their employers when required to report to external agencies.

Mandatory Self-Reporting

In accordance with the LPN Act (2014) and regulatory requirements, it is *mandatory* that LPNs self-report to ANBLPN any of the following:

- Conviction of a criminal offence for which they have not received a pardon;

- Disciplined by a registration/licensing authority for any occupation/profession in any province, state or country; and
- Currently under investigation or awaiting any decisions regarding discipline by any registration/licensing authority.

Self-reporting to ANBLPN is a professional obligation that applies both during initial licensure and annual licensure renewal. Once an LPN self-reports, the Registrar/Executive Director may require the individual to fully disclose all the circumstances of the conviction. Failure to disclose such information or falsifying registration forms may be grounds for professional misconduct.

Conclusion

LPNs have a professional, ethical and, at times, legal responsibility to identify and report any issues that place clients at risk or that negatively impacts the integrity of the nursing profession. The obligations within the duty of care are embedded in the Standards of Practice and Code of Ethics for LPNs. This obligation is an important component of the nursing profession as it contributes to the delivery of safe, competent, ethical, and compassionate nursing care. Although the decision to report other health care professionals, or self-reporting, causes internal anguish, it is a necessary component of professional self-regulation.

Suggested Reading

- [Position Statement: Abandonment of Care](#)
- [FAQ: COVID-19 & Duty of Care](#)
- [Employment Issue or Complaint? Guidelines for Employers](#)

Appendix I: Practice Scenarios

Practice Scenario 1: Duty to Report

Janet is an LPN at a long-term care facility. She and her co-worker, Lori, have been working on the same rotation for the last 3 years. Lately, Janet has noticed that Lori's appearance has become increasingly disheveled, she has been calling in sick frequently but continuing to pick up overtime and taking extended breaks throughout her shift without notifying the rest of the team. Janet has also noticed that often the narcotic count is off when Lori is on shift and that Lori has been failing to have her narcotic wastes observed and co-signed with a colleague. When Janet approached Lori privately to ask her how she has been feeling lately, Lori got very defensive and upset and walked out of the room. Janet has reason to believe that Lori may be diverting medications from the workplace and suffering from a substance abuse problem.

Issues/Resources/Conflicting Obligations

Janet recognizes that Lori's behaviour may be putting the clients of the long-term care facility at risk and that Lori is showing signs of a fitness to practice issue. Janet understands that when the action of an LPN jeopardizes the care of clients, she has a professional and ethical duty to report the colleague's behaviour and actions to her employer. As Lori became very upset when Janet tried to talk to her about the issue, she decides to set up a meeting with her nurse manager.

Developing a Plan

Janet books a meeting with her nurse manager to discuss her observations and concerns. Janet also put her observations and concerns in writing to provide to her employer following their meeting. Janet is concerned about the safety of the client's as well as the health of Lori.

Implementing the Plan

Janet had a good meeting with her manager who took her concerns seriously. The nurse manager has also noticed a decline in Lori's performance as well as frequent medication errors and discrepancies. Janet provides her written letter to her nurse manager and the nurse manager assures Janet that she will be meeting with Lori to address the situation.

Reflection and Follow Up

Two weeks later the team is informed that Lori is now off on medical leave. The nurse manager has informed Janet that the meeting with Lori took place and that interventions are underway to support Lori. Janet suggests to her nurse manager that it may be a good idea to review their policies and guidelines regarding duty to report and provide the Employee Assistance Program (EAP) information at the next team meeting to ensure the team is aware of these protocols and supports.

Practice Scenario 2: Floating to an Unfamiliar Practice Environment

Adam is an LPN on the orthopedic wing of his local hospital. Upon arriving for his scheduled 12-hour shift, his nurse manager informs him that he has been reassigned to the cardiac care unit due to a staffing shortage on that unit. Adam is upset because this is the second time in two weeks that he has been asked to work in an unfamiliar area and he feels he has a right to refuse the assignment because this is not the unit he is regularly employed on. Adam also feels that he would be putting clients at risk because he has not been orientated to the cardiac care unit.

Issues/Resources/Conflicting Obligations

Adam has accepted the reassignment as he knows that he is employed by the organization, and not the unit he was hired on. He also knows that he has a professional obligation to the duty of care requirements. However, he feels uneasy about working on the cardiac care unit and tells his nurse manager that he worries he cannot provide safe and competent care to the clients of that unit.

Developing a Plan

Adam's nurse manager reminds him that he possesses all the entry-level competences expected of a Licensed Practical Nurse and that these competencies are transferable across all practice environments. Adam collaborates with his manager to discuss his reassignment and understands that he will provide only the nursing interventions for which he is competent to perform.

Implementing the Plan

Adam arrives on the cardiac care unit and asks to speak with the nurse manager and resource nurse to discuss his competencies related to client care. Adam requests a brief orientation to the unit and identifies staff who will be able to provide assistance and support to him throughout the shift. Adam's shift goes well, however, the resource nurse verbalized her impatience with his requests, and he continues to be concerned with how often staff are being asked to work in unfamiliar practice environments.

Reflection and Follow Up

After Adam has had some time to reflect on his experience, he asks to speak with his nurse manager regarding some ideas he has that may make the transition to an unfamiliar practice area easier for staff. Adam also suggests that this issue would be a good topic to discuss at the next staff meeting to better equip others who are asked to float to another area and the importance of collaboration and communication amongst nursing professionals when working in a different practice area.

Practice Scenario 3: Duty to Provide Care

Sarah is an LPN on the medical unit of the hospital. A client on the unit has a diagnosis of cerebral vascular dementia and is awaiting nursing home placement. Often when the nursing professionals attempt to provide care to the client, he becomes extremely agitated and exhibits responsive behaviours. On Sarah's last two shifts, the client struck Sarah firmly with his hand leaving bruising on her arm. Sarah is nervous around the client and upset with what has happened. She feels staff are being put in a dangerous situation and she should not have to care for this client. When Sarah arrives on shift the next week, she sees that she is assigned the same client again. Sarah's colleague tells her that she should refuse to care for the client and ask for a permanent assignment change.

Issues/Resources/Conflicting Obligations

Sarah accepts the client because she knows that the risk is greater to the client if she does not provide him with any care. She knows that she has an ethical duty to provide care and that refusing to care for the client indefinitely is not a reasonable option given the recent staffing shortage on the unit. However, she still feels extremely uncomfortable caring for the client and asks to speak with her nurse manager.

Developing a Plan

Sarah's nurse manager acknowledges her concerns and agrees to change her assignment for this particular shift in order to start gathering supports and resources to better protect the nursing staff from responsive behaviours. The nurse manager provides Sarah with a behaviour tracking documentation tool so that the nursing team may be able to start identifying possible triggers to the behaviours. Sarah understands that her nurse manager will also be seeking out further education and supportive tools to help the team when working with clients who are diagnosed with a cognitive impairment.

Implementing the Plan

Sarah reviews the behaviour tracking documentation tool and introduces it to the team at shift report. Sarah also offers to assist her colleagues while providing care to the client to help staff feel less anxious around the client. After her shift, Sarah conducts some of her own research on how to best care for clients who experience significant behaviour changes.

Reflection and Follow Up

After Sarah and her nurse manager have had some time to seek out supportive resources, they arrange another meeting. They have both found education programs that may assist them when caring for clients with dementia. As it has become more common for this unit to receive dementia clients while they await nursing home placement, they understand that educational resources should be implemented to help protect the staff and educate them on this clientele. They also know that they have a duty to provide care to all clients that are admitted to their unit. Sarah suggests that the nurse manager discuss this emerging issue at the next staff meeting and offers to help her set up the education training course dates.

References

- Association of New Brunswick Licensed Practical Nurses, Nurses Association of New Brunswick. [a] (2020). *FAQ: COVID-19 & Duty of Care*. Retrieved from: https://www.anblpn.ca/resources/faq_covid-19.pdf
- Association of New Brunswick Licensed Practical Nurses. [b] (2019). *Position Statement: Abandonment of Care*. Retrieved from: https://www.anblpn.ca/resources/Abandonment_of_Care_2019.pdf
- College of Licensed Practical Nurses of Newfoundland and Labrador. (2018). *Interpretive Document: Duty to Report*. Retrieved from: https://www.clpnnl.ca/sites/default/files/2019-08/Duty_to_Report-Revised_August_2019.pdf
- College of Licensed Practical Nurses of Prince Edward Island. (2020). *Practice Directive: Duty to Provide Care*. Retrieved from: <https://clpnpei.ca/wp-content/uploads/2020/05/Practice-Directive-Duty-to-Provide-Care-2020-03-31.pdf>
- Dowie, Iwan. (2017). *Legal, ethical and professional aspects of duty of care for nurses*. Nursing Standard. (v) 32. doi: 10.7748/ns.2017.e10959
- McKenna, Hugh. (2020). *COVID-19: Ethical issues for nurses*. Elsevier Public Health Emergency Connection. Doi: 10.1016/j.ijnurstu.2020.103673
- Nova Scotia College of Nursing. (2019). *Duty to Provide Care*. Retrieved from: https://cdn1.nscn.ca/sites/default/files/documents/resources/Duty_Provide_Care.pdf