

## Practice Scenarios

RNs have a duty to provide care using appropriate safety precautions during a pandemic such as the COVID - 19. RNs are always accountable for their actions, including during the pandemic, and they make decisions based on an analysis of all data at hand, the needs of the client, employer policy, their duty to provide care and their obligation to protect themselves and their families. The following practice scenarios have been developed to support you in meeting your accountabilities during this pandemic.

### Practice Scenario: Duty to Provide Care

#### Q. What is my duty to provide care?

**A:** A duty to provide care refers to a RNs professional obligation to provide persons receiving care with safe, competent, compassionate and ethical care. Being a RN means there is always a certain level of risk associated with the performance of your duties. At the same time, you are not expected to provide care without taking action to protect yourself. You make every effort to minimize your personal risk by using the necessary and recommended safety precautions.

There may be some circumstances where it is acceptable for a RN to withdraw from or refuse to provide care. Unreasonable burden is a concept raised in relation to the duty to provide care and withdrawing from or refusing care. An unreasonable burden may exist when a RNs ability to provide care and meet standards of practice is compromised by unreasonable expectations, lack of resources or ongoing threats to personal and family well - being. In such situations, RNs must give reasonable notice to their employers, and await action to replace them or resolve the issue.

The following criteria could be useful for RNs to consider when thinking about your duty to provide care:

- You are accountable to make decisions that are in the best interest of clients and to protect them and yourself from harm.
- The significance of the risk to the client if the RN does not assist.
- You are accountable and responsible for your actions, including inactions, at all times.
- You are expected to protect your clients and you by using appropriate resources and equipment.
- You should discuss your concerns with your manager and find out what information and supports are available for staff.
- You may also wish to contact your agency's infection control service to consult on appropriate measures to manage the risk.
- Review your unit/agency infection control policies and procedures.

- Use your professional judgment to select and use the appropriate prevention measures; in collaboration with the health-care team, the appropriate agency, manufacturer and government guidelines concerning use and fit of personal protective equipment.

When demands on the health-care system are excessive, material resources may be in short supply and nurses and other health-care providers may be at risk. RNs have a right to receive truthful and complete information so that they can fulfill their duty to provide care. They must also be supported in meeting their own health needs. Employers have a reciprocal duty to protect and support them as well as to provide the necessary and sufficient protective equipment and supplies that will “maximally minimize risk” to nurses and other health-care providers.

## **Practice Scenario: Code of Ethics for Registered Nurses**

### **Q. What does the code of ethics state about providing nursing care during a pandemic?**

**A.** Part 1: Nursing Values and Ethical Responsibilities describes the ethical responsibilities central to ethical nursing practice articulated through seven primary values and responsibility statements. Ethical Value A: Providing Safe, Compassionate, Competent and Ethical Care, and Ethical Value 9 (nine) speaks about providing care during a natural or human-made disaster and states:

*During a natural or human-made disaster, including a communicable disease outbreak, nurses provide care using appropriate safety precautions in accordance with legislation, regulations, and guidelines provided by government, regulatory bodies, employers, unions, and professional associations (see Appendix B).*

Appendix B of the code of ethics assists nurses to apply the code in selected circumstances. Appendix B (pgs. 38-40) addresses the Ethical Considerations for Nurses in a Natural or Human-Made Disaster, Communicable Diseases Outbreak or Pandemic and provides information with respect a duty to provide care.

For more information, please refer to the Code of Ethics for Registered Nurses available at <https://www.cna-aiic.ca/en/nursing-practice/nursing-ethics>

## **Practice Scenario: Re - deployed/ Floating**

### **Q: Am I required to float during a public health emergency?**

**A:** Re - deployment/floating is a legitimate employer practice to ensure they can meet the needs of the clients they serve every day. During this unusual circumstance, RNs and employers are accountable to work together to make the best decisions based on an analysis of all data at hand to ensure clients are receiving safe and competent care; recognizing that this is an evolving situation which may result in a different decision at a different time.

There are elements of nursing knowledge and entry - level competencies that transcend to all client groups and practice. While you may not be able to carry a full client assignment in an unfamiliar setting, there are many things you can do competently within your individual scope of practice. Ask for a brief orientation to the new practice setting and negotiate with the manager a work assignment based on the competencies that you *do* have. If you are asked to be part of a nursing team with other RNs, you can negotiate a patient assignment appropriate to your individual competency.

If you believe do not have the knowledge, skills and judgment to practice in a certain environment, you must inform your employer of the competencies that you possess and those areas where you feel deficient.

## **Practice Scenario: Conflicting Obligations**

**Q: How do I manage both employer and family obligations?**

**A:** There is no easy answer to this dilemma. RNs should consider conflicting obligations in advance and discuss options with their family, employer, colleagues, and members of the community. It would be helpful to have a plan in place where sharing of resources may be identified in advance. Discussion with your supervisor/manager is required.

RNs need to carefully consider their professional role, their duty to provide care and other competing obligations to their own health, to family and to friends. In doing so, they should be clear about steps they might take both in advance of and during an emergency or pandemic situation so that they are prepared to make ethical decisions. Refer to your code of ethics and standards of practice to support your reflections and actions.

## **Practice Scenario: Staying Late**

**Q: Am I required to work late or stay for another shift?**

**A:** You have an obligation to remain until another RN or qualified staff replaces you. At the same time, you should recognize that, if your ability to provide safe and competent care might be compromised by fatigue, it is important that you get in touch with your supervisor/manager and notify him/her of the situation so that a replacement can be found. In discussions with your supervisor, you can negotiate what is a reasonable time frame for you to stay to cover until a replacement can be found. It is the employer's responsibility to provide appropriate staff coverage once you have given a reasonable period of notification.

## **Practice Scenario: Returning from Retirement**

**Q. Can a retired RN return to practice in an emergency/pandemic?**

**A:** In an emergency, such as a pandemic, provisions may be made to increase the number of practicing RNs and RNs. RNs and NPs who meet the licensing requirements may be granted an emergency license to assist in the response. The emergency license may be issued up to

90 days and may be extended. Appropriate orientation must be provided to returning RNs and NPs who are accountable for their practice. It is the responsibility of the practicing RN or NP to know their scope of practice and level of competency.

## **Practice Scenario: Orientation**

### **Q. How much orientation is required during an emergency/pandemic?**

**A:** During emergencies, nursing resources may need to be mobilized e.g., disaster or pandemic. RNs may be returning to work after periods of absence such as retirement. Orientation is fundamental to the provision of safe quality nursing care. Organizations must strive to provide appropriate orientations and access to information and education to support safe competent practice. It is recognized that during an emergency orientation may be limited or modified.

## **Practice Scenario: NPs Providing Virtual Care**

### **Q: Can NPs provide virtual care? If so, what should they consider?**

**A:** CRNNL appreciates in this rapidly changing landscape of covid-19, different types of treatment options are being proposed to provide nursing care. Virtual Care is an emerging option for NPs to provide care to clients in the province of Newfoundland and Labrador. In these uncertain times, it is important that NPs use their professional, clinical judgment in choosing the range of interventions possible through virtual care while adhering to covid-19 precautions.

Please note, this response reflects NPs engaging in virtual care in the province of NL. NPs providing virtual care that crosses borders/provinces, should connect with CRNNL prior to proceeding.

For those NPs considering virtual care services:

- NPs are expected to have the individual competence to do so (have the necessary knowledge, skills, and judgment).
- NPs are expected to have knowledge on how to use the virtual care technology, ensure measures are in place to address cybersecurity, and have a method to document nursing care.
- Develop the client's plan of care based your virtual assessment and evaluation of their history and current health care needs. Ask the client sufficient and appropriate questions to ensure that you have relevant data to guide your decisions.
- The standard of care should be equal whether is it through virtual care or face to face.
- NPs should use their professional judgment in deciding if they can provide the service virtually or determine if a face to face assessment is required by a health care professional.
- Collaborate with other members of the health care team as needed.
- NPs will also need to determine how prescriptions will be ordered, how to order lab and diagnostic tests, etc. virtually.

- Documentation via virtual practice should be more robust and include how the assessment was performed virtually and how decisions were made and communicated with the client virtually.
- Follow employer policies, processes, and expectations related to virtual care.

If NPs have any specific questions related to virtual care or NP practice, they are encouraged to connect with one of CRNNL's nursing consultants.

## Practice Scenario: Liability

### **Q: If I do a procedure beyond my scope of practice during an emergency, am I covered?**

**A:** The scope of nursing practice is defined as *the range of roles, functions, responsibilities, and activities which registered nurses are educated and authorized to perform*. There may be select circumstances when individual practitioners or practitioners within specialty teams are required to perform competencies outside of the approved scope of nursing practice within an agency. This practice should only occur in emergency and/or unexpected situations where there is no other authorized health professional available to perform the competency.

*Examples:* Providing medical care during an emergency such as administration of emergency drugs and initiation of an intravenous infusion in a code or during a medevac; performing select skills in remote or rural areas in the absence of a physician (e.g., delivering a baby); treating a client's symptoms during an acute incident without medical authorization (e.g., atropine for symptomatic bradycardia, glucagon for diabetic in crisis).

A general approval to allow for the unexpected performance of competencies, not designated as nursing practice, in emergency and/or unique situations must be:

- granted by the relevant agency(s),
- situation specific, and
- not transferable.

Agencies employing RNs in situations or in roles where they may be required to perform competencies that are not designated as nursing practice must develop policies and procedures to provide guidance to nurses in these situations ie., medical directives, pre-printed orders. These protocols may include orders for the administration of select medications. Direction should also be given for competencies that may be performed under indirect supervision including supervision offered through telecommunication systems. Performance of competencies not designated as nursing practice during emergency and unique situations must be monitored. If an act becomes a routine activity, formal approval to have the intervention included in the scope of nursing practice within that agency must be initiated. Nurses performing competencies not designated as nursing practice in emergency/unique situations are expected to:

- ✓ Follow the approved policies and best practice procedures for all interventions.
- ✓ Implement required follow-up actions, including documentation and communication with appropriate health care professionals.
- ✓ Seek guidance from appropriate sources whenever possible.
- ✓ Provide the best care that circumstances, experience, and education permit.
- ✓ Collaborate with appropriate agency management/leadership teams to ensure that policies and guidelines to direct practice in these circumstances are valid and current.

- ✓ Advocate for practice environments that have the necessary resources to provide safe, competent, ethical, cost effective, and cost-efficient care.

## Practice Scenario: RN Accountabilities on Social Media

### Q: What should I post or share on social media?

**A:** We would like to remind RNs that you have an accountability to your standards of practice and code of ethics when it comes to your social media use. There are risks and benefits to posting and it is important to maintain public confidence in our profession. RNs should not post information on social media that is not based in evidence and could increase the anxiety levels of the public. For example, unproven and misleading treatments for COVID - 19. For more information on your responsibilities related to social media use, read our [Social Media Document](#). We encourage stakeholders that are seeking information on the pandemic to access evidence-based information that is available and updated daily on the Government of Newfoundland and Labrador's website.

## Practice Scenario: Medical Directives and Pre-Printed Orders

**Q: I am being asked to provide clients with results of their lab test(s) during the Pandemic (e.g. swab for COVID-19 testing along with positive results of C&S). Communicating these test results is beyond my scope of practice. Am I allowed to do this?**

**A:** The ordering of diagnostic and laboratory tests and providing follow up results is generally outside the scope of practice of a registered nurse. Competencies that are outside/beyond the scope of practice of RNs are activities that are legislated to be exclusively within the scope of a specific health profession in NL (e.g., physician, pharmacist, nurse practitioner).

Under certain circumstances, these competencies can be delegated to RNs either through (a) legislation changes; or (b) formal delegation from the health professional group to nursing (e.g., Medical Directives and Pre-Printed orders). The authority to perform a competency does not automatically mean it can be implemented. RN knowledge, assessment, competency, and judgment and employer support are always required.

Delegation is a formal process that involves the legal transference of authority to perform a specific function in selected circumstances. Delegation can only be authorized by either a person competent in the competency and authorized to transfer the authority and/or a body(s) granted the authority to approve the delegation. RNs can only accept a delegation when they have the competence to safely carry out the delegated activity. The delegator retains accountability for the outcomes of client care, yet the RN accepts responsibility for safely carrying out the activity.

Medical directives and pre-printed orders are two separate mechanisms, similar in purpose, that grant authority to RNs in specifically identified settings to implement particular interventions for a client or group of clients with specific conditions or needs. Medical directives and pre-printed orders must be written and support for their use evident in policy.

Medical Directives:

- Apply to a range of clients who meet identified criteria (e.g. age or diagnosis),
- Do not routinely require client specific authorization by a physician,
- Allow for discretionary use. Based upon the RN's assessment, and professional judgment the nurse has the flexibility to determine if, and when, to implement a medical directive, and when follow-up is required if a medical directive is not implemented (e.g. notify the physician), and
- Are an optional component of client's record. A copy may or may not be placed upon the client's record, however, a copy of the directive must be readily available

Pre-Printed Orders:

- Apply to a specific client and health condition,
- Always require client specific authorization by a physician before implementation,
- Are to be implemented as written unless the RN determines a client specific contraindication, e.g. allergy. and
- Must be signed and included in the client's health record.

Whether a medical directive or pre-printed order is utilized, all client-specific care performed by the RN, including assessment, intervention, and evaluation of outcomes, must be recorded on the client's health record.

Please refer to CRNNL's most current version of Medical Directives and Pre-Printed Orders on CRNNL's website.

## **Practice Scenario: Nursing Student Assistance**

**Q: Can nursing students fill in for an RN during this time?**

**A:** Nursing students can work as unregulated care providers as per employer policy and scope of employment. A graduate nurse, a person who has applied for initial registration and has not met all of the requirements to be a registered nurse but who is eligible to practice nursing for a limited time period while finalizing the registration process, may be employed to work to his/her scope of practice.

## **Practice Scenario: Self - Employment**

**Q: As a self-employed footcare nurse, how do I provide nursing services in the context of COVID - 19?**

**A:** Please refer to the document: *Self Employment and the Provision of Nursing Services During COVID - 19* available on CRNNL's website on the page specific to COVID - 19 Information for RNs and NPS.

Revised/updated February 26, 2021