

Code of Professional Conduct

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What is the Code of Professional Conduct?

The College of Registered Nurses of Newfoundland and Labrador¹ is the regulatory body for all Registered Nurses (RNs) and Nurse Practitioners (NPs) in the province. The mandate of the College is to protect the public through regulation of the nursing profession in accordance with the *Registered Nurses Act*.

The Code of Professional Conduct (the Code) is a professional standard² which describes the accountabilities that all RNs/NPs have to clients, employers, colleagues, and the public. The Code explains what the public can expect from RNs/NPs. The Code also describes what RNs/NPs must do to maintain professionalism, competence, and ethical behaviour to deliver safe client care. All RNs/NPs are responsible for understanding the Code principles and are accountable to apply them to their own nursing practice, regardless of their role, title, responsibility, or domain of practice.

To maintain public trust and confidence in the nursing profession's integrity and care, the Code outlines safe and ethical practice requirements based on current evidence. The Code is also informed by legislation and recommendations in the Truth and Reconciliation Commission of Canada: Calls to Action (2015).

The College applies the Code in regulatory processes and in reviewing the practice of RNs/NPs such as in Quality Assurance and Professional Conduct Review processes.

The Code puts clients at the center of **nursing care** and includes principles of **cultural safety** and **cultural humility**, diversity, equity, and inclusion to ensure client care is safe, compassionate, equitable, and **discrimination** free.

Throughout the Code, the word "**client**" is used broadly to include individuals, **substitute decision-makers**, families, caregivers, groups, communities and populations who receive nursing care.

RNs/NPs are expected to use the Code along with relevant federal³ and/or provincial⁴ legislation, regulatory documents⁵, and employer policies. The Code applies to RNs/NPs in all domains of nursing and any method an RN/NP uses to deliver health care services, such as in-person, virtually, or by telephone.

This document was adapted with permission from the College of Nurses of Ontario (CNO) from the *Practice Standard Code of Conduct (2023)*. The original work is available on cno.org. It has been adapted to reflect Newfoundland and Labrador's regulatory and health system context.

¹ Herein referred to as the "College"

² This professional standard replaces the College's Standards of Practice for RNs.

³ Refer to the [House of Commons Canada](http://www.parliament.gc.ca) website for current federal legislation

⁴ Refer to the [House of Assembly Newfoundland and Labrador](http://www.assembly.nfld.ca) website for current provincial legislation

⁵ Refer to the College's [Practice Topics](#) webpage for most current practice related regulatory documents

A glossary of **bolded** terms is provided at the end of this document.

Values Informing the Code of Professional Conduct

The following are primary nursing values that inform conduct expected from RNs/NPs and form the foundation for nursing practice.

Respect

Treating all others with respect enables the development of the intentional caring relationship between the healthcare team and those receiving care. Treating clients with respect means interactions are polite, considerate, value their worth, dignity, culture, and individuality.

Trust

RNs/NPs need to establish trusting relationships with clients to effectively provide care. This involves touch, personal information, emotional and physical support, and comfort. Clients need to be able to trust RNs/NPs to be safe and competent, not to harm them, and to protect them from harm. They need to trust RNs/NPs to work in the interests of their health and well-being, allow them to voice their perspectives, ask questions, and be respected for their beliefs, behaviors, and values. Building a trusting relationship requires honesty, acting consistently, and delivering safe and competent care. Trust is necessary for RNs/NPs to maintain public trust in the nursing profession.

Partnership

Partnership occurs when clients remain the main decision-maker related to their health care, are given sufficient information, in a manner they can fully understand, to make informed decisions about their care and treatment. Working in partnership includes listening to the client, supporting their independence, ensuring their views and preferences are valued, and responding to their concerns. RNs/NPs must be aware of the inherent power imbalance between themselves and clients and focus on client-centred care.

Integrity

Acting with integrity is being honest, and consistently honoring the commitment to deliver safe and competent nursing care. Integrity means consistently being accountable and responsible for all actions and decisions. RNs/NPs are accountable for actions and omissions in their practice and must be able to justify their decisions. It means acting to reduce risk or harm to clients and not abuse their position of trust.

Adapted with permission from the Nursing Council of New Zealand, the *Values Underpinning Professional Conduct in the Nursing Council of New Zealand Code of Conduct for Nurses (2012)*.

Principles of the Code of Professional Conduct

The Code consists of six principles. Each principle is supported by a set of statements of core behaviours that RNs/NPs are accountable to uphold. All principles have equal importance and work together to describe the conduct, behaviour, and professionalism necessary for safe and ethical nursing practice.

Principle 1

Nurses respect clients' dignity.

Principle 2

Nurses provide inclusive and culturally safe care by practising cultural humility.

Principle 3

Nurses provide safe and competent care.

Principle 4

Nurses work respectfully with the health care team to best meet clients' needs.

Principle 5

Nurses act with integrity in clients' best interest.

Principle 6

Nurses maintain public confidence in the nursing profession.

Principle 1

RNs/NPs respect clients' dignity.

In this principle, RNs/NPs work collaboratively with clients and are sensitive to and respectful of their needs. To achieve this, RNs/NPs are expected to:

- 1.1 treat clients with respect, empathy, and compassion.
- 1.2 provide **client-centred care**, prioritizing clients' health and well-being in the **therapeutic nurse-client relationship**.
- 1.3 act in clients' best interests by respecting their autonomy, care preferences, choices and decisions, including their right to seek additional advice.
- 1.4 respect clients' rights and involve and support clients in making care decisions.
- 1.5 listen and respond to clients' concerns by collaborating with clients and any person or community the client wants involved in their care.
- 1.6 maintain clients' **privacy** and dignity, regardless of where the client receives care or its method of delivery. This includes after the nurse-client relationship ends.
- 1.7 communicate with clients clearly and timely.
- 1.8 obtain **informed consent** from clients, or from their substitute decision-makers when clients are unable to do so according to relevant federal and/or provincial legislation.
- 1.9 include principles of **harm reduction** into client care plans.
- 1.10 identify when their own personal beliefs conflict with a client's care plan, and provide safe, compassionate, and timely care to those clients, until other arrangements are in place.

Principle 2

RNs/NPs provide inclusive and culturally safe care by practicing cultural humility.

In this principle, RNs/NPs understand how **personal attributes** and societal contexts, such as disabilities, sexual identity, and **racism**, influence client care. To achieve this principle, RNs/NPs are expected to:

- 2.1 self-reflect on and identify how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic nurse-client relationship.
- 2.2 identify and not act on or allow any stereotypes or assumptions they may have about clients to influence decision-making and interactions.
- 2.3 seek feedback from clients, the **health care team**, and others to evaluate their own behaviour and culturally safe practice.
- 2.4 recognize that many identity factors and personal attributes, including those identified in federal and/or provincial legislation, such as Newfoundland and Labrador's *Human Rights Act, 2010* may impact a client, their lived experience, and perspective on health care.
- 2.5 recognize the role of history, society, and past traumatic experiences (e.g., slavery, colonization, etc.) and their impacts in shaping health, well-being, and health care experiences
- 2.6 assess and strive to meet clients' language, cultural, and communication needs in ways clients understand.
- 2.7 ask clients if they are open to sharing their lived experiences.
- 2.8 actively listen to and seek to understand the client's lived experiences.
- 2.9 address clients by their preferred name, title and pronoun.
- 2.10 assess clients to determine their risk for **health inequities** and take steps to support the best client outcomes.
- 2.11 provide care that focuses on clients' resilience and strengths.

- 2.12 work with clients to achieve their health and wellness goals.
- 2.13 **advocate** for equitable and culturally safe care that is free from discrimination.
- 2.14 take action to prevent and respond to discrimination against a client.
- 2.15 participate and advocate for culturally safe and inclusive practice environments.
- 2.16 continually seek to improve their ability to provide culturally safe care.
- 2.17 undertake continuous education in many areas, including Indigenous health care, **determinants of health**, cultural safety, cultural humility, and **anti-racism**.

The subheadings in Principle 2 and statements 2.1, 2.7, 2.10 and 2.14 are adapted from BCCNM's Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard (British Columbia College of Nurses and Midwives, 2022).

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Principle 3

RNs/NPs provide safe, competent, and ethical care.

In this principle, RNs/NPs work within the limits of their **scope of practice**, education, experience, knowledge, skill, and judgment. To achieve this principle, RNs/NPs are expected to:

- 3.1 identify themselves to clients consistent with the College's public register, using their name, professional title, and their role within the health care team.
- 3.2 recognize and work within the limits of their scope of practice and their knowledge, skill, and judgment.
- 3.3 identify when clients' therapeutic needs are outside of their scope of practice or individual **competence** and support clients to seek services from the appropriate health care professionals.
- 3.4 seek and use the best available evidence to inform their practice.
- 3.5 conduct research ethically, including placing client well-being above all other research objectives.
- 3.6 use clinical reasoning/judgment when providing nursing care.
- 3.7 use **critical inquiry** to assess, plan, implement, evaluate, and modify client care, together with clients and the health care team.
- 3.8 use principles of **trauma and violence informed care** for clients and when interacting with members of the health care team.
- 3.9 respond and are available to clients in their care.
- 3.10 respond to client needs and give timely nursing care. When timely care is not possible, nurses explain to clients the reasons for the delay and take steps to avoid or limit client harm.
- 3.11 advocate for and support clients in accessing timely health care that meets clients' needs.

- 3.12 engage in safe **medication management** practices, including having authorization and requisite knowledge, skill, and judgment.
- 3.13 maintain, and keep clear, complete, accurate, and timely **documentation**. RNs/NPs do not document false or misleading information.
- 3.14 conduct **appropriate business practices** if engaged in **self-employment**, including accurate record keeping, informing clients of fee components, and charging fitting and reasonable fees.
- 3.15 take reasonable steps to ensure continuity of care for clients when ending the therapeutic nurse-client relationship and support the client in finding alternative services, as appropriate.
- 3.16 contributes to, uses, and evaluates new knowledge and technology relevant to the area and nature of practice setting.

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Principle 4

RNs/NPs work respectfully with the health care team to best meet clients' needs.

In this principle, RNs/NPs are accountable to one another and are expected to build and maintain respectful relationships with the health care team. To achieve this, RNs/NPs are expected to:

- 4.1 self-reflect on how their privileges, biases, values, belief structures, behaviours and positions of power may impact relationships with health care team members.
- 4.2 identify and do not act on or allow any stereotypes or assumptions that may have about health care team members to influence decision-making and interactions.
- 4.3 address health care team members by their preferred name, title, and pronoun.
- 4.4 recognize many identity factors and personal attributes, including those identified in federal and/or provincial legislation, such as Newfoundland and Labrador's *Human Rights Act, 2010*, may impact a health care team member, their lived experience, and perspective on nursing and health care.
- 4.5 demonstrate professionalism and treat all health care team members with respect in all contexts, including on **social media**.
- 4.6 collaborate and communicate with the health care team in a clear, effective, professional, and timely way to provide safe client care.
- 4.7 not physically, verbally, emotionally, financially, or sexually harass or abuse health care team members.
- 4.8 support, mentor, and teach health care team members, including students.
- 4.9 assess the learning needs of health care team members they are teaching, supervising and/or assigning. RNs/NPs determine whether individuals have the proper knowledge, skill, and judgment to perform safe care.
- 4.10 assign and/or authorize nursing care appropriately. RNs/NPs do not direct health care team members to perform nursing care they are not adequately educated for or competent to perform.

- 4.11 provide and accept feedback from the health care team to support positive/therapeutic client outcomes and effective team performance.
- 4.12 advocate for and contribute to a safe organizational culture, including psychological safety.
- 4.13 respectfully manage disagreement and conflict within the health care team in the interest of the client.

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Principle 5

RNs/NPs act with integrity in clients' best interest.

In this principle, RNs/NPs are honest and fair practitioners who strive to build a trustworthy, therapeutic, nurse-client relationship. To achieve this, RNs/NPs are expected to:

- 5.1 fairly divide and advocate for resources. RNs/NPs objectively arrange/coordinate care, based on health-related needs.
- 5.2 protect the privacy and **confidentiality** of clients' **personal health information** as outlined in relevant federal/provincial legislation and/or regulatory documents.
- 5.3 only share clients' personal health information for therapeutic reasons and only in compliance with relevant federal/provincial legislation and regulatory requirements governing privacy and confidentiality.
- 5.4 not act as substitute decision-makers for their clients in accordance with relevant federal/provincial legislation.
- 5.5 identify, prevent, and do not practice in situations that cause a **conflict of interest**. If a conflict of interest exists or arises at any point during the therapeutic nurse-client relationship, RNs/NPs explore alternative services with clients.
- 5.6 place their clients' interests and professional responsibilities ahead of their **personal gain**.
- 5.7 initiate, establish, and maintain professional **boundaries** with clients and terminate the nurse-client relationship.
- 5.8 not physically, verbally, emotionally, financially, or sexually abuse, harass or neglect their clients.
- 5.9 strive to protect clients from any type of harm, neglect or abuse. This includes taking action to stop and refrain from unsafe, incompetent, unethical or unlawful practice.
- 5.10 be **truthful** in their professional practice.
- 5.11 identify moral or ethical situations and proactively address conflict, dilemmas and/or distress of clients in their care.

- 5.12 promote healthy relationships with clients, their caregivers, advocates and members of the health care team by managing and resolving conflict for best client care.
- 5.13 uphold their **duty to provide care** and not abandon clients to whom they have a commitment to provide care.

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Principle 6

RNs/NPs maintain public confidence in the nursing profession.

In this principle, RNs/NPs promote dignity and respect for the nursing profession by portraying professionalism and showing leadership. To achieve this, RNs/NPs are expected to:

- 6.1 understand and practice in compliance with relevant legislation, standards, regulatory requirements and documents, and employer policies and do not breach them.
- 6.2 be accountable for their own decisions, actions, omissions and related outcomes.
- 6.3 take accountability for their errors and learn from them.
- 6.4 report any error, near miss, safety risks, or system issue to relevant individuals including employers and/or regulatory colleges, whether or not harm has occurred.
- 6.5 participate and advocate for improving the quality of their practice setting to support safe client care.
- 6.6 not steal, misuse, abuse, or destroy the property of their clients, health care team or employers.
- 6.7 not practice when impaired by any substance.
- 6.8 self-reflect on their personal health and seek help if their health affects their **fitness to practice** safely.
- 6.9 remove themselves from the provision of care if they do not have the necessary physical, mental, or emotional capacity to practice safely and competently, after informing their employer; Self-employed RNs/NPs are expected to notify the client and arrange for someone else to attend to their clients' health care needs.
- 6.10 self-reflect, identify learning needs in their practice and engage in continuous learning to maintain their competence.
- 6.11 participate in and keep records of their participation in **Continuing Competence Program** (CCP).

- 6.12 not publicly communicate health care statements that contradict the best available evidence.
- 6.13 not engage in any acts of **professional incompetence, professional misconduct, conduct unbecoming** and reports any concerns related to these acts and/or fitness to practice, and complies with **duty to report**.
- 6.14 cooperate with the College, including cooperating in investigations, offering complete and accurate information, and providing timely responses.

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Glossary

Advocate: actively supporting the protection and safeguarding of clients' rights and interests. It is an integral part of nursing and contributes to the foundation of trust inherent in nurse-client relationships (NSCN, 2017).

Anti-racism: the active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably. (Government of Canada, 2023)

Appropriate business practices: reasonable actions that nurses in self-employment carry out for client safety. This includes, but is not limited to, record keeping, setting reasonable fees, getting professional liability protection, using accurate advertising and developing proper staffing policies (CNO, 2023).

Boundaries: the points when a relationship changes from professional and therapeutic to unprofessional and personal. Therapeutic nurse-client relationships put clients' needs first. Crossing a boundary means a nurse is misusing their power and trust in the relationship to meet personal needs or is behaving in an unprofessional manner with the client. Crossing a boundary can be intentional or unintentional (CNO, 2023).

Client(s): an individual, family, group, community, or population receiving nursing care, including but not limited to "patients" or "residents" (CNO, 2023).

Client-centred care: consideration for clients' individual needs and preferences, and ensures clients are active participants in all aspects of their health care decisions (CNO, 2023).

Competence: the ability of an RN/NP to integrate and apply the knowledge, skills, judgment, and personal attributes to practise safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values, and beliefs (CNA, 2015).

Conduct unbecoming: conduct outside the practice of an RN/NP that would be reasonably regarded by RNs/NPs as disgraceful, dishonorable, or harmful to the standing reputation of the nursing profession. Conduct unbecoming an RN/NP may arise from one incident or a pattern of conduct and does not require that the conduct be relevant to the practice of nursing. Refer to College By-laws (CRNNL, 2024) for specific examples.

Confidentiality: the ethical obligation to keep someone's personal and private information secret or private (CNA, 2017)

Conflict of interest: when a nurse's personal interests improperly influence their professional judgment or conflict with their duty to act in clients' best interest. This includes financial and non-financial benefit, whether direct or indirect (CNO, 2023).

Continuing Competency Program: a regulatory program that supports RNs/NPs to demonstrate their commitment to maintain and enhance their knowledge, skills, and judgment throughout their careers (CRNNL, 2022a).

Critical inquiry: this term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, B.A., 2005).

Cultural humility: a lifelong process of self-reflection, self-critique, and commitment to understanding and respecting different points of view, while engaging with others humbly, authentically and from a place of learning (Government of Canada, 2023)

Cultural safety: an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. (First Nations Health Authority, 2021).

Determinants of health: the broad range of personal, social, economic, and environmental factors determining individual and population health. The main determinants of health include income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, access to health services, biology and genetic endowment, gender, culture or race/racism (Government of Canada, 2022).

Discrimination: an action or a decision that treats a person or a group badly for reasons such as their race, age, or disability, or other category protected in Human Rights legislation, either through deliberate intention or unintentionally through its impact (Government of Canada, 2023).

Documentation: a nursing action that produces a written and/or electronic account of pertinent client data, nursing clinical decisions and interventions, and the client's responses in a health record (Potter, Perry, Stockert, & Hall, 2017).

Duty to provide care: the professional obligation and commitment to provide persons receiving care with safe, competent, compassionate, and ethical care (CNO, 2024).

Duty to report: a legislated requirement outlining that an RN/NP who has knowledge, from direct observation or objective evidence, of conduct deserving of sanction of another RN/NP shall report the known facts to the Director of Professional Conduct Review (RN Act, 2008).

Fitness to practice: all the qualities and capabilities of an individual relevant to his or her capacity to practise as an RN or NP, including but not limited to, freedom from any cognitive, physical, psychological, or emotional condition and dependence on alcohol or drugs, that impairs his or her ability to practise nursing (CNA, 2017; CRNNL, 2024)

Harm reduction: an evidence-based, client-centered approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping (Canadian Mental Health Association, 2024).

Health care team: members of the intraprofessional and/or interprofessional team and/or community supporting client care. This also includes students, new learners, Indigenous and traditional healers (CNO, 2023).

Health inequities: differences in health status or in the distribution of health resources among different population groups, arising from the social conditions in which people are born, grow, live, work and age. (World Health Organization, 2018)

Informed Consent: the process of giving permission or making choices about care. It is based on both a legal doctrine and an ethical principle of respect for an individual's right to sufficient information to make decisions about care, treatment and involvement in research (CNA, 2017).

Medication Management: client-centred care optimizing safe, effective, and appropriate drug therapy provided in collaboration with clients and their health care teams (Canadian Patient Safety Institute, 2018). Medication management may include but is not limited to the following activities: administration, prescribing, dispensing, medication storage, inventory management, and disposal of medications (CRNNL, 2019).

Nursing care: care given to a client, which includes, but is not limited to, assessment, planning, delivery, monitoring, evaluation and care coordination (CNO, 2023).

Personal attributes: qualities or characteristics unique to a person. As reflected in the Newfoundland and Labrador Human Rights Act (2010), this includes race, colour, nationality, ethnic origin, social origin, religious creed, religion, age, disability, disfigurement, sex, sexual orientation, gender identity, gender expression, marital status, family status, source of income and political opinion.

Personal gain: an advantage or benefit, financial or otherwise. A personal gain can be monetary (cash, gifts, or rewards) or it may give other personal advantages. A personal gain includes the RN's/NP's family's interests, charitable causes or organizations the RN/NP supports. It does not include a nurse's salary or benefits. (CNO, 2023)

Personal health information: identifying information in oral or recorded form about an individual that relates to their health or health care history that is collected, used, and disclosed in order for the effective delivery of health care services (OIPC, n.d).

Privacy: (1) physical privacy is the right or interest in controlling or limiting the access of others to oneself; (2) informational privacy is the right of individuals to determine how, when, with whom, and for what purposes any of their personal information will be shared. A person has a reasonable expectation of privacy in the health care system so that health care providers who need their information will share it only with those who require specific information (CNA, 2017).

Professional incompetence: demonstration by an RN's/NP's care of one or more clients that the RN/NP lacks reasonable knowledge, skill, judgement and/or lack of concern for the client's welfare to the extent that client safety was placed in jeopardy, or to an extent that the RN/NP is unfit to continue to practise, or that the RN's/NP's practice should be restricted, or that the RN/NP should comply with one or more of the remedial measures. Professional incompetence may arise from one incident or a pattern of careless conduct. Refer to College By-laws (CRNNL, 2024) for specific examples.

Professional misconduct: conduct of a Registered Nurse engaged in the practice of nursing or relevant to the practice of nursing that does not adhere to the standards or which contravenes the Act, Regulations or By-laws of the College or other statutes applicable to the practice of nursing. Professional misconduct may arise from one incident or a pattern of conduct. Refer to College By-laws (2024) for specific examples (CRNNL, 2024).

Racism: any individual action, or institutional practice which treat people differently because of their colour or ethnicity (Government of Canada, 2023).

Scope of practice: the range of roles, functions, responsibilities, and activities for which RNs/NPs are educated, competent, and authorized to perform (CRNNL, 2022b).

Self-employment: refers to RNs/NPs operating their own economic enterprise to provide nursing services (CRNNL, 2022c).

Social media: community-based online communication tools (websites and applications) used for interaction, content sharing, and collaboration. Types of social media include blogs

(personal, professional, or anonymous), discussion forums, message boards, social networking sites, and content-sharing websites (CNO, 2023).

Substitute decision-maker: means a person appointed by the maker of an advance health care directive to make health care decisions on their behalf (Advanced Health Care Directives Act, 1995).

Therapeutic nurse-client relationship: a professional relationship established and maintained with a client by the nurse using professional knowledge, skills, and attitudes in order to provide nursing care expected to contribute to the client's health outcomes. (CNO, 2023).

Trauma and violence-informed care: a focus on understanding and addressing the impacts of trauma and violence on individuals. These approaches emphasize creating safe, supportive, and empowering environments for people who have experienced violence or trauma (Public Health Agency of Canada, 2018).

Truthful: speaking or acting without intending to deceive. Truthfulness also refers to giving accurate information. Intentional omissions are as untruthful as false information (CNO, 2023).

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