



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, NPs, and RNs unless otherwise stated.

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This tool is a resource for nurses in all practice settings to assist in their understanding of their legal and ethical [duty to provide care](#) in general, as well as in:

- Public health or other emergency situations
- Times of personal danger
- Unfamiliar environments
- Moral or ethical conflicts
- Fitness to practise

The tool also provides an overview of the employer's role related to the duty to provide care.

Like all regulatory tools, use this document in conjunction with the [standards of practice](#) and code of ethics for LPNs, NPs and RNs and all applicable practice guidelines and employer policies.

Duty to Provide Care

GENERAL SITUATIONS

The duty to provide care is a nurse's ethical, legal and professional obligation to provide clients with safe, [competent](#), [compassionate](#) and ethical [nursing services](#). This duty applies to every aspect of the [nurse-client relationship](#). It begins once the relationship is established and when client [assignment](#) is accepted. The duty persists until the [accountability](#) for care has been transferred to another appropriate care provider.

OTHER SITUATIONS

An [unreasonable burden](#) may exist in rare situations where the nurse is unable to provide safe care and meet professional standards of practice because of unreasonable expectations, lack of resources or ongoing threats to personal safety. An unreasonable burden may exist when a nurse is asked to:

- Provide care in emergency situations
- Provide care in dangerous situations

More information on these scenarios and the accountabilities of the nurse and employer are discussed in more detail in the following section.

Providing Care in Emergency Situations

[Emergency situations](#) can vary in nature. For instance, a disease outbreak is considered a public health emergency, whereas situations of mass infrastructure failure such as a building collapse, plane crash, act of terrorism or weather-related disasters are considered other emergency situations. Your accountabilities are similar regardless of the type of emergency.

YOUR ACCOUNTABILITIES

You are obligated to provide care as needed during a public health or other emergency situations. While there is a public expectation that nurses assume a certain level of risk during these situations, you are not expected to place yourself unnecessarily in harm's way. You are responsible to use appropriate safety precautions as outlined by your employer to minimize your risk.

Be aware of relevant pandemic or disaster legislation or your employers' guidelines. Make sure you know where and how to access any available supports and use them as necessary. If these supports do not exist in your work environment, work with your manager to develop them proactively.

YOUR EMPLOYER'S ROLE

Employers are responsible for adequate staffing and resources and that personnel have the necessary competencies to provide safe care for clients during an emergency. Additionally, they are obligated to protect

and support their employees by ensuring their staff have adequate access to the appropriate protective equipment and supplies.

Providing Care in Dangerous Situations

A [dangerous situation](#), outside of a disaster, is one where the physical safety of the nurse is at high or immediate risk. This can include, but is not limited to, physical, sexual or emotional abuse from a client or family member or caring for clients in environments prone to violence such as homes with weapons in plain sight or aggressive animals.

YOUR ACCOUNTABILITIES

You are obligated to balance your own personal safety with client needs. While you are not expected to place yourself at risk, there may be situations where failing to provide care to a client poses a greater risk to them than it does to you to provide it. For example, this may be the case for a client who has experienced a neurological event resulting in significant personality changes and forceful combative behaviour. While there is risk to provide direct physical care, there is a greater risk to the client if subtle changes in the neurological assessment are missed. In this case, you are obligated to work with your employer to implement strategies to minimize your risk while meeting the client's needs.

You are also accountable to perform ongoing assessments of your risk when providing care in dangerous situations. This includes:

- Documenting your assessment findings;
- Working closely with the client's health care team and your manager to ensure everyone is aware of the circumstances and what is being done to support the client and the staff caring for them and;
- Notifying the client's physician or nurse practitioner if care or interventions cannot be carried out as prescribed.

YOUR EMPLOYER'S ROLE

Under the Occupational Health and Safety Act, employers are obligated to provide a safe work environment, which includes providing a comprehensive program to eliminate or manage the risk of abuse or injury in the workplace. As an employee, you are also obligated under this act to use your employers' tools and resources to minimize your personal risk and risk to others.

SHARED ROLE

Nurses provide care in a variety of places in an infinite number of situations. While it is important that your employer have a plan to minimize actual and potential risks, the nature of nursing is such that unplanned or unintentional risks show up every day. You and your employer share the responsibility for addressing and managing these risks once known. Sometimes this means developing, evaluating and revising a plan on a day by day basis.

Refusal or Withdrawing from Care

Refusing to provide care or withdrawing from care may be appropriate in very specific circumstances and only after full consideration of the impact to the client and after several other strategies have been implemented without success to improve the situation. It is important to note that regardless of the validity of doing so, except in extreme circumstances, you remain accountable to provide care until it has been transferred and accepted by another appropriate care provider.

These circumstances include lack of [competence](#), abusive situations, moral or ethical conflicts or fitness to practise nursing.

1. LACK OF COMPETENCE

Situations where a nurse has not performed an [intervention](#) and performing the intervention places the client at higher risk than not performing it.

Your Accountabilities

Notify your manager immediately and make arrangements to obtain the necessary competence to safely perform the care. For example:

- Through one on one on the job mentorship or;
- Reviewing policy or other reference material or;
- Transferring the client to a care provider who can perform the intervention.

If this is not possible, notify the appropriate provider for further instruction.

Refusal to provide care is only legitimate in very specific circumstances. When legitimate, it always requires the nurse to take immediate follow-up action to ensure the client's needs are met. Failure to take reasonable follow-up action may be a violation of your standards of practice.

Being busy is rarely a legitimate reason to refusal of care. Other than in situations where it is not possible, such as managing a client or unit crisis, nurses should negotiate their workflow with their managers. Refusing to perform a priority task or address a priority client issue because you are busy with other non-priority issues, especially if you have not put strategies in place to manage these issues, may be a violation of your standards of practice.

Your Employer's Role

Your employer is obligated to support you to gain competence, provide necessary resources and facilitate a conversation with the appropriate provider or reassign care.

2. ABUSIVE SITUATIONS

Situations where clients or family members fail to respect the [professional relationship](#), try to control, manipulate or make you afraid of them.

Your Accountabilities

- When and where doing so will not make the situation worse, set boundaries with the client or family;
- Take action to protect the client by notifying any external agencies, such as law enforcement, family services and adult protective services as necessary;
- Notify the client or family of your intent to withdraw services when alternative client care is arranged, unless doing so will inflame the situation;
- Notify your manager and the appropriate prescriber and
- Document your assessment and actions.

In extreme situations, remove yourself immediately from the setting. Protect the client by notifying any external agencies, such as law enforcement, family services and adult protective services, as necessary. Notify your manager and the client's primary care provider when you are safe to do so. Document your assessment and actions.

Your Employer's Role

Your employer has a role to support you and others, facilitate conversations with prescribers and other team members and comply with external agencies as needed.

Points to Consider

While withdrawing from care may be appropriate, it is generally not a decision to be undertaken lightly. Consider the following as you work towards a decision:

- The risk to the client if you withdraw from care
- The benefit of the care in relation to your risk
- What resources can be put in place to reduce your risk
- The impact this situation may have on your physical, psychological and emotional health and if it negatively impacts other clients
- Seek assistance from a union representative or legal advice from the Canadian Nurses Protective Society for RNs or NPs, or Lloyd Sadd Insurance Brokers Ltd. for LPNs

3. MORAL OR ETHICAL CONFLICTS

Situations where a nurse is unable to provide care in good conscious because elements of client care are in direct opposition to their beliefs or values.

Your Accountabilities

- Notify your manager immediately of your [moral or ethical conflict](#);
- Request assignment change or do your best to arrange for an alternative care provider;
- Maintain a respectful and professional demeanor with the client until you are replaced.

Your Employer's Role

Your employer has a role to support you within their policy, procedures, guidelines and directives and assist in arranging for suitable replacement staff as necessary.

Points to Consider

Your employer may or may not be able to accommodate your request. You are accountable to provide safe, competent, ethical and compassionate nursing services until you transfer the accountability for care to an appropriate care provider.

4. FITNESS TO PRACTISE CONCERNS

Situations where a nurse lacks the necessary physical and mental health to provide safe, competent, ethical and compassionate nursing services.

Your Accountabilities

- Conduct ongoing self-assessments of your [fitness to practice](#);
- If you determine there are gaps in your ability to practice safely and competently;
 - notify your employer immediately;
 - remove yourself from the care of the client and;
 - take action to address the underlying issue.
- Work with your employer to arrange for an alternative care provider.

Fitness to practice issues may be related to complex issues, such as a physical or mental illness, or may be intermittent and sporadic, such as fatigue. Either way, you are accountable to seek assistance to address the underlying issue and to balance your work and professional life and manage fatigue so that you can fulfill your employment contract.

Your Employer's Role

Your employer has a role to support you within their policy, procedures, guidelines and directives and assist in arranging for suitable replacement staff as necessary.

Providing Care in Unfamiliar Practice Settings

Generally, nurses are hired by an employer and not by a specific unit or practice setting. As such, there may be times when you may be temporarily re-assigned to an unfamiliar practice setting. This is often called “floating” and it is a legitimate employer practice to ensure they can meet the needs of the clients they serve.

YOUR ACCOUNTABILITIES

When providing care in unfamiliar practice settings, you are expected to negotiate your assignment based on what you can do, rather than what you cannot do. There are elements of nursing knowledge and entry-level competencies that transcend all client groups and practice. While you may not be able to carry a full client assignment in the unfamiliar setting, there are many things you can do competently and within your individual scope of practice to support the care area.

When ‘floating’ to an unfamiliar practice setting:

- Ask for a brief orientation to the area.
- Ask for support of the nurses and other care providers who are familiar with the client population.
- Clearly communicate with staff what is within your individual scope of practice and what is not. For example, “I can give IV medications but I cannot administer IV chemotherapy”.

YOUR EMPLOYER’S ROLE

Your employer has a role to provide adequate staffing and resources and to ensure that staff are supported to work within their role, scope of practice and level of competence. They are also responsible to:

- Arrange for education for staff who are asked to work in unfamiliar practice settings
- Develop authorizing mechanisms, such as policies, procedures, guidelines or directives, to assist staff in understanding their expectations when providing care in an unfamiliar practice setting
- Consider the competencies and qualifications of nurses or other care providers when making client assignments

As part of meeting their standards of practice, nurse managers and administrators are accountable for appropriate staffing and resources that support nurses to provide safe and competent client care.

Abandonment

[Abandonment](#) occurs when a nurse fails to meet their duty to provide care, inappropriately discontinues the nurse-client relationship or fails to properly transfer the accountability for ongoing care to an appropriate care provider.

YOUR ACCOUNTABILITIES

To prevent client abandonment, the following general principals apply:

- Care must be provided as prescribed and required. If you are unable to provide this care, you must arrange for a suitable replacement. You are accountable to provide care until this replacement is found.
- Accountability of care must be transferred to a care provider willing and professionally able to provide safe care.
- Employers must be given reasonable time to find a suitable replacement or make alternative arrangements. What is reasonable will vary from situation to situation; however, you are obligated to work with your employer on this matter.
- You must negotiate a mutually acceptable withdrawal from care plan with your employer, or the client if you are self-employed.

For more on abandonment, see the [Abandonment Practice Guideline](#).

Resources: A Shared Role

In situations where your ability to provide nursing services are impacted, it is important to determine what resources are available to support your practice to ensure clients receive safe care. Resources are the tools that enable you to provide safe and competent care. Some are external provided by your employer, and others are internal and relate to your individual competence and capacity.

Resource management is a shared between you and your employer. Consider the following:

- Self-assess your individual competence on an ongoing basis. Engage your employer for support to access required information or education that contributes to your continued competence. Take action, such as, engage your employer or seek self-directed learning to address any knowledge gaps.
- Assess available resources to identify gaps. Recognize the difference between being busy and a situation that is enhancing the risk to clients. Notify your manager if you are concerned that a resource gap is, or may, negatively affect client outcomes. Be able to articulate how the gap is impacting your ability to meet your standards of practice and provide safe care to clients. Be prepared to offer solutions and strategies to address the immediate and long-term need.
- Offer to participate on committees or working groups responsible for developing policy, processes, guidelines or directives to address short and long-term resource issues.
- Recognize and take action, such as prioritize client needs, defer non-essential client care, access personnel from another care area, work with your employer to temporarily divert or delay client flow to ensure the delivery of safe care in situations where resources are limited or there is a disagreement about what constitutes enough resources.

Key Points

- All nurses have an ethical, legal and professional duty to provide safe, competent, compassionate and ethical nursing services.
- Nurses and employers both have a unique and shared role regarding the duty to provide care.
- The duty to provide care begins when a client assignment is accepted, which initiates the nurse-client relationship.
- Refusal to provide care or withdrawal from care requires careful and deliberate decision-making and thoughtful consideration of many factors.
- The duty of care persists until the accountability for care is transferred to another appropriate care provider.
- Nurses must take immediate action if they self-assess that they lack the necessary fitness to practise nursing.

Suggested Reading

- [Abandonment Practice Guideline](#)
- [Resolving Professional Practice Issues: A Toolkit for Nurses](#)
- [Duty to Render Assistance in an Emergency When you are not at Work: Practice Scenario](#)