

When your professional obligation to a patient conflicts with your personal obligations, you have an accountability to demonstrate leadership and work out the best possible solution while still making decisions in the patient's best interest. Refusing assignments or choosing to discontinue care is an ethical dilemma without one clear answer. CNO encourages all nurses to review the [Refusing Assignments and Discontinuing Nursing Services practice guideline](#), because it contains information about resolving this dilemma and also how to prevent such a situation from occurring in the first place.

CNO's practice guideline, [Refusing Assignments and Discontinuing Nursing Services](#), states:

- the safety and well-being of the patient is of primary concern
- nurses are accountable for their own actions and decisions and do not act solely on the direction of others
- nurses have the right to refuse assignments that they believe will subject them or their patients to an unacceptable level of risk

Abandonment occurs when a nurse has accepted an assignment and discontinues care without:

- the patient requesting the discontinuation;
- arranging a suitable alternative or replacement service; or
- allowing a reasonable opportunity for alternative or replacement services

During an outbreak, however, many nurses assume a level of responsibility and risk they may not have considered when they initially chose nursing. Nurses working directly with clients with highly infectious diseases may find themselves assuming a high level of risk. In these cases, they may need to determine for themselves if the risk is too high.

Ultimately, you do have the right to refuse assignments that you believe will subject you or your patients to an unacceptable level of risk. But you *also* have a professional accountability to advocate for practice settings that minimize risk to both you and your patients. Advocating for quality practice settings is one of the many ways [nurses are leaders in patient care](#).

If you do decide to withdraw from care you must:

- Negotiate a mutually acceptable withdrawal from care plan with your employer (or the client if you are self-employed).
- Provide your employer a reasonable amount of 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.
- Ensure care is transferred to a care provider willing and professionally able to provide safe care.
- Document the entire situation for your own records and contact your Bargaining Unit President immediately. Using the Professional Responsibility Workload Report Form (PRWRF) is an excellent tool for this

Refusing Assignments and Discontinuing Nursing Services

- https://www.cno.org/globalassets/docs/prac/41070_refusing.pdf

- 2. My employer wants to reassign me to the ICU. I have been a Labour and Delivery nurse for 15 years. Can I refuse to go to the ICU? Am I violating CNO standards?**

Nurses are expected to demonstrate leadership and accountability when weighing their professional obligations, and to make decisions in the best interest of the public. Nurses are accountable for maintaining competence and **refraining** from performing activities for which they are not competent. Nurses are ethically responsible to make all reasonable efforts to ensure that client safety and well-being are maintained. Nurses are also accountable to meet the standards of practice of the profession and fulfil the terms of an agreement for professional services.

In this situation, all nurses have **some** transferrable skills however, nurses should only perform those functions for which they are competent.

Refusing Assignments and Discontinuing Nursing Services

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- 3. What if I am re-assigned half-way through my shift?**

As per the CNO's Practice Standard: *Professional Standards*, nurses are accountable for facilitating, advocating and promoting the best possible care for clients. Nurses are also expected to take action if client safety and well-being are compromised.

If you are being re-assigned and you have already initiated care for your client, it is important to ensure that care transition occurs and that you clearly communicate aspects of your client's care through transfer of accountability - or by providing "report."

It is also important that documentation is completed for the care that has been provided. CNO's Practice Standard: *Documentation* indicates that nurses must ensure their documentation presents an accurate, clear and comprehensive picture of the client's needs, the nurse's interventions and the client's outcomes.

CNO's Practice Standard: *Professional Standards*

- https://www.cno.org/globalassets/docs/prac/41006_profstds.pdf

CNO's Practice

Standard: *Documentation* - https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf

- 4. Is it acceptable for a nurse to document for another nurse? For example: one nurse is garbed in PPE and in the patient's room rendering care. Another nurse is outside the room documenting what**

the nurse in the room tells them to. Is this a violation of our professional standards?

CNO's Practice Standard: *Documentation* outlines nurses' accountability to "ensure that documentation is completed by the individual who performed the action, or observed the event." The exception to this rule is when there is a designated recorder, who must sign and indicate the circumstances (for example, Code Blue situation.)

CNO's Practice

Standard: *Documentation* - https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf

5. **Our employer is saying that the Ministry of Labour has directed them to report us to the CNO for patient abandonment if we call in sick. Is this really patient abandonment?**

The Nursing Act describes acts of professional misconduct, for the purposes of the Health Professions Procedural Code that includes:

Discontinuing professional services that are needed unless,

1. the client requests the discontinuation,
2. alternative or replacement services are arranged, or

iii. the client is given a reasonable opportunity to arrange alternative or replacement services.

However, nurses are expected to use professional judgment to determine whether illness or fatigue might interfere with their performance and, if so, to refrain from practicing. Attending work when you are ill may also create unnecessary risk to patients/residents/clients. Nurses are accountable to provide safe, quality and ethical patient care, at all times and therefore, must determine if they are safe to practice.

Using good judgement in considering your decision to report ill for any shift, and considering the above guidelines, is unlikely to be considered patient abandonment.

Refusing Assignments and Discontinuing Nursing Services

- https://www.cno.org/globalassets/docs/prac/41070_refusing.pdf

6. **What is my manager's responsibility in pandemic? Can they direct me to do something that puts me in danger?**

CNO's Practice Standard: *Professional Standards* indicate that managers, who are governed by the Regulated Health Professions Act, can demonstrate their accountability by "advocating for a quality practice setting that supports nurses' ability to provide safe, effective and ethical care." All managers are accountable to access and share up-to-date,

evidence based information and guidelines with staff. Each nurse is accountable for their own actions and do not act solely on the direction of others.

Ultimately, you do have the right to refuse assignments that you believe will subject you to an unacceptable level of risk. However, as a nurse, you are also accountable to advocate for practice settings that minimize risk to both you and your patients. Nurses demonstrate leadership in patient care by advocating for quality practice settings.

CNO's Practice Standard: *Professional Standards*

- https://www.cno.org/globalassets/docs/prac/41006_profstds.pdf

- 7. What does the College of Nurses expect of me in my role as a Public Health Nurse providing COVID19 screening and monitoring by phone? I am concerned my practice environment is not stable, information is changing rapidly and our telephone team is struggling to be responsive in providing safe, quality care.**

As Nursing Telepractitioners, the CNO expects the same standards of care to guide your quality of practice as direct care practitioners. As such, if you feel you do not have the resources, technology or most up to date information in COVID19 directives – you must advise your Employer that this impairs your ability to provide safe patient care. Advocate for your Employer to provide the supports you need in the workplace. This demonstrates good judgement and ethics in recognizing the level of your knowledge base and the need to have a practice setting that promotes safe, quality care.

Given the rapid changes in the environment with COVID 19 and the instability of your work directives; by advocating for guides and protocols you are being accountable. Documenting these concerns and collaborating with the Employer for development of policies, algorithms, current evidence based information and decision making tools demonstrates leadership.

The CNO *Telepractice* guideline can be found

at https://www.cno.org/globalassets/docs/prac/41041_telephone.pdf