

INVESTIGATION COMMITTEE
of the
SASKATCHEWAN REGISTERED NURSES ASSOCIATION

-and-

Bonnie L. Johnson
Saskatchewan RN #0041107
TISDALE, SASKATCHEWAN

DECISION
of the
DISCIPLINE COMMITTEE
of the
SASKATCHEWAN REGISTERED NURSES ASSOCIATION

Legal Counsel for Bonnie L. Johnson:
Legal Counsel for the Investigation Committee:
Legal Counsel for the Discipline Committee:
Chairperson for the Discipline Committee:

none
Roger Lepage
Darcia Schirr, Q.C.
Stella Swertz, RN

Date of Hearing: June 1, 2021

Location: *Via Videoconference*
Saskatchewan Registered Nurses Association
2066 Retallack Street
Regina, Saskatchewan
S4T 7X5

Date of Decision: August 19, 2021

INTRODUCTION

1. The Discipline Committee of the Saskatchewan Registered Nurses Association (SRNA) convened to hear and determine complaints of professional misconduct and professional incompetence against Registered Nurse #0041107, Bonnie L. Johnson on June 1, 2021. The Discipline Committee is established pursuant to section 30 of *The Registered Nurses Act, 1988* (the "Act").
2. The charges against Ms. Johnson are outlined in a Notice of Hearing of Complaint dated April 13, 2021. There are seven charges of professional incompetence and/or professional misconduct and those charges are as follows:

Charge Number 1

You, BONNIE L. JOHNSON, are alleged to be guilty of professional incompetence and/or professional misconduct as defined in sections 25 and 26 of *The Registered Nurses Act, 1988* regarding events that occurred on or about July 22, 2017. A complaint from your employer regarding this incident was submitted to the SRNA on July 27, 2017. As a result, the SRNA Investigation Committee initiated an investigation. It was determined that you were a nurse working night shift in the Emergency Department at the [REDACTED] when you were found on the floor at 0300 hours. You were under the influence of opiates, narcotics and other habit-forming substances and were unfit to practice nursing. You denied to the investigator that you had an addiction. You were dishonest with the investigator. As a result of your denial, the Investigation Committee gave you a letter of guidance.

Charge Number 2

You, BONNIE L. JOHNSON, are alleged to be guilty of professional misconduct and/or professional incompetence as defined in sections 25 and 26 of *The Registered Nurses Act, 1988* regarding events that occurred in April 2018. You were a nurse at the [REDACTED] when narcotics went missing and you falsified medication documentation. A complaint dated April 25, 2018 from your employer to the SRNA led to an investigation. You were dishonest with the investigator regarding your narcotic addiction. As a result, you entered into a Consensual Complaint Resolution Agreement (CCRA) dated February 22, 2019.

Charge Number 3

You, BONNIE L. JOHNSON, are alleged to be guilty of professional incompetence and/or professional misconduct as defined in sections 25 and 26 of *The Registered Nurses Act, 1988* regarding events which occurred between February 22, 2019 and

May 22, 2019. You failed to abide by the terms, conditions and restrictions contained in the CCRA signed February 22, 2019.

Charge Number 4

You, BONNIE L. JOHNSON, are alleged to be guilty of professional incompetence and/or professional misconduct as defined in sections 25 and 26 of *The Registered Nurses Act, 1988* regarding events that occurred on or about March 17, 2019 and April 27, 2019 at the [REDACTED] when you did steal Hydromorphone Contin, the property of [REDACTED] Pharmacy of a value not exceeding \$5,000.00 contrary to section 334(b) of the *Criminal Code of Canada*. On November 13, 2019 you entered a guilty plea to the two counts of theft, and you were placed on probation for one year from November 13, 2019 through to November 13, 2020. At the time of this incident, you were subject to the terms of the CCRA dated February 22, 2019.

Charge Number 5

You, BONNIE L. JOHNSON, are alleged to be guilty of professional incompetence and/or professional misconduct as defined in sections 25 and 26 of *The Registered Nurses Act, 1988* regarding events that occurred on or about January 22, 2020. You were stopped in your vehicle and detained by the RCMP. You were found to be in possession of a nursing uniform, nursing identification, drug paraphernalia, a tensor bandage, a needle and some drugs. You stated to the RCMP that you were coming back from work as an RN at the [REDACTED] and that the drug paraphernalia came from there. You held yourself out as a registered nurse which was false. At the time, you were not licensed to practice registered nursing. You were subject to the restrictions of a voluntary non-practice agreement, the terms of the CCRA dated February 22, 2019 and the conditions of your probation order.

Charge Number 6

You, BONNIE L. JOHNSON, are alleged to be guilty of professional incompetence and/or professional misconduct as defined in sections 25 and 26 of *The Registered Nurses Act, 1988*, regarding events that occurred during your employment at the [REDACTED]. Commencing in the summer of 2017, your addiction to opiates, narcotics, and other habit-forming substances rendered you unfit to practice registered nursing or to provide one or more services ordinarily provided as part of the practice of registered nursing. You were aware of your addiction and you failed to remove yourself from the practice of registered nursing.

Charge Number 7

You, BONNIE L. JOHNSON, are alleged to be guilty of professional misconduct as defined in section 26 (1) and (2) (f) (g) (i) (l) (m) (n) and (q) of *The Registered Nurses Act, 1988*, regarding the following matter:

(a) You failed without reasonable cause to respond to the inquiries regarding allegations of professional misconduct or professional incompetence from the Investigation Committee as follows:

- (i) A letter was sent from the Investigation Committee dated May 20, 2020 requesting a written response to the allegations of professional incompetence and/or professional misconduct by June 10, 2020. You failed to respond.
- (ii) A second letter was sent from the Investigation Committee dated July 20, 2020 requesting a written response to the allegations of professional incompetence and/or professional misconduct by August 10, 2020. You failed to respond.

3. The Notice alleges that Ms. Johnson is guilty of professional incompetence and/or professional misconduct. The relevant provisions of the Act are as follows:

Professional incompetence

25 For the purposes of this Act, professional incompetence is a question of fact, but the display by a nurse in the professional care of a client of a lack of knowledge, skill or judgment or a disregard for the welfare of a client of a nature or to an extent that demonstrates that the nurse is unfit:

- (a) to continue in the practice of registered nursing; or
- (b) to provide one or more services ordinarily provided as part of the practice of registered nursing;

is professional incompetence within the meaning of this Act.

Professional Misconduct

26(1) For the purpose of this Act, professional misconduct is a question of fact but any matter, conduct or thing, whether or not disgraceful or dishonorable, that is contrary to the best interests of the public or nurses or tends to harm the standing of the profession of nursing is professional misconduct within the meaning of this Act.

(2) Without restricting the generality of subsection (1), the discipline committee may find a nurse guilty of professional misconduct if the nurse has:

- ...
 - (f) misappropriated drugs;
 - (g) misappropriated property belonging to a nurse's employer;
- ...
 - (i) falsified a record with respect to the observation, rehabilitation or treatment of a client;
- ...
 - (l) failed to comply with the code of ethics of the association;

- (m) failed without reasonable cause to respond to inquiries from the association regarding alleged professional misconduct or professional incompetence;
 - ...
 - (n) an addiction to the excessive or habitual use of intoxicating liquor, opiates, narcotics or other habit forming substances;
 - ...
 - (q) contravened any provision of this Act or the Bylaws.
4. The Notice also alleges that numerous provisions of the SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses, 2013*, SRNA *Registered Nurse Practice Standards, 2019*, SRNA *RN Entry-Level Competencies, 2019*, and CNA *Code of Ethics for Registered Nurses, 2017* have been breached. Those provisions are set out in Appendix A.

HEARING

5. At the outset of the hearing, Ms. Johnson confirmed she was representing herself and prepared to proceed without a lawyer.
6. When the discipline hearing began, neither counsel for the Investigation Committee nor Ms. Johnson raised any objection regarding the composition of the Discipline Committee.
7. The Investigation Committee filed a booklet entitled "Discipline Hearing of Bonnie Johnson" which contained three tabs and each tab was marked as an exhibit:

P1 - Notice of Guilty Plea

P2 - Agreed Statement of Facts

P3 - Joint Proposal for Discipline

The Investigation Committee also tendered a booklet entitled "Book of Exhibits of the Investigation Committee" and this was marked as P4.

8. Ms. Johnson waived the reading of the charges. The Notice of Guilty Plea (P1) stated:

2. I plead guilty to the seven charges of professional misconduct and professional incompetence in the Notice of Hearing of Complaint dated April 13, 2021.

9. The evidence regarding the charges is set out in an Agreed Statement of Facts executed by both Ms. Johnson and Investigation Committee legal counsel. [REDACTED]
[REDACTED]
10. Counsel for the Investigation Committee gave a brief overview of the Agreed Statement of Facts:
 - (a) Bonnie Johnson developed a progressive addiction to narcotics which she had been taking because of back pain following a motor vehicle accident. Her addiction lead to problems at work.
 - (b) The first incident was on July 22, 2017, when Ms. Johnson was found “passed out” on the floor in the emergency department at the [REDACTED] where she worked. An ambulance was called and a treating physician determined that she had overdosed on narcotics and benzodiazepines. Her employer issued a letter of warning and filed a letter of complaint with the SRNA. Ms. Johnson denied any addiction and claimed she had mismanaged her prescribed medication. The SRNA issued a letter of guidance.
 - (c) Ms. Johnson later admitted she was dishonest about her addiction as she was worried her prescription medications for her back pain would be discontinued.
 - (d) In March and April 2018, there were 3 separate incidents of missing narcotics and inappropriate and/or absent charting or documentation. Those are described at paragraphs 16 and 17 of the Agreed Statement of Facts. Ms. Johnson’s employer suspended her for a number of weeks and upon her return to work, she was subject to restrictions to remain in place until the SRNA completed its investigation. The SRNA did complete its investigation with the end result being a Consensual Complaint Resolution (CCRA). This included performance reviews, a wellness plan, completion of reflective essays and ethics modules, and random drug screenings. Throughout, Ms. Johnson continued to deny that she had a substance abuse problem or an addiction which was false.

- (e) On June 17, 2019, Ms. Johnson was charged with two counts of theft contrary to section 334(b) of the *Criminal Code*. The Information alleged that on March 17, 2019 and April 27, 2019, she did steal hydromorph contin, the property of [REDACTED] Pharmacy (P4 Tab 20). On November 13, 2019, Ms. Johnson entered a guilty plea to both of those charges. She was sentenced by the Provincial Court to a term of probation for 12 months. In the sentencing transcript from Provincial Court (P4 Tab 24), the Crown prosecutor set out the relevant facts stating that initially, Ms. Johnson denied to the police that she took any medication and she adamantly denied that she was responsible for missing narcotics. She offered to take a polygraph examination and after taking the polygraph examination, she then admitted that she had stolen hydromorph contin from the hospital on two separate days. The Crown prosecutor advised the court that Ms. Johnson indicated to the police that she had a prescription for hydromorph contin but that she had forgotten her medication at home and that she was unable to make it through her shift without the hydromorph contin. She opened up the hydromorph capsules and consumed the “hydromorph beads” inside the capsules during her shift.
- (f) In June 2019, Ms. Johnson signed a Voluntary Agreement of Non-Practice with the SRNA which remains in effect today (P4 Tab 23).
- (g) Two months after she had been sentenced in Provincial Court, Ms. Johnson again encountered the criminal justice system. In January 2020, Ms. Johnson was the subject of a traffic stop by the RCMP. She was found to be in possession of drug paraphernalia, drugs, a nursing uniform and her RN name tag. She falsely identified herself as a Registered Nurse and claimed that she was returning from her hospital shift and she inadvertently may have put the drug paraphernalia in her pocket. [REDACTED]
- [REDACTED]
- She was pretending to go to work as her family was not aware of her suspension from nursing. The RCMP did not charge her after she admitted the truth.
- (h) Ms. Johnson admitted to the SRNA investigator that through the complaint to the SRNA, she is addicted to opiates, narcotics and other habit-forming substances. Ms. Johnson

also admitted that she was and remains unfit to practice and she admits that she did not remove herself from work, putting patients at risk. Ms. Johnson was using her employer as a source of narcotics for her addiction.

- (i) The SRNA received a complaint letter regarding the January 22, 2020 incident described above. Ms. Johnson was advised of the complaint and asked to provide a written response by a specific deadline date. She failed to respond to the SRNA despite a reminder and an extension. Ms. Johnson responded by email six months past the SRNA extension date. She admitted that she did not respond the SRNA in a timely manner and stated that she did not respond because of her mental health and her assumption that things were at a standstill due to COVID.
- 11. Ms. Johnson responded both to the comments made by the Investigation Committee and in response to questions by the Discipline Committee. She admitted she is still taking prescribed narcotics for chronic back pain and realizes that she cannot return to nursing until she stops taking narcotics. She has been using narcotics for 7 years and at times the pain is so bad she cannot walk. Over time, she resorted to IV drugs as the prescribed medications were not having the same effect. She stated she would go into a treatment facility once her back pain is no longer an issue. She had been receiving steroid spine injections but she is no longer a candidate for that and is awaiting referral for further treatment and possible nerve ablation. She currently sees an addiction counsellor and attends online Narcotics Anonymous meetings.
 - 12. She expressed self loathing and was so ashamed of what has occurred that she has not shared her full situation with her family nor spouse. Ms. Johnson was on long term disability benefits until they were discontinued March of 2021. She is appealing that decision. She advises that she is a good person with good morals and had no problems at work until she became an addict. She expressed confidence that she would be fully capable of returning to nursing one day once she is no longer on narcotics.
 - 13. Ms. Johnson recounted that all of her troubles started following a car accident in 1997. She suffered with progressive disc degeneration with the doctor stating she had the spine of an 80-

year-old. She was taking 20 Robaxacet a day to cover her pain which progressed 8-9 years ago such that she was prescribed gabapentin and Dilaudid. She initially was booked for decompression surgery which was cancelled since her radiating back pain was much improved. She states she needs to take medication for the rest of her life.

14. Ms. Johnson spoke emotionally and honestly to the Discipline Committee. She stated that as time went on, she found that she needed more and more medication and would do anything to relieve the pain, "You are not in touch with reality when you are an addict". She wanted everyone to know it changes the way you think – "one does not know wrong from right". She went from lie to lie. Narcotics Anonymous helped her to see the truth of this. For example, she felt it was okay to "borrow" narcotics from work as she felt she would die if she did not take them. She could not stop "cold turkey" as she needed medically assisted withdrawal and may need these withdrawal drugs for life. She has investigated Prince Albert and Calder treatment centers but in her view, she needs her back pain to be dealt with first.
15. Ms. Johnson concluded her remarks by stating that she knows what she did was wrong. She overcame many obstacles and worked very hard to achieve her nursing degree. She has been proud to be an RN.
16. Upon consideration of all of the evidence, the Discipline Committee does find that Ms. Johnson's conduct amounts to professional incompetence and professional misconduct and that the seven charges have been proven by the Investigation Committee. The Discipline Committee accepts Ms. Johnson's guilty pleas to the charges.
17. The Discipline Committee appreciates the honesty of Ms. Johnson in recounting her story and describing her challenges with addiction. It is fortunate that no patients were harmed despite the risk that she presented to those she cared for. The Committee wishes her the very best for the future.

ORDER OF THE DISCIPLINE COMMITTEE

18. Counsel for the Investigation Committee and Ms. Johnson submitted a document entitled "Joint Proposal for Discipline pursuant to section 31 of *The Registered Nurses Act, 1988*". The Discipline Committee finds that the joint submission is appropriate, reasonable and meets the public interest mandate of the SRNA.
19. The Discipline Committee issued an order on June 10, 2021 which provides as follows:
 - (1) Pursuant to paragraph 31(1)(b) of *The Registered Nurses Act, 1988*, the member shall be suspended and remain suspended from the SRNA until the following conditions are met:
 - (a) The member shall provide reports to the Registrar from a psychiatrist or psychologist and an addictions counsellor (or another person who provides equivalent care and has equivalent qualifications). The reports shall address, among others:
 - (i) Pursuant to paragraph 31(1)(c) of *The Registered Nurses Act, 1988*, confirmation that the member has successfully completed an inpatient addictions treatment program of at least 28 days duration, prior to applying for a registered nurse licence with the SRNA. The Registrar must consent to the choice of the inpatient treatment program. A report of successful completion shall be filed with the Registrar.
 - (ii) Confirmation that the member has continued treatment and counselling and maintained abstinence from drugs unless prescribed by a physician who is knowledgeable about her addictions.
 - (iii) Confirmation that the member's mental health has been stable for at least nine consecutive months prior to the date of the reports.

- (iv) Confirmation that the member has complied with the treatment recommendations regarding her mental health and addiction disabilities including regularly attending office visits, participating in recommended programming and taking medication as prescribed by a physician who is knowledgeable about her addictions for at least nine consecutive months prior to writing the reports.
 - (v) Whether the member's mental health and addiction disabilities are such that she is capable of returning to the practice of nursing safely and without risk of harm to patients.
 - (b) The member shall provide a minimum of nine consecutive negative drug screens as may be requested by the Registrar.
- (2) Upon compliance with these conditions and upon reinstatement, the member's continued practice for an initial period of 2000 hours shall be subject to the following conditions:
- (a) For the first 240 hours of practice, the member shall not practice nursing unless she is under the direct supervision of a registered nurse or registered psychiatric nurse;
 - (b) The member shall remain abstinent from all drugs unless prescribed by a physician who is knowledgeable about her addictions;
 - (c) The member shall provide a minimum of 12 random drug screens as may be requested by the Registrar;
 - (d) The member may not practice nursing in the homes of clients nor may she practice in an independent environment unless advance approval has been given by the Registrar.
 - (e) The member shall not, at any time, have access to nor administer substances listed in the *Controlled Drugs and Substances Act*, the Regulations under that *Act* and those listed in the Prescription Review Program of the College of Physicians and Surgeons unless she is under the direct supervision of

another registered nurse or registered psychiatric nurse being in attendance with the member at all times.


- (f) The member shall not assume any overtime hours or serve in a supervisory role.
 - (g) Should the member fail to meet any of the provisions of her 2000 hour nursing period, she shall be immediately suspended from practice subject to 1 (a) and (b) of this order.
- (3) Upon successfully meeting the conditions of the initial 2000 nursing hour period, the member's continued practice shall be subject to the following conditions:
- (a) The member shall remain abstinent from all drugs unless prescribed by a physician who is knowledgeable about her addictions.
 - (b) For a period of five years, the member shall produce reports to the Registrar from her addictions counsellor and psychologist or psychiatrist outlining her compliance with her treatment plan.
 - (c) For a period of five years, the member may only practice nursing where another registered nurse or registered psychiatric nurse is available to monitor her practice and provide indirect supervision.
 - (d) For a period of five years, the member shall provide random drug screens as may be requested by the Registrar. It is expected that the Registrar would seek drug screens for a minimum of six times per year.
 - (e) The member shall not, at any time, have access to nor administer substances listed in the *Controlled Drugs and Substances Act*, the Regulations under that *Act* and those listed in the Prescription Review Program of the College of Physicians and Surgeons unless she is under the direct supervision of another registered nurse or registered psychiatric nurse being in attendance with the member at all times.

- (4) The member's nursing employer shall file with the Registrar written performance reviews confirming the member's professional competence and professional conduct. Any unfavourable reviews shall be reported by the Registrar to the Investigation Committee. Performance reviews shall be provided at the following increments:
 - (a) After 240 hours of practice.
 - (b) After 480 hours of practice.
 - (c) After 960 hours of practice.
 - (d) After 1500 hours of practice.
 - (e) After 2000 hours of practice.
 - (f) At the end of each of the next five calendar years or such length of time as may be required for the member to complete the conditions.
- (5) The member shall provide a copy of this order to all nursing employers at least seven days prior to commencement of her employment and provide written verification to the Registrar that she has done this.
- (6) If at any time during practice, the member exhibits any evidence of a relapse, including but not limited to a positive drug screen, the member shall immediately remove herself from practice and seek appropriate medical care from her psychiatrist or psychologist and substance abuse counsellor, or in-patient treatment program. The member shall report her withdrawal from practice to the Registrar. The member shall not return to practice without the prior written approval of the Registrar, who must be satisfied that she is capable of returning to the practice of nursing without the risk of harm to the patients.
- (7) Pursuant to section 31 (2)(a)(ii) of the *Act*, the member shall pay the costs of the investigation and hearing fixed in the amount of \$30,000. Such costs shall be paid

on or before January 1, 2026. Failing payment, the member's licence shall be suspended until payment is made pursuant to section 31 (2)(b).

- (8) The member shall bear the costs, if any, of all reports and drug screen results.

August 19, 2021


Stella Swertz, Chairperson
*On behalf of Members of the
Discipline Committee*
Christine Barlow, RN
Christopher Etcheverry, RN
Janna Balkwill, RN
Ambrosia Varaschin, Public Representative

Right of Appeal Pursuant to section 34(1) of *The Registered Nurses Act, 1988*, a nurse who has been found guilty by the discipline committee or who has been expelled pursuant to section 33 may appeal the decision or any order of the discipline committee within 30 days of the decision or order to:

- (a) the council by serving the executive director with a copy of the notice of appeal; or
- (b) a judge of the court by serving the executive director with a copy of the notice of appeal and filing it with a local registrar of the court.

Appendix A

SRNA Standards and Foundation Competencies for the Practice of Registered Nurses 2013

STANDARD 1 – PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

The registered nurse consistently demonstrates professional conduct and competence while practicing in accordance with the SRNA standards for registered nursing practice and CNA's *Code of Ethics for Registered Nurses*. Further, the registered nurse demonstrates that the primary duty is to the client to ensure safe, competent, ethical registered nursing care.

The registered nurse:

1. Is accountable and accepts responsibility for own actions and decisions.
25. Demonstrates professional leadership by:
 - a. building relationships and trust;

STANDARD III – ETHICAL PRACTICE

The registered nurse demonstrates competence in professional judgment and practice decisions by applying the principles in the current CNA *Code of Ethics for Registered Nurses*. The registered nurse engages in critical inquiry to inform clinical decision-making, establishes therapeutic, caring, and culturally safe relationships with clients and the health care team.

The registered nurse:

62. Practices in accordance with the current CNA *Code of Ethics for Registered Nurses* and the accompanying responsibility statements.

STANDARD V – SELF-REGULATION

The registered nurse demonstrates an understanding of professional self-regulation by advocating in the public interest, developing and enhancing own competence, and ensuring safe practice.

The registered nurse:

85. Practices within the scope of registered nursing practice as defined in *The Registered Nurses Act, 1988*.

SRNA Registered Nurse Practice Standards, 2019

Standard 1: Professional Responsibility and Accountability

The registered nurse is responsible for practicing safely, competently and ethically, and is accountable to the client, public, employer and profession.

The registered nurse upholds this standard by:

1. Being accountable and accepting responsibility for their own actions and decisions.

Standard 3: Ethical Practice

The registered nurse applies the principles in the current *CNA Code of Ethics for Registered Nurses* when making practice decision and using professional judgment. The registered nurse engages in critical inquiry to inform clinical decision-making, and establishes therapeutic caring and culturally-safe relationships with clients and the health care team.

The registered nurse upholds this standard by:

26. Practicing in accordance with the current *CNA Code of Ethics for Registered Nurses*.

Standard 4: Service to the Public

The registered nurse demonstrates leadership in quality and ethical nursing practice, delivery of health care services and establishing professional relationships.

The registered nurse upholds this standard by:

35. Demonstrating professional presence and modelling professional behaviour.
37. Contributing to a professional ethical and safe practice environment to support the provision of optimal health care outcomes.

Standard 5: Self-Regulation

The registered nurse demonstrates an accountability to regulate themselves in accordance with their legislated scope of practice.

The registered nurse upholds this standard by:

49. Practicing in accordance with *The Registered Nurses Act, 1988*, other current relevant legislation, bylaws, scope of practice, standards, entry-level competencies, guidelines and employer policies.
51. Recognizing and addressing professional practice, legal or ethical violations by themselves or others in a timely and appropriate manner.

52. Supporting health care team members who reasonably report practice, legal or ethical violations by themselves or others to employers or the appropriate regulatory body.
53. Reporting to employers and/or the appropriate regulatory body concerns related to professional incompetence, professional misconduct and/or incapacity of registered nurses and/or other health care providers.
54. Collaborating with the employer and other organizations as needed to resolve professional practice issues.
55. Taking measures to maintain fitness to practice ensuring client safety is not compromised.

SRNA RN Entry-Level Competencies, 2019:

1. Clinician

Registered nurses are clinicians who provide safe, competent, ethical, compassionate and evidence-informed care across the lifespan in response to client needs. Registered nurses integrate knowledge, skills, judgment and professional values from nursing and other diverse sources into their practice.

- 1.25 Uses strategies to promote wellness, to prevent illness, and to minimize disease and injury in clients, self and others.

2. Professional

Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession. Registered nurses demonstrate accountability, accepts responsibility and seeks assistance as necessary for decisions and actions within the legislated scope of practice.

- 2.2 Demonstrates a professional presence, and confidence, honesty, integrity and respect in all interactions.

Professional presence is the demonstration of respect, confidence, integrity, optimism, passion and empathy in accordance with professional standards, guidelines and codes of ethics. It includes a nurse's verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of full name and title. The demonstration of professional presence leads to trusting relationships with clients, families, communities and other health care team members. (College of Nurses of Nova Scotia, 2018, p. 2)

- 2.10 Demonstrates fitness to practice.

Fitness to practice are "all the qualities and capabilities of an individual relevant to their practice as a nurse, including but not limited to the freedom from any cognitive, physical, psychological or emotional condition and dependence from

alcohol or drugs that impairs their ability to practice nursing" (CNA, 2017b, p.22).

2.11 Adheres to the duty to report.

CNA Code of Ethics for Registered Nurses, 2017

A. Providing Safe, Compassionate, Competent and Ethical Care

Nurses provide safe, compassionate, competent and ethical care.

Ethical responsibilities:

1. Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care and other members of the health-care team.
5. Nurses are honest⁶ and take all necessary actions to prevent or minimize patient safety incidents. They learn from near misses and work with others to reduce the potential for future risks and preventable harms (see Appendix B).
12. Nurses foster a safe, quality practice environment (CNA & Canadian Federation of Nurses Unions [CFNU], 2015).

⁶ Provincial and territorial legislation and nursing practice standards may include further direction regarding requirements for disclosure and reporting.

G. Being Accountable

Nurses are accountable for their actions and answerable for their practice.

Ethical responsibilities:

1. Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the *Code* and in keeping with the professional standards, laws and regulations supporting ethical practice.
2. Nurses are honest and practise with integrity in all of their professional interactions. Nurses represent themselves clearly with respect to name, title and role.
5. Nurses maintain their fitness to practise. If they are aware that they do not have the necessary physical, mental or emotional capacity to practise safely and competently, they

withdraw from the provision of care after consulting with their employer. If they are self-employed, they arrange for someone else to attend to their clients' health-care needs. Nurses then take the necessary steps to regain their fitness to practise, in consultation with appropriate professional resources.