

INVESTIGATION COMMITTEE
of the
COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

-and-

Andrea Ulmer
RN #0037560


DECISION

of the

DISCIPLINE COMMITTEE

of the

COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

Legal Counsel for the Investigation Committee:	Christa Weber
Legal Counsel for Andrea Ulmer:	Marcus Davies
Legal Counsel for the Discipline Committee:	Ronni Nordal, K.C.
Chairperson for the Discipline Committee:	Kristin Dutchak

Date of Hearing: **March 3, 2026**

Location: *Via Videoconference*
College of Registered Nurses of Saskatchewan
1-3710 Eastgate Drive
Regina, Saskatchewan
S4Z 1A5

Date of Decision: **March 18, 2026**

L INTRODUCTION AND RELEVANT LEGISLATION

1. The Discipline Committee of the College of Registered Nurses of Saskatchewan (“CRNS”) convened on March 3, 2026 via videoconference, to hear and determine a complaint of professional misconduct against Registered Nurse, Andrea Ulmer (RN #0037560). The Discipline Committee is established pursuant to section 30 of *The Registered Nurses Act, 1988* (the “Act”).

2. The charge against Andrea Ulmer (“Ms. Ulmer”) is outlined in Appendix “A” to a Notice of Hearing dated January 20, 2026, a copy of which is attached to this decision. The charge reads:

It is alleged that:

1. **Between August 23, 2021 and December 14, 2021, while you were on a [REDACTED] leave of absence from your registered nursing employment with the Saskatchewan Health Authority [REDACTED], you breached the privacy and confidentiality of 274 patients when, without authorization, you remotely accessed their personal health information in electronic medical records, thereby committing an act of professional misconduct contrary to section 26 of *The Registered Nurses Act, 1988*.**

3. The Notice of Hearing alleges that Ms. Ulmer is guilty of professional misconduct contrary to sections 26(2)(l) and (q) of the Act which set out:

Professional misconduct

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

...

(l) failed to comply with the code of ethics of the association.

...

(q) contravened any provision of this Act or the bylaws.

4. It is also alleged that *The SRNA Bylaws (2021)*, *Code of Ethics for Registered Nurses (2017)*, *SRNA Registered Nurse Practice Standards (2019)* and *SRNA Registered Nurse Entry-*

Level Competencies (2019) have been breached, the particulars of which are set out in the Notice of Hearing.

II. HEARING

5. No objection regarding the composition of the Discipline Committee was raised by either party prior to, or during, the Hearing and no preliminary issues were raised.

6. At the outset of the Hearing, counsel for the Investigation Committee tendered a binder of documents described as “Document Package for The Discipline Committee - Filed on Behalf of The Investigation Committee”. The binder included Notice of Hearing, Agreed Statement of Facts, Costs Evidence and supporting Case Law. In addition, a Joint Submission as to Penalty & Costs was tendered. The following documents were marked as Exhibits by agreement between the parties:

- Exhibit P1 Notice of Hearing
- Exhibit P2 Agreed Statement of Facts
- Exhibit P3 Costs Evidence
- Exhibit P4 Joint Submissions as to Penalty & Costs

7. Paragraphs 9 and 10 of the Agreed Statement of Facts contain the following admissions made by Ms. Ulmer:

Admission of Charge

9. Ms. Ulmer admits to the allegation in Appendix A of the Notice of Hearing.

10. Ms. Ulmer further admits that her conduct constitutes professional misconduct as defined in section 26 of *The Registered Nurses Act, 1988*, and amounts to a breach of the provisions of the CRNS Bylaws, Code of Ethics for Registered Nurses, SRNA Registered Nurse Entry-Level Competencies and SRNA Registered Nurse Practice Standards as outlined in Appendix A of the Notice of Hearing.

8. Ms. Ulmer’s legal counsel waived reading of the charge and confirmed Ms. Ulmer’s guilty plea to the charge set out in Appendix “A” to the Notice of Hearing.

III. FACTS

9. Ms. Ulmer has been registered with the CRNS as a practicing Registered Nurse since September 1, 2005.

10. Ms. Ulmer was employed with the SHA consistently in ██████████ in Saskatoon until March 7, 2024 when she was dismissed from her position due to the conduct that forms the subject of the complaint.

11. In November 2020 Ms. Ulmer moved into a new role as the ██████████ ██████████ which involved creating an assessment tool for ██████████ staff to use, educating staff about the project and how to identify patients, engaging with families (when necessary) to educate them about the project, and collecting monthly online data to produce outcomes from the project.

12. Due to COVID-19 pandemic restrictions Ms. Ulmer was issued a SHA laptop with remote access privileges via a virtual private network (VPN) to the SHA's internal patient record databases and was permitted to work from home. After the COVID-19 restrictions were lifted, Ms. Ulmer remained authorized to continue working from home one day per week.

13. By May 2021 the project was well underway, and it is around this time that Ms. Ulmer began experiencing challenges with her ██████████. On August 23, 2021 Ms. Ulmer commenced a ██████████ leave of absence which was extended numerous times by her ██████████ ██████████ and ultimately continued until December 2023.

14. During the ██████████ leave Ms. Ulmer kept her Director informed of her ██████████ status and provided ██████████ notes from her ██████████

15. The [REDACTED] role was not backfilled during Ms. Ulmer's [REDACTED] leave as the project was deemed by the Director to be well-established, functional and self-sufficient in data collection.

16. In December 2023 Ms. Ulmer was cleared to return to work for January 2024 but did not return as she was placed on a paid leave while an employer investigation occurred. Ms. Ulmer was dismissed on March 7, 2024.

17. Paragraphs 24 to 37 of the Agreed Statement of Facts describe what occurred (attachments not included):

Background to the Charge:

24. In December of 2021, an SHA employee who had been a [REDACTED] [REDACTED] contacted SHA's privacy office requesting an audit of their chart suspecting it had been viewed by staff who had not been involved in their care.

25. The privacy office, along with the SHA's information technology (IT) department initiated an audit of this patient's online chart. The results showed that Ms. Ulmer had accessed the patient's chart after the date of August 23, 2021, while they were on [REDACTED] leave

26. This triggered a further audit in January of 2022 to determine if Ms. Ulmer accessed other patient charts on the [REDACTED] [REDACTED] system, specifically the [REDACTED] system, during the period when she was on [REDACTED] leave.

27. The [REDACTED] audit provided IT data that linked entry into patient files directly to Ms. Ulmer's SHA-issued laptop computer and its IP address. The audit recorded each entry including precise dates, times, and name of the chart pages which were accessed. It disclosed that Ms. Ulmer had accessed 271 [REDACTED] charts [REDACTED] [REDACTED] on [REDACTED] between August 23, 2021 - December 14, 2021 – while she was on [REDACTED] leave. It further disclosed the following:

(a) Ms. Ulmer logged on and viewed the personal health information of patients 10 times in August, 38 times in September, 18 times in October, 27 times in November, and 14 times in December.

(b) Ms. Ulmer logged in and viewed multiple patient charts repeatedly on multiple days, with inconsistent log-in times and durations.

(c) Among the [REDACTED] charts accessed, multiple belonged to those of current or prior colleagues of Ms. Ulmer, or their families, and two [REDACTED] charts were marked "confidential".

(d) Pages within patient charts that were accessed by Ms. Ulmer contained highly sensitive [REDACTED] information including, but not limited to:



28. IT services within SHA has an automated lock-out system function for employees after 180 days of inactivity. When the [REDACTED] audit revealed Ms. Ulmer had continued to access the system on a near weekly basis while on [REDACTED] leave, Ms. Ulmer's online access was blocked.

29. After being cleared to work and returning to the SHA in January of 2024, Ms. Ulmer was placed on leave while a formal investigation and audit was commenced to determine any additional unauthorized access Ms. Ulmer may have had to another database, the [REDACTED] electronic record system, while she was on leave.

30. The [REDACTED] Audit Report from January 29, 2024, provided IT data that linked the entry into patient files directly to Ms. Ulmer's SHA-issued laptop computer and its IP address. The audit recorded each entry including precise dates, times, and name of the chart pages accessed. The [REDACTED] Audit showed that between August 23 and October 19, 2021, while Ms. Ulmer was on [REDACTED] leave:

- Ms. Ulmer accessed 3 patient charts, all of whom were [REDACTED] patients, two of whom were [REDACTED], and accessed these charts on 10 occasions between the period of September 21 to October 21, 2021.
- Ms. Ulmer overrode an alert/warning screen signifying that she was about to access to confidential data and selected “chart audit” from a dropdown menu when required to choose her reason for viewing.
- One [REDACTED] patient’s chart was accessed multiple times on eight different days between October 7-21, which included accessing [REDACTED] notes, admission notes, emergency MD assessment, emergency department nurse triage note, MD Consultation, daily progress notes, admission note for the [REDACTED], procedure [REDACTED] note, physician orders and lab results.
- Ms. Ulmer accessed [REDACTED] census lists multiple times between August 23 and October 19, 2021 which includes the list of patients in the [REDACTED] unit with the patient’s name, privacy status, ID, visit #, location, room, age, care provider, ‘covid status’.

31. At no time in her role as [REDACTED] would Ms. Ulmer have been required to access the [REDACTED] database.

32. To access any patient charts, Ms. Ulmer was first required to sign in through the VPN, and then sign in again separately on the [REDACTED] systems.

33. In total, the [REDACTED] audits revealed that Ms. Ulmer accessed 274 patient charts during the timeframe of August 23 to December 14, 2021.

34. Ms. Ulmer did not inform anyone, including her Director, [REDACTED], that she was continuing to review charts or “work” on the project from home while on [REDACTED] leave.

35. The SHA “Privacy and Confidentiality” Policy at section 3.5, “Limiting use, disclosure and retention” states that team members will “access and view only the information they need-to know for their job duties. The policy is attached at **Tab 3**.

36. Ms. Ulmer was not authorized to be working in any capacity, remotely or otherwise, during the period she was on a [REDACTED] leave of absence and was not authorized to be using the VPN system or viewing any patient charts/EMRs.

37. After the audits were completed in early 2024, the SHA contacted all 274 patients whose charts had been inappropriately accessed by Ms. Ulmer through the [REDACTED] electronic record systems and informed them of the breach of their privacy and confidentiality.

18. The Agreed Statement of Facts contains a section outlining what Ms. Ulmer's testimony would have been if called to testify (attachment not included):

The Registrant's [REDACTED] Issues & Response to Complaint

38. If called to testify, Ms. Ulmer would state as follows:

- Although the [REDACTED] assessment tool had been successfully created by May 2021, she was feeling significant self-imposed pressure for the project to be successful. In June 2021 she started to [REDACTED] and was first diagnosed by her [REDACTED] with [REDACTED] and [REDACTED]. By early October 2021, she was experiencing increased [REDACTED] her [REDACTED] had worsened, and additional [REDACTED] were prescribed due to the onset of [REDACTED]. Throughout the fall of 2021, she took a series of short-term and consecutive [REDACTED] leaves from her role, which ultimately stretched into approximately 16 months off.
- While on [REDACTED] leave, she became concerned about the [REDACTED] role as the position had not been backfilled. She was worried that patients may be missed even though data collection was relatively automatic.
- She admits accessing charts but cannot recall the number, or any details of her access. At the time she felt it was necessary to avoid the project having potential missed cases. She had good intentions at the time. Despite this, she acknowledges that she did not document anything, keep the spreadsheets up to date, nor did she notify or contact anyone regarding missing data she had noted.
- Throughout this timeframe she was having challenges with her [REDACTED] and did not have self-awareness of her [REDACTED] therefore, was [REDACTED]
- She is remorseful and has come to understand the seriousness of her actions and recognizes how they undermined the confidence of patients and her employer.

39. Ms. Ulmer provided a letter to the Investigation Committee from a general practice physician, [REDACTED], on April 25, 2024, which outlines her assessment since commencing work with Ms. Ulmer in June of 2021. The letter discusses Ms. Ulmer's [REDACTED] health and [REDACTED], the doctor's opinion on the impact of such conditions on Ms. Ulmer's [REDACTED] and the subsequent transfer of Ms. Ulmer's care to [REDACTED] in March of 2022. This letter is attached at **Tab 4**.

19. Ms. Ulmer has no history of complaints or discipline with the CRNS.

20. The Discipline Committee finds that the Agreed Statement of Facts and supporting documentation substantiates the charge and the Discipline Committee accepts Ms. Ulmer's guilty plea to the charge.

IV. PROPOSED SANCTION

21. Having found that the Charge is substantiated, and the guilty plea is accepted, the next task for the Discipline Committee is the imposition of an appropriate sanction pursuant to section 31 of the Act.

22. The Discipline Committee was presented with a Joint Submission Regarding Penalty & Costs ("Joint Submission") which was marked as Exhibit P4. The Joint Submission consists generally of the following:

- (a) A one month suspension from the CRNS effective the date of the Discipline Order, pursuant to section 31(1)(b) of the Act;
- (b) On return to the practice of registered nursing, to continue under the care of their [REDACTED] for as long as recommended by those providers and to comply with all [REDACTED] recommendations and ensure written progress updates are provided to the CRNS Practice Advisor every four months for a period of one year or until the provider recommends care is discontinued, pursuant to section 31(1)(c) of the Act;
- (c) On return to the practice of registered nursing to practice under the conditions that within three months they complete specified educational courses and training;
- (d) That within one month of completing the specified courses and training, they meet with a CRNS Practice Advisor to reflect and discuss;
- (e) A reprimand;
- (f) Notification requirements; and
- (g) Costs in the fixed amount of \$5,000.00 to be paid within two years of the date of the Discipline Order.

23. The Investigation Committee filed summaries of 21 cases, with copies of decisions where available, involving similar misconduct, all of which have been reviewed. The more recent decisions (2020 forward) show a range of length of suspensions for accessing confidential patient information for no clinical purpose from two weeks to four months. While a seven-month suspension was imposed in *College of Nurses of Ontario v. Araya*, 2021 CanLII 152560, there were additional charges in issue including misappropriation of medication, and the Discipline Committee considers that decision distinguishable.

24. The Discipline Committee accepts that Ms. Ulmer had good intentions and takes note of the evidence contained in the Agreed Statement of Facts that Ms. Ulmer was having challenges with her [REDACTED]

”

25. Ms. Ulmer fully cooperated with the CRNS investigation and discipline process and has taken full responsibility and accountability through the Agreed Statement of Facts, Guilty Plea and Joint Submission on Penalty & Costs.

26. Considering the above, the Discipline Committee accepts that the proposed one month suspension is within the range of reasonable outcomes and is appropriate.

27. As a result of the conduct giving rise to the complaint, Ms. Ulmer was terminated and remained unemployed for about one year. When Ms. Ulmer obtained new employment, it was at a reduced rate of pay.

28. Costs should not be punitive or be so high to deliver a crushing blow and require a balancing between the effects of a cost award on Ms. Ulmer and the need for the CRNS to effectively administer the discipline process. The Discipline Committee accepts that the proposed costs in the amount of \$5,000.00 is appropriate in these circumstances.

29. The Discipline Committee finds the proposed sanctions address the requirements of specific and general deterrence, improved competence and maintaining public confidence and the integrity of the profession while also taking into consideration Ms. Ulmer's [REDACTED] circumstances.

30. The Discipline Committee has considered the legal principles regarding joint submissions on penalty and, after deliberation, has concluded that the Joint Submission on Penalty & Costs is fit, reasonable and consistent with the public interest mandate of the CRNS.

V. ORDER

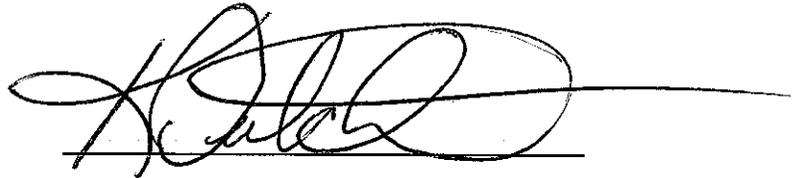
31. The Discipline Committee makes the following Order pursuant to section 31 of the Act:

1. Pursuant to section 31(1)(b) of *The Registered Nurses Act*, [“the Act”], Andrea Ulmer [“Ms. Ulmer”] shall be suspended from the College of Registered Nurses of Saskatchewan for a period of one (1) month effective the date of this Order.
2. Pursuant to section 31(1)(c) of *the Act*, following the completion of the period of suspension and upon their return to the practice of registered nursing, Ms. Ulmer continue under the care of their [REDACTED] for as long as recommended by those providers. Ms. Ulmer shall comply with all treatment recommendations and ensure each provider submits written progress updates to the CRNS Practice advisor every four (4) months for the period of one (1) year, or until such care is discontinued on the recommendation of the provider, whichever occurs first.
3. Pursuant to section 31(1)(c) of *the Act*, following the completion of the period of suspension and upon their return to the practice of registered nursing, Ms. Ulmer may continue to practice under the conditions that within 3 months they:
 - (a) Review the following documents from CNPS:
 - i. InfoLAW: *Confidentiality of Health Information* found at: <https://cnps.ca/article/confidentiality-of-health-information/>
 - ii. InfoLAW: *Privacy* found at: <https://cnps.ca/article/privacy/>
 - iii. InfoLAW: *Privacy and Electronic Medical Records* found at: <https://cnps.ca/article/privacy-and-electronic-medical-records/>

- (b) Successfully complete the Saskatchewan Health Training: *Privacy Training – Need to Know* found at:
<https://skhlearninganddevelopment.thinkific.com/courses/privacy-need-to-know>.
 - (c) Meet with a CRNS Practice Advisor within 1 month after completing their remedial requirements per 3(a) and 3(b) above to reflect on and discuss, to the satisfaction of the Practice Advisor, the following:
 - i. the conduct for which they were found to have committed professional misconduct;
 - ii. the potential and actual consequences of the misconduct to their patients, colleagues, the profession, themselves, and the public; and,
 - iii. what they learned from the remedial coursework and education, how this learning will impact their practice as a Registered Nurse, and strategies they will use to prevent the misconduct from recurring.
 - (d) At least seven days before the discussion, provide the CRNS Practice Advisor with a copy of:
 - i. the Order of the Discipline Committee;
 - ii. a copy of the Discipline Committee’s Decision and Reasons; and,
 - iii. proof of successful completion of the required course.
4. Pursuant to section 31(1)(d) of *the Act*, Ms. Ulmer shall be reprimanded. The Decision itself and the meeting with the Practice Advisor to discuss the consequences of Ms. Ulmer’s actions shall suffice as a reprimand.
5. Pursuant to section 31(1)(e) of *the Act*, for a period of 12-months following the completion of the period of suspension and upon their return to the practice of registered nursing, they will notify any and all nursing employers of the decision of the Discipline Committee. To comply, Ms. Ulmer is required to:

- (a) Inform any employer of the decision prior to commencing or prior to resuming employment in any registered nursing position;
 - (b) Ensure the CRNS is notified of the name, address, and telephone number of their employer(s) within 14 days of commencing or resuming employment in any registered nursing position;
 - (c) Provide the employer(s) with a copy of:
 - i. The Decision of the Discipline Committee; and,
 - ii. The Order of the Discipline Committee (once available); and,
 - (d) Ensure that within 14 days of the commencement or resumption of employment in any registered nursing position, the employer confirms with the CRNS that they received a copy of the required documents.
6. Pursuant to section 31(2)(a)(ii) of *the Act*, Ms. Ulmer shall pay costs of the investigation and hearing process fixed in the amount of \$5000.
7. Costs shall be paid within 2 years of the date of the Discipline Order. Failure to pay the costs within the time set by the Discipline Committee shall result in the immediate suspension of Ms. Ulmer's license until payment is made in full pursuant to section 31(2)(b) of the *Act*.
32. Pursuant to section 31(3) of the Act, a copy of this decision shall be sent to Andrea Ulmer and the complainant.

March 18, 2026



Kristin Dutchak, RN Chairperson
On behalf of Members of the Discipline Committee
Leah Clement, RN
Michell Jesse, RN
Stella Swertz, RN (retired)
Karen Gibbons, Public Representative

Pursuant to section 31(1)(e) of the Act, a copy of this decision will also be forwarded to:

- (a) The editor of the CRNS news bulletin and the administrator for the CRNS website;
- (b) All Canadian Registrars of registered nurses;
- (c) College of Licensed Practical Nurses of Saskatchewan;
- (d) College of Registered Psychiatric Nurses of Saskatchewan;
- (e) The College of Physicians and Surgeons of Saskatchewan; and,
- (f) Any other jurisdictions or other stakeholders as may be seen as appropriate by the Registrar.

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



IN THE MATTER OF: *The Registered Nurses Act, 1988.*

BETWEEN:

INVESTIGATION COMMITTEE OF THE
COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

- And -

ANDREA ULMER, RN #0037560

NOTICE OF HEARING

TO: Andrea Ulmer



TAKE NOTICE that the Investigation Committee of the College of Registered Nurses of Saskatchewan is recommending pursuant to section 28(3)(a) of *The Registered Nurses Act, 1988, S.S. c R-12.2* [the “*Act*”] that the Discipline Committee hear and determine the complaint that you are guilty of professional misconduct which occurred while you were on the Register and a member of the CRNS and held a license from the CRNS to practice registered nursing in Saskatchewan. The Discipline Committee, established in accordance with the *Act* and Bylaws will meet on **March 3, 2026, at 9 a.m.** to conduct a virtual hearing [the “**Hearing**”].

The particulars of your alleged professional misconduct are set out in Appendix A which is attached to and forms part of this Notice of Hearing of Complaint.

AND FURTHER TAKE NOTICE THAT where the Discipline Committee finds you guilty of professional misconduct or professional incompetence, pursuant to section 31(1) of the *Act*, the Discipline Committee may:

- (a) **order that the nurse be expelled from the college and that the nurse’s name be struck from the register;**
- (b) **order that the nurse be suspended from the college for a specified period;**
- (c) **order that the nurse may continue to practise only under conditions specified in the order which may include, but are not restricted to, an order that the nurse:**
 - (i) **not do specified types of work;**
 - (ii) **successfully complete specified classes or courses of instruction;**
 - (iii) **obtain treatment, counselling or both;**

- (d) reprimand the nurse; or
- (e) make any other order that to it seems just.

AND pursuant to section 31(2) of the *Act*, in addition to any order made pursuant to (1), the Discipline Committee may order:

- (a) that the nurse pay to the college within a fixed period:
 - (i) a fine in a specified amount;
 - (ii) the costs of the inquiry and hearing into the nurse's conduct and related costs, including the expenses of the investigation committee and the discipline committee; or
 - (iii) both of the things mentioned in subclauses (i) and (ii); and
- (b) where a nurse fails to make payment in college with an order pursuant to clause (a), that the nurse be suspended from the college.

AND FURTHER TAKE NOTICE THAT pursuant to section 31(3) of the *Act*, the Discipline Committee will be sending a copy of an order made pursuant to sections 31(1) and 31(2) to you and to the person who made the report against you.

AND FURTHER TAKE NOTICE THAT at your own expense, you may choose to be represented by counsel or an agent at the Hearing before the Discipline Committee and have the right to call evidence and examine or cross-examine witnesses pursuant to sections 30(5) and (7) of the *Act*.

AND FURTHER TAKE NOTICE THAT if you fail to attend the Hearing, the Discipline Committee may, on proof of service of this Notice on you and/or your legal counsel, proceed with the Hearing in your absence pursuant to section 30(9) of the *Act*.

If you wish to admit the allegations contained in this Notice of Hearing, you and your legal counsel should contact legal counsel for the Investigation Committee of the CRNS at the earliest opportunity in order to implement the appropriate procedure.

DATED at Regina, Saskatchewan, this 20th day of January, 2026.



Cindy Smith, RN, Executive Director & Registrar
College of Registered Nurses of Saskatchewan

APPENDIX A
Charges & Particulars

It is alleged that:

1. Between August 23, 2021 and December 14, 2021, while you were on a [REDACTED] leave of absence from your registered nursing employment with the Saskatchewan Health Authority [REDACTED], you breached the privacy and confidentiality of 274 patients when, without authorization, you remotely accessed their personal health information in electronic medical records, thereby committing an act of professional misconduct contrary to section 26 of *The Registered Nurses Act, 1988*.

SPECIFIC PROVISIONS OF THE LEGISLATION, BYLAWS, CODE OF ETHICS, PRACTICE STANDARDS & COMPETENCIES CONTRAVENED:

The Registered Nurses Act, 1988

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:

[...]

(l) failed to comply with the code of ethics of the college;

[...]

(q) contravened any provision of this Act or the bylaws.

***The SRNA Bylaws (2021)*¹**

Bylaw IV Section 2: Practicing Membership

(3) Practicing membership carries obligations including but not limited to the following:

(a) to adhere to the Canadian Nurses Association *Code of Ethics for Registered Nurses* adopted at bylaw XIV;

(b) to adhere to the nursing practice standards and entry-level competencies for the practice of registered nursing adopted at bylaw XV;

¹ SRNA 2021 Bylaws were approved and published in The Saskatchewan Gazette on August 13, 2021

Code of Ethics for Registered Nurses (2017)

D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:

1. Nurses, in their professional capacity, relate to all persons receiving care with respect.
5. Nurses respect the privacy of persons receiving care by providing care in a discreet manner and by minimizing intrusions.

E. Maintaining Privacy and Confidentiality

Nurses recognize the importance of privacy and confidentiality and safeguard personal, family and community information obtained in the context of a professional relationship.

Ethical responsibilities:

1. Nurses respect the interests of persons receiving care in the lawful collection, use, access and disclosure of personal information.
3. Nurses collect, use and disclose health information on a need-to-know basis with the highest degree of anonymity possible in the circumstances and in accordance with privacy laws.
7. Nurses respect policies that protect and preserve the privacy of persons receiving care, including security safeguards in information technology.
8. Nurses do not abuse their access to information by accessing health-care records, including those of a family member or any other person, for purposes inconsistent with their professional obligations. [...]

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.
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. [...]

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:

9. Practicing in accordance with agency policy and legislation, and in a timely manner, recognizes and reports near misses and errors (own and others), adverse events and critical incidents, and taking action to stop and minimize harm.

Standard 3: Ethical Practice

The registered nurse applies the principles in the current *CNA Code of Ethics for Registered Nurses* when making practice decisions 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:

30. Upholding and maintaining professional boundaries, privacy, and confidentiality with clients.
33. Promoting and protecting a client's right to autonomy, respect, privacy dignity and access to information.

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.

SRNA Registered Nurse Entry-Level Competencies (2019)

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.

2.4 Maintains client privacy, confidentiality and security by complying with legislation, practice standards, ethics and organizational policies.

2.8 Demonstrates professional judgment to ensure social media and information and communication technologies (ICTs) are used in a way that maintains public trust in the profession. Information and communication technologies "Encompasses all those digital and analogue technologies that facilitate the capturing, processing, storage, and exchange of information via electronic communication" (Canadian Association of Schools of Nursing, Canada Health Infoway, 2012, p. 13).

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).