

chapter C-26, r. 153.1

Code of ethics of nursing assistants

Professional Code
(chapter C-26, s. 87).

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DIVISION I

GENERAL

1. This Code determines, pursuant to section 87 of the Professional Code (chapter C-26), the general and special duties that must be discharged by all members of the Ordre des infirmières et infirmiers auxiliaires du Québec toward the public, patients and the profession.

O.C. 75-2013, s. 1.

DIVISION II

COMPETENCE, INTEGRITY AND QUALITY OF CARE

2. Members must protect and promote the health and well-being of the persons to whom they provide care, both individually and collectively.

O.C. 75-2013, s. 2.

3. Members must practise in keeping with the generally recognized standards of practice. To that end, they must update their knowledge and improve their aptitudes and skills.

O.C. 75-2013, s. 3.

4. Members must at all times acknowledge the patient's right to consult another member, a member of another professional order or any other competent person and must, as the case may be, fully cooperate with them.

O.C. 75-2013, s. 4.

5. Members must, before providing professional services, consider the extent of their competence and the means at their disposal. They must also refrain from guaranteeing the cure of a disease or the effectiveness of a treatment they provide.

O.C. 75-2013, s. 5.

6. Members must ensure the quality of the information given and so notify the interlocutor accordingly.

O.C. 75-2013, s. 6.

7. Members must aim for the preservation of life, the alleviation of suffering, the treatment of disease and the promotion of health.

O.C. 75-2013, s. 7.

8. Members must have a conduct beyond reproach toward every person and must, in particular, act with respect, courtesy, moderation and integrity.

O.C. 75-2013, s. 8.

9. Members must maintain a relationship of mutual trust and respect with their patients. To that end, they must adopt a personalized approach that respects their patients' values and convictions.

O.C. 75-2013, s. 9.

10. Members must refrain from practising under conditions or in a state that may impair the quality of their professional services.

O.C. 75-2013, s. 10.

11. Members must report any incident or accident that results from their intervention or omission to intervene.

Members must also promptly take the necessary measures to remedy, minimize, or offset the consequences of the incident or accident on the patient's health or safety.

O.C. 75-2013, s. 11.

12. Members must provide patients with any explanation necessary to evaluate and understand the professional services they are providing.

O.C. 75-2013, s. 12.

13. Members must provide care and treatment to a patient with diligence. They must

- (1) intervene promptly when the patient's state of health so requires;
- (2) ensure the supervision required by the patient's state of health; and
- (3) take reasonable measures to ensure the continuity of care and treatment.

O.C. 75-2013, s. 13.

14. Members must be diligent when administering medication or a substance.

In particular, when administering medication or a substance, members must have sufficient knowledge of the medication or substance and abide by the principles and methods applicable to its administration.

O.C. 75-2013, s. 14.

15. If a patient's condition so requires, members must consult another member, a member of another professional order or any other competent person, or refer the patient to one of those persons.

O.C. 75-2013, s. 15.

16. No member may appropriate medications, narcotic or anaesthetic preparations or other property or substances belonging to the member's employer or a person with whom the member interacts in the practice.

O.C. 75-2013, s. 16.

17. No member may, in respect of a patient's record or any report, register, research record or document related to the profession,

- (1) falsify them, in particular by altering any notes already entered therein or by inserting any notes under a false signature;
- (2) fabricate any false records, reports, registers or documents;
- (3) enter therein any false information; or
- (4) fail to enter therein any necessary information.

O.C. 75-2013, s. 17.

DIVISION III

INDEPENDENCE AND IMPARTIALITY

18. Members must subordinate their personal interest to that of a patient.

O.C. 75-2013, s. 18.

19. Members must safeguard their professional independence at all times and avoid any situation in which they are likely to be in conflict of interest. In particular, members are in a conflict of interest situation

(1) when the interests concerned are such that members may tend to favour their interest over that of a patient or their judgment and loyalty toward their patient may be affected;

(2) when members receive, in addition to the remuneration to which they are entitled in their practice, any rebate, commission or other benefit, except customary tokens of appreciation or gifts of small value; or

(3) when, in their practice, members pay, offer to pay or undertake to pay any rebate, commission or other benefit, except customary tokens of appreciation or gifts of small value.

O.C. 75-2013, s. 19.

20. In the event of conflict of interest or the appearance of conflict of interest, members must take the necessary measures so that care and treatment are provided to a patient by another member, a member of another professional order or any other competent person, unless the situation requires that the member administer or continue to administer care or treatment. In such circumstances, members must, to the extent permitted by the circumstances, notify the patient of the situation.

O.C. 75-2013, s. 20.

21. Members must act with objectivity and impartiality when persons likely to become their patients request information.

O.C. 75-2013, s. 21.

22. Members must ignore any intervention by a third person that could influence the performance of their professional duties to the detriment of a patient.

O.C. 75-2013, s. 22.

23. Members may not persistently urge a person to have recourse to their professional services.

O.C. 75-2013, s. 23.

24. Members must refrain from interfering in the personal affairs of a patient on subjects that are not relevant to the profession.

O.C. 75-2013, s. 24.

DIVISION IV

DILIGENCE AND AVAILABILITY

25. Members must display reasonable diligence and availability in their practice.

O.C. 75-2013, s. 25.

26. Unless they have sound and reasonable grounds for doing so, members may not terminate the professional services they provide to a patient.

The following in particular constitute sound and reasonable grounds:

- (1) loss of the relationship of trust between the patient and the member;
- (2) lack of benefit to the patient from the professional services offered by the member;
- (3) a conflict of interest or any situation in which the member's professional independence could be called into question; and
- (4) inducement by the patient to perform illegal, immoral, unfair or fraudulent acts or to contravene this Code.

O.C. 75-2013, s. 26.

27. Before ceasing to provide professional services to a patient, members must so inform the patient and make sure that the withdrawal of services will not be prejudicial to the patient.

O.C. 75-2013, s. 27.

DIVISION V

FEES

28. Members must charge and accept fair and reasonable fees.

Fees are considered fair and reasonable if they are warranted by the circumstances and proportionate to the professional services provided.

O.C. 75-2013, s. 28.

29. To determine their fees, members must, in particular, consider the following factors:

- (1) their experience;
- (2) the time required to carry out the professional services;
- (3) the complexity and extent of the professional services; and
- (4) the fact that the professional services are unusual or require exceptional speed.

O.C. 75-2013, s. 29.

30. Before providing professional services to a patient, members must agree with the patient on their approximate cost, nature and method of providing such services.

O.C. 75-2013, s. 30.

31. Members must provide patients with all the explanations necessary to understand the statement of fees and the terms of payment.

O.C. 75-2013, s. 31.

32. Members must abstain from requiring advance payment of fees for their professional services.

O.C. 75-2013, s. 32.

33. Members may not claim fees that are unwarranted, in particular for performing acts that they knew or should have known were unnecessary or disproportionate to the patient's needs.

O.C. 75-2013, s. 33.

34. Members may not claim payment from a patient for professional services paid for by a third person under a law, unless under such law, members entered into an explicit agreement to that effect with the patient.

O.C. 75-2013, s. 34.

35. Members may collect interest on outstanding accounts only after notifying the patient. The interest thus charged must be reasonable.

O.C. 75-2013, s. 35.

36. Members may share their fees with another member only insofar as the sharing corresponds to the sharing of services and responsibilities.

O.C. 75-2013, s. 36.

37. Members must refrain from selling their accounts, except to another member or unless the patient consents thereto.

O.C. 75-2013, s. 37.

38. Members who entrust the collection of their fees to another person must ensure that the person will act with tact and moderation.

O.C. 75-2013, s. 38.

DIVISION VI

PROFESSIONAL LIABILITY

39. Members may not avoid in any way their professional liability in their practice in particular by inserting in a contract for professional services any clause to that effect or by being a party to a contract containing any such clause.

O.C. 75-2013, s. 39.

DIVISION VII

RESEARCH

40. Members must consider all foreseeable consequences of their research and work on society.

O.C. 75-2013, s. 40.

41. Members may not undertake or collaborate in any project involving research on humans that has not been approved by a research ethics committee formed or designated by the Minister of Health and Social Services or by another research ethics committee that respects recognized standards in matters of research ethics, particularly in regard to the composition of the committee and the methods by which it operates.

O.C. 75-2013, s. 41.

42. Members must refuse to collaborate or cease collaborating in any research activity where the risks to the health of subjects appear disproportionate having regard to the advantages that they stand to derive from the research or compared to the advantages that they could derive from the usual care.

O.C. 75-2013, s. 42.

43. Members who undertake or collaborate in research must advise the research ethics committee or another appropriate authority where the research appears not to conform to generally recognized scientific principles and ethical standards.

O.C. 75-2013, s. 43.

44. Members may not knowingly conceal from the persons or authorities concerned the negative findings of any research in which they have collaborated.

O.C. 75-2013, s. 44.

DIVISION VIII

ADDITIONAL DUTIES IN THE PRACTICE OF THE PROFESSION

45. Members who express themselves through the media must give factual, exact and verifiable information that complies with the generally accepted opinions in the field of nursing care.

O.C. 75-2013, s. 45.

46. For the duration of the professional relationship, members may not establish a personal friendship likely to affect the quality of the professional services, or relations of an amorous or sexual nature with a patient.

To determine the duration of the professional relationship, members must take into consideration, in particular, the patient's vulnerability, the nature of the patient's health problem, the duration of the course of treatment and the likelihood of the member having to provide care to the patient again.

O.C. 75-2013, s. 46.

47. A member who is informed of an inquiry or of a complaint lodged against the member may not communicate with the person who requested the inquiry without the prior written authorization of the syndic of the Order. No member may seek to intimidate a person or take reprisals or threaten to take reprisals against any person who has taken part or cooperated in such an inquiry or complaint or intends to do so, or has reported behaviour that is contrary to the provisions of this Code or intends to do so.

O.C. 75-2013, s. 47.

DIVISION IX

PROFESSIONAL SECRECY

48. For the purpose of preserving the secrecy of confidential information brought to their knowledge in their practice, members must

(1) refrain from disclosing that a person has requested their professional services;

(2) avoid holding or participating in indiscreet conversations concerning patients and the services provided to them;

(3) refrain from making use of confidential information to the detriment of a patient or with a view to obtaining, directly or indirectly, a benefit for themselves or another person; and

(4) take reasonable means with respect to their associates, employees and the personnel working with them to preserve the secrecy of confidential information.

O.C. 75-2013, s. 48.

49. Before collecting confidential information concerning a patient, members must inform the patient of the uses that could be made of the information.

O.C. 75-2013, s. 49.

50. Where information protected by professional secrecy is communicated pursuant to the third paragraph of section 60.4 of the Professional Code (chapter C-26), members must enter in the patient's record as soon as possible

(1) the information communicated, the date and time of the communication;

(2) the name of the person or persons exposed to the danger;

(3) the name of the person or persons to whom the information was communicated, specifying whether it is a person exposed to the danger, that person's representative or the persons who can come to that person's aid; and

(4) the reasons for the decision to communicate the information.

O.C. 75-2013, s. 50.

DIVISION X

ACCESSIBILITY OF DOCUMENTS CONTAINED IN A RECORD, CORRECTION AND DELETION OF INFORMATION AND COMMENTS

§ 1. — Provisions applicable to members practising in the public sector

51. Members practising in a public body referred to in the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1) or in a centre operated by an institution within the meaning of the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5) must respect the rules of accessibility and correction of records provided for in those statutes and facilitate their application.

O.C. 75-2013, s. 51.

§ 2. — Provisions applicable to members practising outside the public sector

52. Members must respond promptly, at the latest within 30 days of their receipt, to written requests for access to documents, correction or deletion of information and filing of comments made by a patient in a record, which are referred to in sections 60.5 and 60.6 of the Professional Code (chapter C-26).

The same applies for written requests to have a document returned to the patient. Where applicable, members must enter in the record the reasons supporting the patient's request.

O.C. 75-2013, s. 52.

53. Members may require that a request referred to in section 52 be made at their professional domicile during regular business hours.

O.C. 75-2013, s. 53.

54. Access to the documents referred to in section 60.5 of the Professional Code (chapter C-26) is free of charge.

Despite the foregoing, members may charge the patient reasonable fees not exceeding the cost of reproducing, transcribing or transmitting the documents and must inform the patient of the fees before reproducing, transcribing or transmitting the documents.

O.C. 75-2013, s. 54.

55. Members may temporarily deny access to information contained in a patient's record if its disclosure would likely cause serious harm to the patient's health. In such a case, members must inform the patient of the reasons for the refusal, enter the reasons in the record and inform the patient of his or her recourses.

O.C. 75-2013, s. 55.

56. Members must issue to the patient, free of charge, a copy of the document or part of the document so that the patient may see that the information was corrected or deleted or, as the case may be, an attestation that the written comments prepared by the patient were filed in the record.

Members must also forward a copy, free of charge, of the corrected information or an attestation stating that the information has been deleted or, as the case may be, that the written comments have been filed in the record, to every person from whom the members received the information that was the subject of the correction, deletion or comments, and to every person to whom the information was communicated.

O.C. 75-2013, s. 56.

DIVISION XI

ADVERTISING

57. Members must have their name and professional title appear in their advertising.

O.C. 75-2013, s. 57.

58. Any advertisement by members must be of such a nature as to adequately inform persons who have no particular knowledge of the area of expertise referred to in the advertisement.

O.C. 75-2013, s. 58.

59. Members may not engage in or allow advertising, by any means whatsoever, that is false, deceitful, incomplete or likely to be misleading.

O.C. 75-2013, s. 59.

60. Members who, in their advertising, claim to possess special skills or qualities, in particular as to the effectiveness or scope of their professional services and to those generally provided by other members of the Order, must be able to substantiate such claims.

O.C. 75-2013, s. 60.

61. In their advertising, members may not denigrate or discredit the quality of the professional services provided by other members of the Order.

O.C. 75-2013, s. 61.

62. Members must avoid all advertising likely to tarnish the image of the profession or impart to it a profit-seeking or mercantile character.

O.C. 75-2013, s. 62.

63. Members may not engage in advertising or allow advertising on their behalf or in their respect, by any means whatsoever, concerning a health-related product or equipment or that is likely to influence persons who may be physically or emotionally vulnerable in particular because of their age or state of health.

O.C. 75-2013, s. 63.

64. Members may not advertise treatments or care whose scientific value or effectiveness is not recognized.

O.C. 75-2013, s. 64.

65. Members who advertise fees or prices must

- (1) indicate the period during which those fees or prices are in effect;
- (2) specify the nature and scope of the professional services included in the fees or prices;
- (3) indicate, as the case may be, whether additional professional services may be required that are not included in the fees or prices; and
- (4) indicate whether additional expenses are included in the fees or prices.

Those indications must reasonably inform persons who have no particular knowledge of nursing care or the professional services covered by the advertisement.

Members and patients may however agree on fees or prices lower than those broadcast or published.

Members must keep those fees or prices in effect for a minimum period of 90 days following the date on which they were last broadcast or published.

O.C. 75-2013, s. 65.

66. Members must keep a copy of every advertisement for a period of at least 5 years following the date on which it was last published or broadcast.

On request, the copy must be given immediately to the secretary of the Order, a syndic of the Order, or any member or inspector of the professional inspection committee.

O.C. 75-2013, s. 66.

67. Members may not, in their advertising, use or allow to be used any endorsement or statement of gratitude concerning them.

The first paragraph does not prevent members from mentioning an award for excellence or other merit for their contribution or a specific achievement relating to their practice.

O.C. 75-2013, s. 67.

DIVISION XII

RELATIONS WITH THE ORDER AND OTHER PERSONS WITH WHOM MEMBERS INTERACT IN THEIR PRACTICE

68. Members must cooperate and respond as soon as possible to any request or correspondence received from the secretary of the Order, a syndic of the Order, an expert appointed to assist the syndic, or a member, an expert or inspector of the professional inspection committee.

O.C. 75-2013, s. 68.

69. Members who are consulted by another member by reason of a particular competence on a given matter must provide the latter with an opinion and recommendations as promptly as possible.

O.C. 75-2013, s. 69.

70. Members whom the board of directors or the executive committee of the Order call on to be a member of the professional inspection committee, the disciplinary council, the review committee or the council for the arbitration of accounts may not refuse that duty, unless they have reasonable grounds for refusing.

O.C. 75-2013, s. 70.

71. No member may, with respect to any person with whom they interact in their practice, in particular another member or a member of another professional order, breach the person's trust, voluntarily mislead the person, betray good faith or use unfair practices.

O.C. 75-2013, s. 71.

72. Members must respect any agreement made with the Order.

O.C. 75-2013, s. 72.

DIVISION XIII

CONTRIBUTION TO THE DEVELOPMENT OF THE PROFESSION

73. Members must, insofar as they are able, contribute to the development of the profession by exchanging knowledge and experience with other members and students.

O.C. 75-2013, s. 73.

74. Members must promote education and information measures in the field of nursing care and, insofar as they are able, personally contribute to it.

O.C. 75-2013, s. 74.

75. Members must support every measure likely to improve the quality and offer of professional services in nursing care.

O.C. 75-2013, s. 75.

DIVISION XIV

ACTIVITIES INCOMPATIBLE WITH THE DIGNITY OR PRACTICE OF THE PROFESSION

76. No member may sell, engage or participate for profit in any distribution of medications, equipment or products related to the profession, except where a sale of products or equipment is made in response to an immediate need of the patient and is required for the care and treatment to be provided.

O.C. 75-2013, s. 76.

77. Members may not trade in products or methods that could be harmful to health, or treatments whose scientific value or effectiveness is not recognized.

O.C. 75-2013, s. 77.

DIVISION XV

GRAPHIC SYMBOL OF THE ORDER

78. Members who reproduce the graphic symbol of the Order in their advertising must ensure that it is identical to the original held by the secretary of the Order.

O.C. 75-2013, s. 78.

79. Members who use the graphic symbol of the Order in their advertising, except on business cards, must include the following disclaimer: “This is not an advertisement of the Ordre des infirmières et infirmiers auxiliaires du Québec and it engages the liability of its author only.”

O.C. 75-2013, s. 79.

80. Where members use the graphic symbol of the Order for advertising purposes, including on business cards, they may not juxtapose or otherwise use the name of the Order, except to indicate that they are members of the Order.

O.C. 75-2013, s. 80.

DIVISION XVI

FINAL

81. This Code replaces the Code of ethics of nursing assistants (chapter C-26, r. 153).

O.C. 75-2013, s. 81.

82. *(Omitted).*

O.C. 75-2013, s. 82.

UPDATES

O.C. 75-2013, 2013 G.O. 2, 273

