

Gouvernement du Québec

O.C. 1513-2002, 18 December 2002

Professional Code
(R.S.Q., c. C-26; 2001, c. 78)

Nurses
— **Code of ethics**

Regulation respecting the Code of ethics of nurses

WHEREAS, under section 87 of the Professional Code (R.S.Q., c. C-26), amended by section 6 of chapter 78 of the Statutes of 2001, the Bureau of a professional order must make, by regulation, a code of ethics governing the general and special duties of the members of the order towards the public, the clients and the profession;

WHEREAS the Bureau of the Ordre des infirmières et infirmiers du Québec adopted the Code of ethics of nurses (R.R.Q., 1981, c. I-8, r.4);

WHEREAS, under section 95.3 of the Professional Code, amended by section 8 of chapter 34 of the Statutes of 2001, a draft Regulation was sent to every member of the order at least 30 days before its adoption by the Bureau;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), the draft Regulation was published in Part 2 of the *Gazette officielle du Québec* of 16 January 2002 with a notice that it could be submitted to the Government for approval upon the expiry of a 45-day period following the publication;

WHEREAS, in accordance with section 95 of the Professional Code, the Office des professions du Québec made its recommendations;

WHEREAS it is expedient to approve the Regulation, with amendments;

IT IS ORDERED, therefore, upon the recommendation of the Minister responsible for the administration of legislation respecting the professions:

THAT the Code of ethics of nurses, attached to this Order in Council, be approved.

JEAN ST-GELAIS,
Clerk of the Conseil exécutif

Code of ethics of nurses

Professional Code
(R.S.Q., c. C-26, s. 87; 2001, c. 78, s. 6)

CHAPTER I
DUTIES TOWARD THE PUBLIC, CLIENTS
AND THE PROFESSION

DIVISION I
DUTIES INHERENT TO THE PRACTICE
OF THE PROFESSION

§1. General provisions

1. A nurse shall come to the aid of anyone whose life is in peril, either personally or by calling for aid, by giving necessary and immediate assistance to that person, except in the event of danger to the nurse or a third party, or unless the nurse has another valid reason.

2. A nurse may not refuse to provide professional services to a person on the basis of race, colour, sex, pregnancy, sexual orientation, civil status, age, religion, political convictions, language, ethnic or national extraction, social origin or condition, a handicap or the use of any means to palliate a handicap.

However, a nurse may, in the interest of the client, refer the client to another nurse.

In this code, unless the context indicates otherwise, client means a person who receives professional services from a nurse.

3. A nurse shall not perform any act or behave in any manner that is contrary to what is generally admissible in the practice of the profession.

4. In connection with the care and treatment provided to a client, a nurse may not use or dispense products or methods that could be harmful to health or miracle treatments, nor may a nurse consult, collaborate with or refer a client to a person who uses or dispenses such products, methods or miracle treatments.

5. A nurse shall respect the right of the client to consult another nurse, another health professional or any other person of the client's choice.

6. A nurse who is informed of the holding of an inquiry or who has been served with a complaint concerning her or his professional conduct or competence shall not harass, intimidate or threaten the person who requested the holding of the inquiry or any other person implicated in the events related to the inquiry or complaint.

7. A nurse shall take into account all of the foreseeable consequences that her or his research and work will have for society and for human life, safety and health.

8. A nurse shall, to the extent that she or he is able, exchange knowledge with other nurses, nursing students and candidates for the profession.

9. A nurse may not be released from personal civil liability in the practice of her or his profession.

In particular, a nurse is prohibited from inserting any clause directly or indirectly excluding such liability, in whole or in part, or from being a party to a contract for professional services containing any such clause.

§2. Integrity

10. A nurse shall fulfill her or his professional duties with integrity.

11. A nurse shall not abuse the trust of her or his client.

12. A nurse shall report any incident or accident that results from her or his intervention or omission.

The nurse shall not attempt to conceal such incident or accident.

When such an incident or accident has or could have consequences for the client's health, the nurse shall promptly take the necessary measures to remedy, minimize or offset the consequences of the incident or accident.

13. A nurse shall not appropriate medications or other substances, including drugs, narcotic or anesthetic preparations or any other property belonging to a person with whom she or he interacts in the practice of the profession.

14. A nurse shall not, in respect of a client's record or any report, file or document related to the profession:

(1) falsify same, in particular by altering any notes already entered therein or by inserting any notes under a false signature;

(2) fabricate any records, reports, files or documents;

(3) enter therein any false information;

(4) fail to enter therein any necessary information.

15. A nurse shall refrain from expressing or giving conflicting, incomplete or groundless opinions or advice. To that end, the nurse shall attempt to acquire thorough knowledge of the facts before giving an opinion or advice.

§3. Condition liable to impair the quality of care and services

16. In addition to the circumstances contemplated by section 54 of the Professional Code (R.S.Q., c. C-26), a nurse shall refrain from practising her or his profession when she or he is in a state that is liable to impair the quality of care and services.

In particular, a nurse is in a state that is liable to impair the quality of care and services if she or he is under the influence of alcoholic beverages, drugs, hallucinogens, narcotic or anesthetic preparations or any other substance which may cause intoxication, a diminution or disruption of the faculties or unconsciousness.

§4. Competence

17. A nurse shall act competently in fulfilling her or his professional duties. To that end, the nurse shall take into consideration the limits of her or his knowledge and skills.

18. A nurse shall keep her or his professional knowledge and skills up to date in order to provide care and treatment in accordance with generally accepted standards of practice.

19. If the client's condition so requires, a nurse shall consult another nurse, another health professional or another competent person or refer the client to one of such persons.

§5. Professional independence and conflict of interest

20. A nurse shall subordinate her or his personal interest to that of her or his client.

21. A nurse shall safeguard her or his professional independence at all times. In particular, a nurse shall practise her or his profession with objectivity and disregard any intervention by a third party that could affect the performance of her or his professional duties to the detriment of the client.

22. A nurse shall not induce any person in pressing terms to make use of her or his professional services.

23. A nurse shall avoid any situation in which she or he would be in conflict of interest. In particular, a nurse is in a conflict of interest situation:

(1) when the interests concerned are such that the nurse may be influenced to favour certain of them over those of her or his client or the nurse's judgment and loyalty toward her or his client may be unfavourably affected;

(2) when the nurse receives, in addition to the remuneration to which she or he is entitled, any rebate, commission or benefit related to her or his professional activities;

(3) when the nurse pays, offers to pay or undertakes to pay any rebate, commission or benefit related to her or his professional activities.

24. In the event of conflict of interest or the appearance of conflict of interest, a nurse shall take reasonable measures to ensure that care and treatment are provided by another nurse, unless the situation requires that the nurse administer or continue to administer care or treatment. In such circumstances, the client shall be notified of the situation, to the extent permitted by the circumstances.

§6. Availability and diligence

25. In the practice of her or his profession, a nurse shall display due diligence and availability.

26. Where her or his specific knowledge and skill in a given area is needed in order to provide safe care and treatment to a client, a nurse who is consulted by another nurse shall provide the latter with her or his opinion and recommendations within a reasonable time.

27. Before ceasing to perform her or his duties for the account of a client, a nurse shall ensure that such termination of service is not detrimental to the client.

DIVISION II RELATIONSHIP BETWEEN THE NURSE AND THE CLIENT

§1. Relationship of trust

28. A nurse shall seek to establish and maintain a relationship of trust with her or his client.

29. A nurse shall act respectfully toward the client and the client's spouse, family and significant others.

30. A nurse shall respect, within the limits of what is generally admissible in the practice of the profession, the client's values and personal convictions.

§2. Provisions to preserve the secrecy of confidential information

31. A nurse shall abide by the rules set forth in the Professional Code in regard to the obligation to preserve the secrecy of confidential information that becomes known to her or him in the practice of her or his profession and the cases where she or he may be released from the obligation of secrecy.

32. A nurse shall not disclose the fact that a person had recourse to her or his services, except if such disclosure is necessary in the interest of the client.

33. A nurse shall take reasonable measures to ensure that persons under her or his authority or supervision or in her or his employ do not disclose any confidential information concerning the client.

34. A nurse shall not make use of confidential information to the detriment of a client or with a view to obtaining, directly or indirectly, a benefit for herself or himself or for another person.

35. Whenever a nurse asks a client to disclose confidential information or whenever she or he permits such information to be disclosed to her or him, she or he shall ensure that the client knows the reasons therefor and the purpose for which the information will be used.

36. A nurse shall refrain from holding or participating in indiscreet conversations concerning a client and the services rendered to such client.

§3. Prohibited behaviour

37. A nurse shall not use physical, verbal or psychological abuse against the client.

38. For the duration of the professional relationship, a nurse may not establish a personal friendship or an intimate, amorous or sexual relationship with the client.

For the purpose of determining the duration of the professional relationship, the nurse shall take into consideration, in particular, the client's vulnerability, the nature of the client's health problem, the duration of the course of treatment and the likelihood of the nurse having to provide care to the client again.

39. A nurse shall refrain from intervening in the personal affairs of her or his client on subjects not falling within her or his areas of professional expertise.

DIVISION III QUALITY OF CARE AND SERVICES

§1. Information and consent

40. A nurse shall provide her or his client with all the explanations necessary for the client's comprehension of the care and services being provided to him or her by the nurse.

41. When a nurse is obliged to obtain a free and enlightened consent, she or he shall provide the client with all the information required for that purpose.

§2. The therapeutic process

42. In the course of performing her or his duties, a nurse shall take reasonable measures to ensure the safety of clients, in particular by notifying the appropriate authorities.

43. A nurse who is providing care and treatment to a client may not abandon him or her without a serious reason.

44. A nurse shall not be negligent in the care and treatment provided to the client. In particular, a nurse shall:

(1) intervene promptly when the client's state of health so requires;

(2) ensure the supervision required by the client's state of health;

(3) take reasonable measures to ensure the continuity of care and treatment.

45. A nurse shall not be negligent when administering medication. In particular, when administering medication, a nurse shall have sufficient knowledge of the medication and abide by the principles and methods applicable to its administration.

46. A nurse may not refuse to collaborate with health professionals engaged in providing care, treatment or services necessary for the client's welfare.

DIVISION IV RELATIONS WITH PERSONS WITH WHOM THE NURSE INTERACTS IN THE PRACTICE OF THE PROFESSION

47. A nurse shall not intentionally mislead, betray the good faith of or engage in unfair practices toward a person with whom she or he interacts in the practice of the profession.

48. A nurse shall not harass, intimidate or threaten a person with whom she or he interacts in the practice of the profession.

DIVISION V RELATIONS WITH THE ORDER

49. Unless she or he has serious grounds for refusing, a nurse shall participate or permit participation in a committee on discipline, a review committee, a professional inspection committee, an arbitration of accounts or any other committee provided for by law, upon request of the Ordre des infirmières et infirmiers du Québec.

50. A nurse shall cooperate and respond as soon as possible to any request received from the secretary of the Order, a syndic of the Order or an investigator, inspector or member of the professional inspection committee.

51. Subject to any law or regulation to the contrary, a nurse may not permit, assist or encourage any person who is not entered on the roll of the Order to practise the profession.

DIVISION VI DETERMINATION AND PAYMENT OF FEES

52. A nurse shall require and accept fair and reasonable fees.

Fees are considered fair and reasonable if they are justified by the circumstances, in proportion to the professional services rendered and take into account, in particular,

(1) the nurse's experience;

(2) the time spent in performing the professional service;

(3) the difficulty and extent of the service; and

(4) the performance of unusual services or services requiring exceptional competence or speed.

53. A nurse may not claim fees that are unwarranted, in particular for performing services that she or he knew or should have known were unnecessary or disproportionate to the client's needs.

54. A nurse may not share her or his fees except with another nurse and then only to the extent that such division corresponds to a division of responsibilities and services.

55. A nurse shall provide her or his client with all the explanations required for the comprehension of the nurse's statement of fees and of the terms and conditions of payment.

56. A nurse may require payment only for services rendered or products delivered, but shall inform her or his client in advance of the approximate cost of her or his professional services.

57. A nurse may collect interest on outstanding accounts only after having duly notified her or his client. The interest so charged shall be at a reasonable rate.

58. A nurse shall refrain from selling her or his accounts, except to another nurse or unless the client consents thereto.

DIVISION VII
CONDITIONS AND PROCEDURES FOR
THE EXERCISE OF THE CLIENT'S RIGHTS OF
ACCESS AND CORRECTION OF INFORMATION
CONTAINED IN RECORDS ESTABLISHED
IN RESPECT OF HIM OR HER

§1. Provision applicable to nurses practising in the public sector

59. A nurse who practises her or his profession in a public organization covered by the Act respecting access to documents held by public bodies and the protection of personal information (R.S.Q., c. A-2.1) or in a centre operated by an establishment within the meaning of the Act respecting health services and social services (R.S.Q., c. S-4.2) or the Act respecting health services and social services for Cree Native persons (R.S.Q., c. S-5) shall abide by the rules relating to accessibility and correction of records set out in the said acts and facilitate their application.

§2. Provisions applicable to nurses practising in a sector other than the public sector in regard to the conditions and procedures for the exercise of the client's right of access to information contained in records established in respect of him or her

60. A nurse may require that a request covered by sections 61, 64 or 67 be made in writing and that the right be exercised at her or his professional domicile during her or his ordinary working hours.

61. A nurse shall respond, with diligence and no later than 20 days following receipt thereof, to any request made by her or his client to examine or obtain a copy of the information concerning the client in any record established in respect of the client.

62. Access to the information contained in a record shall be free of charge. However, a nurse may charge her or his client a reasonable fee for the reproduction, transcription or transmission of such information.

A nurse who intends to charge such fee shall, prior to reproducing, transcribing or transmitting the information, inform the client of the approximate amount that the client will be called upon to pay.

63. A nurse may refuse to allow the client access to information contained in a record established in respect of the client where the disclosure of such information would be likely to cause serious harm to the client or a third party. In such event, the nurse shall notify the client accordingly in writing.

§3. Provisions applicable to nurses practising in a sector other than the public sector in regard to the conditions and procedures for the exercise of the client's right of correction of information contained in records established in respect of him or her

64. A nurse shall respond, with diligence and no later than 20 days following receipt thereof, to any request made by her or his client to :

(1) cause to be corrected any information that is inaccurate, incomplete or ambiguous having regard for the purpose for which it was collected, contained in a document concerning the client included in any record established in respect of the client ;

(2) cause to be deleted any information that is outdated or not justified by the object of the record established in respect of the client ;

(3) file in the record established in respect of the client the written comments prepared by the client.

65. A nurse who grants a request covered by section 64 shall issue to the client, free of charge, as the case may be :

(1) a copy of the document or portion thereof allowing the client to determine that the information has been corrected;

(2) an attestation that information has been deleted;

(3) an attestation that written comments have been filed in the record.

66. Upon written request of the client, a nurse shall transmit, free of charge, to any person who had transmitted to the nurse the information contemplated by section 64 as well as any person to whom such information was communicated, as the case may be:

(1) a copy of the corrected information;

(2) an attestation that information has been deleted;

(3) an attestation that written comments have been filed in the record.

§4. Obligation of a nurse practising in a sector other than the public sector to release documents to the client

67. A nurse shall, with diligence, release to a client who so requests any document entrusted by the client to the nurse and shall indicate in the client's file, as appropriate, the reasons for the request.

DIVISION VIII CONDITIONS, OBLIGATIONS AND PROHIBITIONS RELATING TO ADVERTISING

68. A nurse shall avoid all advertising likely to tarnish the image of the profession.

69. A nurse may not associate or permit the association of her or his name with her or his professional title in an advertisement directed at the public for the purpose of promoting the sale of any medication, medical product, product or method that could be harmful to health or miracle treatment.

70. In addition to the obligations set forth in section 60.2 of the Professional Code, a nurse who, in her or his advertising, claims to possess specific qualities or skills must be able to demonstrate them.

71. In her or his advertising, a nurse may not compare the quality of her or his services with the quality of the services provided or that may be provided by other nurses, and may not discredit or denigrate such services.

72. In her or his advertising, a nurse may not use or permit the use of an endorsement or statement of gratitude concerning her or him.

The preceding paragraph does not prevent a nurse from mentioning in her or his advertising an award for excellence or any other prize in recognition of a specific contribution or achievement related to the profession.

73. A nurse may not engage in or permit advertising that is likely to unduly influence persons who may be physically or emotionally vulnerable because of their age or state of health or the occurrence of a specific event.

74. A nurse who advertises prices or fees for her or his professional services shall:

(1) establish fixed amounts;

(2) specify the services covered by these amounts;

(3) indicate whether or not disbursements are included in the amounts;

(4) indicate whether additional services may be required and specify the cost thereof.

The fixed amounts shall remain in effect for a minimum period of 90 days after the last broadcast or publication of the advertisement.

A nurse may nevertheless agree with a client on a price lower than the one broadcast or published.

75. Any advertisement by a nurse 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.

76. A nurse shall keep a copy of every advertisement put out by her or him for a period of at least 5 years following the date on which the advertisement was last published or broadcast. The copy shall be given to a syndic of the Order or any investigator, inspector or member of the professional inspection committee who requests it.

77. A nurse who practises in partnership is solidarily responsible with the other nurses for complying with the rules respecting advertising, unless the advertisement clearly indicates the names of those responsible therefor or unless the nurse demonstrates that the advertisement was published or broadcast without her or his knowledge or consent or in spite of the measures taken to ensure compliance with those rules.

DIVISION IX
PROFESSIONS, TRADES, INDUSTRIES,
BUSINESSES, OFFICES OR DUTIES INCOMPATIBLE
WITH THE DIGNITY OR PRACTICE OF
THE PROFESSION

78. A nurse may not sell, engage or participate for profit in any distribution of medications, equipment or products related to her or his professional activities, except in the following cases:

(1) where a sale of products or equipment is made in response to an immediate need of the client and is required for the care and treatment to be provided. In such case, the client shall be notified of any profit realized by the nurse upon the sale;

(2) where the nurse clearly distinguishes the place where care is provided from the place where the sale of products or equipment takes place and where her or his professional title is not associated with the commercial activities.

79. A nurse may not trade in products or methods that could be harmful to health or miracle treatments.

DIVISION X
GRAPHIC SYMBOL OF THE ORDER

80. Where a nurse reproduces the graphic symbol of the Order for advertising purposes, she or he shall ensure that such reproduction is in conformity with the original held by the secretary of the Order.

81. Where a nurse uses the graphic symbol of the Order for advertising purposes elsewhere than on a business card, she or he shall include the following warning in the advertisement:

“This advertisement does not originate with the Ordre des infirmières et infirmiers du Québec and is binding on the author only.”

Where a nurse uses the graphic symbol of the Order for advertising purposes, including on a business card, she or he may not juxtapose thereto or otherwise use the name of the Order, except to indicate that she or he is a member thereof.

CHAPTER II
FINAL PROVISIONS

82. This code replaces the Code of ethics of nurses (R.R.Q., 1981, c. I-8, r.4).

83. This code comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

Gouvernement du Québec

O.C. 1515-2002, 18 December 2002

An Act respecting the Ministère des Ressources naturelles (R.S.Q., c. M-25.2)

Regional county municipalities in the administrative region of Laurentides
— Program for the delegation of the land and forest management of intramunicipal lands in the domain of the State

Program for the delegation of the land and forest management of intramunicipal lands in the domain of the State to the regional county municipalities in the administrative region of Laurentides

WHEREAS the Government and the regional county municipalities in the administrative region of Laurentides have agreed, within the government policy on regional development, to increase the contribution of the intramunicipal lands in the domain of the State to the revitalizing, consolidation and economic development of the region and local municipalities;

WHEREAS one of the main measures put forward consists in the delegation of the management of intramunicipal lands in the domain of the State and some of their forest resources to the RCM in the region of Laurentides;

WHEREAS, as regards land management, the Government has already approved, by Order in Council 416-2000 dated 29 March 2000, a program developed by the Minister of Natural Resources under sections 17.13 to 17.16 of the Act respecting the Ministère des ressources naturelles (R.S.Q., c. M-25.2), amended respectively by sections 150 to 153 of chapter 6 of the Statutes of 2001, concerning a delegation of the management of intramunicipal lands in the domain of the State to regional county municipalities in the administrative region of Laurentides;

WHEREAS, as regards forest management, the Government also approved, by Order in Council 424-2000 dated 29 March 2000, under sections 10.5 to 10.8 of the Municipal Code of Québec (R.S.Q., c. C-27.1), the signing of an agreement by the Minister of Natural Resources respecting the transfer, on an experimental basis, of responsibilities in the field of forest management in the domain of the State to Municipalité régionale de comté d'Antoine-Labelle;

WHEREAS only Municipalité régionale de comté d'Antoine-Labelle signed an agreement respecting territorial management on 26 May 2000 with the Minister of