

Guide to Employing a Registered Nurse within a Secondary School Setting



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Acknowledgements

The intent of the document is to present a guide for principals and Boards of Trustees, as well as for nurses, on the professional and legislative requirements for employing a registered nurse to provide safe youth appropriate care within a secondary school setting. To promote best practice, the guide is linked to national guidelines, standards of practice and the Nursing Council New Zealand's competencies for registration.

This resource is the result of the dedicated efforts of many groups and individuals and reflects the collaborative efforts of all involved. The original concept was inspired by 'The School Guidance Counsellor. Guidelines for Principals, Boards of Trustees, Teachers and Guidance Counsellors' published in 2010 by the NZ Post Primary Teachers Association in association with the NZ Association of Counsellors. Permission was obtained to use that document as a framework to develop a similar resource for school nurses working in the secondary school setting. This further development was the work of the CMDHB School Health Awareness Raising Project (SHARP) team.

The group acknowledges that there are a variety of different models of registered nurses working within schools and have appreciated the input of many different sectors and organisations in the development of this document.

2015 SHARP Group

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The development group acknowledges the contribution and feedback from nurses working with young people in education settings and representatives from other sectors who have provided expertise and constructive feedback during the development stages.

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Within this document the term 'School Nurse' refers to those individuals who hold a nursing qualification recognised by the Nursing Council of New Zealand working within a secondary school, Activity Centre, Alternate Education, Kura Kaupapa or Teen Parent Unit setting.

Employment of a Registered Nurse in a Secondary School

Secondary school nursing has become a recognised branch of primary care nursing which requires specialist skills in youth development. As such it is important that schools recognise that nursing care should be delivered by nurses who have a current Annual Practising Certificate with the Nursing Council of New Zealand (NCNZ). The Code of Ethics and Professional Practice of registered nurses is governed by the NCNZ the regulatory body. All registered nurses in New Zealand are required to work under The Health Practitioners Competence Assurance Act (HPCA) 2003 (the Act). The Act provides a framework for the regulation of health practitioners in order to protect the public where there is a risk of harm from professional practice.

If a school advertises for a registered nurse or enrolled nurse he/she will be required to work under the HPCA Act 2003 and the Code of Ethics and Professional Practice as governed by the NCNZ. The position description and salary offered should reflect these standards and requirements, for example as per the New Zealand Nurses Organisation (NZNO) Multi Employer Collective Agreement (MECA)

The Ministry of Health recommends the following minimum ratios (based on a full time equivalent (FTE) of 40hrs per week / 52 weeks of the year inclusive of annual leave):

- one full-time equivalent (FTE) registered nurse to 750 students in decile 1–3 secondary schools
- one FTE registered nurse to 200 students in high-needs contexts, such as alternative education units



Nursing services have long been provided in New Zealand secondary schools. However, over the years there have been changes in the types of services provided, how they are funded and by whom.

Funding may come from a variety of sources:

- school's operational grants, sometimes backed up by funding received from international student's fees and in some cases funded by community or other grants
- other school funds
- District Health Boards (DHB). Contribution to funding of school nurses in decile 1-3 secondary schools, Alternative Education (AE) and Teen Parent Unit (TPU) was rolled out nationally from 2002
- Primary Health Organizations (PHO)

Registered nurses can also become registered providers of Accident Compensation Corporation (ACC) services which generates extra funding for the provision of accident related care.

The appointment of any registered nurse or enrolled nurse to a position within a secondary school should be accompanied by a search of the register on the NZNC website (<http://www.nursingcouncil.org.nz/>) to check that the nurse is currently registered to practice in New Zealand and has no restrictions to their practice.



Enrolled nurses are required to work under the supervision of a registered nurse or nurse practitioner as required under the scopes of practice defined by NZNC. We do not recommend employing an enrolled nurse in a secondary school setting as a sole practitioner as the overall responsibility for nursing assessment and care planning lies with a registered nurse or nurse practitioner. Enrolled nurses observe changes in health consumer's conditions and report these to the registered nurse.

The role of the NCNZ is to protect the health and safety of the public by setting standards and ensuring that nurses are competent to practise under the HPCA Act 2003. The NCNZ sets standards for continuing competence, including an annual declaration from each nurse, and annually selects 5% of practising nurses to complete a recertification audit under section 41 of the Act. It is the professional responsibility of all practising nurses to maintain their competence to practise. They meet this requirement by:

- completing 60 days (or 450 hours) of practice in the last 3 years
- completing 60 hours of professional development in the last 3 years
- demonstrating the Council's competencies for their scope of practice.

Any person wishing to work as a nurse in New Zealand must continue to maintain requirements to demonstrate they are competent and fit to practise nursing.

(See appendix)

Scopes of Practice

Under the HPCA Act, every nurse has a scope of practice. The scopes of practice and qualifications are listed below. The three scopes of practice are: Registered Nurse, Enrolled Nurse, and Nurse Practitioner.

Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health.

They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses, healthcare assistants and others.

They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whanau and communities.

Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice.

Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards.

There will be conditions placed in the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice. (Nursing Council of New Zealand, 2004).

Enrolled nurses practise under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings.

Enrolled nurses contribute to nursing assessments, care planning, implementation and evaluation of care for health consumers and/or families/whanau. The registered nurse maintains overall responsibility for the plan of care.

Enrolled nurses assist health consumers with the activities of daily living, observe changes in health consumers' conditions and report these to the registered nurse, administer medicines and undertake other nursing care responsibilities appropriate to their assessed competence.

In acute settings, enrolled nurses must work in a team with a registered nurse who is responsible for directing and delegating nursing interventions.

In some settings, enrolled nurses may coordinate a team of health care assistants under the direction and delegation of a registered nurse.

In some settings, enrolled nurses may work under the direction and delegation of a registered health practitioner¹. In these situations, the enrolled nurse must have registered nurse supervision and must not assume overall responsibility for nursing assessment or care planning.

Enrolled nurses are accountable for their nursing actions and practise competently in accordance with legislation, to their level of knowledge and experience. They work in partnership with health consumers, families/whanau and multidisciplinary teams. (Nursing Council of New Zealand, 2014).

Nurse Practitioners

Schools and secondary school nurses may also be supported by nurse practitioners.

Nurse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people's health needs. They provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests, and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whaanau and communities across a range of settings. Nurse practitioners prescribe medicines within their specific area of practice. Nurse practitioners also demonstrate leadership as consultants, educators, managers and researchers, and actively participate in professional activities, and in local and national policy development.

Nurse practitioners are authorised prescribers under the Medicines Amendment Act 2013.

¹ A health practitioner is a person who is registered under the Health Practitioners Competence Assurance Act 2003 – for example, a midwife, medical practitioner, or occupational therapist.

Legislation

Legislation that will impact on a school nurse's work will include (but is not limited to) the

- Treaty of Waitangi
- Care of Children Act 2004
- Children Young Persons and their Families Act 1989
- Contraception, Sterilisation and Abortion Act 1997
- Crimes Act 1961
- Crimes Amendment Act 2011
- Domestic Violence Act 1995
- Education Act 1989
- Health and Disabilities Act 2000
- Health and Safety at Work Act 2015
- Health Information Privacy Code 1994
- Health Practitioners Competence Assurance Act 2003
- Human Rights Commission Code of Rights
- Medicines Act 1981
- Ottawa Charter 1986
- Privacy Act 1993
- Public Records Act 2005
- United Nations Rights Of Children 1989
- Vulnerable Children Act 2014

Nurses Working as a Secondary School Nurse

It is suggested that nurses working in secondary schools are guided in their practice and professional development requirements by the **National Youth Health Nursing Knowledge and Skills Framework** (National Youth Health Nurses Reference Group, 2014). Whilst the nurse must act within the lawful instruction of an employer they must also act on behalf and for the youth in their professional capacity.

A nurse employed by a secondary school will be expected to:

- have a current Annual Practising Certificate (APC) with the Nursing Council of New Zealand (NCNZ)
- practice in accordance with professional standards
- comply with the school's charter and policies
- provide private and confidential health care for students guided by current legislation
- be aware / alert to the vulnerability of Maaori rangatahi and whaanau who may require culturally responsive engagement with local Kaumatua and Kuia as determined by the rangatahi and whaanau
- participate in health education programmes where appropriate
- document and store up to date confidential health records of students
- maintain the health centre and equipment in good working order
- keep adequate supplies of stock and replenish first aid kits
- refer students to outside providers as necessary
- have a good understanding of young people
- have the ability to engage well with young people and their whaanau
- have a broad knowledge of clinical skills which includes
 - HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) assessment
 - sexual health
 - mental health
 - chronic illness/disability
 - alcohol and other drugs
 - physical assessment skills
 - managing behaviour change
 - youth development, risk and resiliency
- understand youth participation and engagement
- utilise a healthy youth development model including a strengths based approach
- maintain positive professional relationships with staff members, youth agencies, local networks and other sectors
- have a willingness to undertake further study in Primary Health Care-child/adolescent health

It is recommended that a school nurse have a current First Aid certificate as a first responder on the scene.

Additional skills may be required in Child and Maternal Health Care if working in a TPU setting or working with disabled students.

Where schools are contracted to provide a health service, there may be a requirement for nurses to undertake post graduate level study.

Where the School Nurse Fits in the Secondary School

School nurses are likely to be considered Children's Workers under the Vulnerable Children Act (2014) (the VCA) and will need to be safety checked. The employer of a Children's Worker is responsible for undertaking the safety check.

"People who work in your school but who are employed or engaged as a children's worker by another organisation should be safety checked by their employing organisation. You may wish to confirm with the person's employer that a safety check has been completed, in line with the requirements and time lines of the VCA, for people who do work in your school."

[\(http://www.education.govt.nz/school/running-a-school/safety-checking-workers-and-child-protection-policy-for-schools-and-kura/\)](http://www.education.govt.nz/school/running-a-school/safety-checking-workers-and-child-protection-policy-for-schools-and-kura/)



Staff in a school are employees of the Board, under the management of the Principal. The school nurse is classified as support staff within the school. As a trained health professional the registered nurse works autonomously under the various acts that govern his/her practice (HPCA Act, Code of Health and Disability Services Consumers' Rights 1996, Privacy Act 1993 and the Health Information Privacy Code 1994) and the NCNZ Code of Conduct. The registered nurse will work with staff in a collaborative manner while maintaining the confidentiality of his/her clients.

In the secondary school setting the registered nurse is accountable to the Principal or designated staff member. The registered nurse may also be accountable to the DHB if there is a signed contract with the school. This contract provides funding to employ the registered nurse and it also has accountabilities for providing care to students and reports to the DHB and the Ministry of Health (MOH). The local DHB may also provide senior nursing leadership support to nurses working in school settings.

Working with Students

The registered nurse is available to provide holistic health care to students in the secondary school setting. The aim of providing health care to students is to support them to optimise their learning opportunities at school. There may also be opportunities within this role to be involved in health promotion and health education within the school.

This work includes:

- providing an appropriate accessible clinic where students can self-refer
- receiving staff referrals regarding students of concern
- carrying out comprehensive health assessments and meeting contractual obligations
- liaising with other health professionals to support the health care of students
- referring students to outside services
- consulting and referring as necessary regarding child protection concerns/disclosures to appropriate child protection services
- promoting a healthy environment in the school, including supporting student councils
- providing emergency onsite first aid care
- identification and support of students with potentially life-threatening conditions
- chronic care management and support
- supporting current government health initiatives

Working as part of the Pastoral Care Team

The registered nurse works collaboratively with the members of the pastoral care team, for example, counsellor, social worker and school doctor (if the school has one) as part of a multi-disciplinary team to co-ordinate the care of students who have complex needs. This requires good lines of communication between the team and an understanding of the professional codes that govern each of their practises.

Working with Staff

The registered nurse accepts referrals from staff members and may also be available to provide health care for staff members as determined by school policy. The registered nurse is bound by confidentiality which applies to both staff and students that he/she sees.

This work includes:

- accepting referrals from staff members
- ensuring an up to date easily accessible list of students with medical conditions, and individual student emergency plans is available to staff
- supporting training for staff regarding emergency care for students
- actively participating in health and safety within the school

Working with family/whaanau

The registered nurse can be a resource person for families/whaanau and can assist with negotiating and accessing appropriate health and community services.

This work may include:

- contacting families/whaanau to gain more information regarding a student's medical conditions
- being available to meet with families/whaanau to discuss the health concerns of a student while maintaining confidentiality
- liaising with families/whaanau to ensure follow up of students

Working with Primary Care, other agencies and community groups

Registered nurses link with, and refer to Primary Care, outside agencies and community groups as necessary. There is also the opportunity to liaise with, and involve outside organisations and community groups regarding health promotion and education within the school.

This work may include:

- initial contact and referral to appropriate agencies and groups
- acting as a liaison person between the agency/group and the school
- supporting students and parents/whaanau in the maintenance of the agency/student/family relationship
- working with the agency and community group personnel to ensure that help is on-going and appropriate
- have current knowledge of services provided by agencies and community groups, locally and regionally

Administrative Responsibilities

This work may include:

- maintaining a health register of current student enrolments
- storing and archiving student health records as per The Health Information Privacy Code 1994
- completing reporting to school Board of Trustees (BOT) and community, DHB, MOH and other stakeholders as required
- maintaining an accident register, reporting to the Senior Management Team and Board of Trustees, and meeting MOH reporting requirements
- reporting accidents which cause serious harm and/or near misses to WorkSafe New Zealand as per the school's process
- assisting with the formulation and review of policies and procedures relating to health, e.g. pandemic plan

The Principal/School Nurse Relationship

What can the Principal expect of the School Nurse?

Professional Development

The principal can expect that the school nurse:

- maintains requirements for and has a current NZ Annual Practising Certificate, and discloses any restrictions to his/her practice
- is skilled or in the process of being upskilled in the area of youth health
- if new to the role, will agree to undergo and complete training, supported with a comprehensive orientation process inclusive of school policies and procedures that affect the health and wellbeing of students
- is a member of a professional nursing body e.g. New Zealand Nurses Organisation (NZNO) or College of Nurses Aotearoa (CNA(NZ)), inclusive of professional indemnity insurance
- regularly networks with nurses and attends further training opportunities both locally and nationally, inclusive of monthly and peer group supervision

Nursing Practice

The principal can expect that the registered nurse:

- applies evidence based best practice
- regularly reflects on their practice with an appropriate registered health practitioner
- works within the Nursing Code of Conduct and HPCA Act
- works collaboratively with other health professionals and pastoral care staff to meet the health needs of students
- documents and stores health records securely in accordance with current legislation
- accounts for their practice by reporting statistical data; details of programme delivery, community contact, referral agencies; BOT, DHB and MOH reports, as required
- supports the placement and mentoring of student nurses and new graduate nurses when practicable

Community Advocacy and Support

The principal can expect that the registered nurse:

- will be an advocate for students and their families/whaanau
- will work to be an agent of change for service development and quality assurance/improvement
- has an awareness of local hapū and iwi, and contacts for referral and cultural supervision when appropriate
- identifies and has knowledge of ethnic groups in the school, and is aware of their support networks
- is aware of, and uses, local referral agencies and support networks
- actively encourages health care participation, health promotion and supports national health campaigns in the school and community
- is able to identify trends and themes in the health needs of the school and local community
- will play a role should the Traumatic Incident Response Plan (TIRP) be initiated

What can the School Nurse expect of the Principal?

Communication and consultation

The registered nurse can expect that the principal:

- clearly communicates the health and pastoral philosophy of the school together with the policies and strategies in place to support it
- ensures that school policies and processes support the unique role of the nurse as a specialist member of the staff, and that such policies are well communicated to students, whaanau and the school community
- welcomes input into school policies and procedures that affect the health and wellbeing of students
- respects their professional integrity
- understands that the nurse is bound by the nursing professional Code of Conduct and Ethics and relevant NZ legislation
- will ensure that they have an annual performance review as a member of the school community, alongside supporting the registered nurse's engagement with a nursing Professional Development Recognition Programme (PDRP) or NCNZ audit for assessment of their nursing competence

Resources

The registered nurse can expect the principal:

- does not put the registered nurse in a position that might jeopardise the professional relationship held with students and their family/whaanau, e.g drug testing and disciplinary role
- makes available a budget for nursing requirements that include professional supervision (<http://www.education.govt.nz/assets/Documents/Ministry/Publications/Special-Education/SupervisionFramework.pdf>) application for annual practising certificate and professional association subscriptions where not already included in the employment agreement.
- will support professional development of the nurse, allowing for time off and financial assistance if this is necessary
- provides a well-equipped health centre and waiting area that enables respectful safe care of students and protects their privacy
- has clear policies and process for staff or student/whaanau concerns e.g. the use of personal cars for transporting students or provision of another vehicle for this purpose.

Not all nursing services are provided or located within the proximity of the school. They can be provided to an Alternative Education programme, Activity Learning Centre, or Teen Parent Unit in a different location. In these situations roles and responsibilities for governance, reporting and oversight matters would need to be clearly established and agreed with the principal of the host school.



Membership of a Professional Organisation

Nursing

The New Zealand Nurses Organisation (NZNO) and the College of Nurses Aotearoa New Zealand (CAN(NZ)) are the two main professional groups offering a range of membership benefits including indemnity insurance to nurses.

The NZNO is committed to the representation of members, the promotion of nursing and midwifery and works to improve the health status of all New Zealanders through participation in policy development. It is a trade union and is affiliated with the New Zealand Council of Trade Unions (NZCTU), International Council of Nurses and the South Pacific Nurses Forum.

The CNA(NZ) is committed to similar promotion of nursing in NZ. It offers indemnity insurance to nurses; however it is not a trade union and does not provide representation for members or negotiate any collective or individual agreements.

NZNO and/or CNA(NZ) membership may offer:

- specially designed comprehensive indemnity insurance
- wage and working condition negotiations and help with disciplinary issues
- specific interest sections/colleges providing professional leadership, support, advice and advocacy
- legal support and services
- professional publications including standards, code of ethics, position statements, advice and guidelines, scholarships and grants
- education/training seminars, study days, conferences and workshops on ethical, legal, professional and industrial issues
- advocacy through policy development, submissions, representation on external organisations and advisory groups

Secondary School Nursing/Youth Health

The New Zealand Educational Institute (NZEI) do not provide indemnity insurance for nurses working in secondary schools; therefore it is strongly recommended that if nurses choose to belong to NZEI as support staff in schools, that they continue a partial (reduced cost) membership with NZNO or CNA(NZ) for insurance purposes.

It is recommended that a RN is employed at 'New Grade D' (June 2015, NZEI). This is synonymous with nurses employed by schools who do not fall under a multi employment collective agreement (MECA).

There are a number of other professional groups available to those working with young people in an education setting. Examples include the Auckland School Nurses Group (ASNG), Society of Youth Health Practitioners Aotearoa New Zealand (SYHPANZ) and relevant NZNO colleges and sections.

Appendix

POSITION DESCRIPTION

Registered Nurse working in a Secondary School Based Health Centre

Position details:

Title: Secondary school nurse

Reports to:

Date:

Purpose of position:

To meet the needs of school students using contemporary nursing care which is safe, appropriate and effective. The care is based on comprehensive assessment, ensures continuity, and is patient/consumer centred, culturally sensitive and evidence-based.

This will be achieved by the provision of onsite health services and will incorporate:

- a comprehensive holistic health assessment of all year 9 students and co-ordinating appropriate follow-up
- the provision of health services to all students within nursing scope of practice
- referral to health and social agencies for appropriate health and social interventions
- supporting the delivery of health services to students by other health professionals
- supporting students to take responsibility for their own health care and to promoting the appropriate use of health services

School Based Registered Nurse Scope of Practice:

Secondary school based registered nurses utilise nursing knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses, first aiders and others. They provide comprehensive nursing assessments to develop, implement, and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whaanau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice. There will be conditions placed on the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice. (Adapted from Nursing Council of New Zealand, 2004)

Key accountabilities

Management of nursing care:

- obtain consent for delivering health services within nursing scope of practice
- carry out holistic health assessments on year 9 students and opportunistic assessments of other high need students
- use advanced nursing knowledge and skills to assess, plan, implement and evaluate student health needs
- provide direct nursing care for students, staff and visitors to achieve best health outcomes
- educate and provide information to students / family / whaanau to improve their knowledge of health services
- refer students to appropriate health, school and social services and ensure they receive appropriate follow up
- provide services and resources that are culturally sensitive and respectful of family values and diversity
- address the unique adolescent needs of young people with complex health concerns and chronic illnesses and disabilities
- facilitate the development of onsite health services to meet student health needs e.g. mental health, oral health, sexual health, drug and alcohol, healthy eating / healthy exercise
- contribute to the development of integrated service delivery across the continuum of care; linking young people into primary care and other relevant youth health and social services using referral systems
- accurately document assessment of student's health status, diagnosis and decisions made regarding interventions and referrals or follow-up
- apply critical reasoning and professional judgement to nursing practice issues/ decisions
- role model culturally safe nursing practice

Interpersonal relationships:

- work in collaboration with student support services, such as guidance counsellors and social workers, student health council, families/whaanau and external health and social agencies to co-ordinate services to meet student health and social needs
- work closely with education staff to identify and assist students with health concerns
- encourage active participation of students in relation to health care and prevention activities
- provide ongoing communication with the school and wider local community to help raise student and parent awareness of services available and how to access them
- work with school initiatives that promote youth development and youth supportive philosophy e.g. Restorative Justice, Drug Free Contracts and Rock and Water
- establish effective relationships and ongoing liaison with appropriate health and social services

Interprofessional healthcare and quality improvement:

- evaluate the effectiveness, efficiency and safety of clinical practice
- participate in the implementation of nursing models of care appropriate to youth health needs
- assist in the revision and development of best practice clinical standards / guidelines / policies that are research based and facilitates clinical audit processes
- demonstrate commitment to quality improvements, risk management and resource utilisation
- collect statistical information and evaluation from students, parents, communities and staff to help identify health needs and enable review and update of health care provided
- participate in case review and debriefing activities as required, including attending monthly nursing cluster meetings
- identify situations of clinical risk and take appropriate actions to ensure a safe environment for students,

families/whaanau and staff

- record keeping is accurate and reports are provided as required
- participate in health projects and national initiatives as appropriate

Professional responsibility:

- practice in accordance with legal, ethical, culturally safe and professional standards, including the Privacy Act, Medicines Act and Regulations, Health Practitioners Competence Assurance Act 2003 and the Contraception, Sterilisation and Abortion Act 1997, Care of Children Act 2004, Code of Health and Disability Services Consumer Rights (1996)
- develop specialist skills and knowledge in youth health including undertaking appropriate post graduate study
- pro-actively participates in own performance development and review
- attend training and clinical supervision sessions to maintain competencies
- complete regular CPR and first aid updates
- work toward endorsement with the NCNZ to give Emergency Contraceptive Pill
- attend educational opportunities/conferences relevant to secondary school nursing role and working with young people
- foster inquiry and critical thinking amongst colleagues to advance nursing practice and patient/client care
- participate in peer review/feedback

Relationships:

External	Internal	Committees/Groups
<ul style="list-style-type: none"> • Primary health care providers • Professional bodies & associations • Referral services (including mental health, sexual health, oral health, maternity services, disability services) • Iwi and Maori services • Pacific services • Health promoting schools co-ordinator • Other health and social support agencies including General Practices and PHO • Consumer advocates & agencies e.g Youth Law • DHB Director of Nursing • DHB health professionals 	<ul style="list-style-type: none"> • Students at the school • Parents, caregivers, whaanau • School management team • Pastoral care team • Student support team and teachers • Board of Trustees • Student councils and groups 	<ul style="list-style-type: none"> • Monthly nursing meetings • Regional and local networks of secondary school and youth health service providers

Person specifications:

	Essential	Desired
Education and Qualifications	<ul style="list-style-type: none"> • Registration with Nursing Council of New Zealand and evidence that they are competent to practice within the Registered Nurse scope of practice • Current First Aid certificate • Able to provide ECP • CPR training • Computer skills 	<ul style="list-style-type: none"> • Postgraduate certificate /diploma in youth health or willing to work toward an appropriate post graduate qualification
Experience/ Knowledge	<ul style="list-style-type: none"> • Experience working with people from a variety of cultural backgrounds and an understanding of Maori and Pacific cultures and beliefs • Evidence of advanced level of clinical skills, competency and leadership able to be demonstrated in a professional portfolio • Knowledge of quality improvement processes and principles • Knowledge and understanding of the Treaty of Waitangi and implications in nursing practice • Knowledge of health service provision / services • Knowledge of Nursing Code of Conduct, and legislative requirements • Knowledge of nursing professional development issues • Understanding of the importance of confidentiality and advocacy 	<ul style="list-style-type: none"> • Experience working with young people in a community setting • Research skills including data analysis and critical appraisal skills and clinical audit • Previous experience as a senior level nurse in a clinical or nursing management role • Strategic planning and policy development skills • Understanding of government health policy • Experience in Health Promotion
Personal Attributes	<ul style="list-style-type: none"> • An interest and respect for working with young people • Strong organisational skills, able to manage conflicting priorities • Self-confidence and the ability to work with internal and external clients and organisations • Is proactive and displays initiative • Reliable • Non- judgemental, empathetic • Able to work as an autonomous practitioner in a multidisciplinary team • Is able to work with others, to draw together a range of perspectives • Sets high personal standards and strives to achieve stretching goals • Displays drive and energy and persists in overcoming obstacles • Expresses information effectively, both orally and in writing, adjusts language and style to the recipients and considers their frame of reference • Actively listens, drawing out information and checking understanding • Empathises with others and considers their needs and feelings 	

Registered nurse competencies and indicators (NCNZ 2007)

Domain one	Professional responsibility
Competency 1.1	Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.
Indicator	Practises nursing in accord with relevant legislation/codes/policies and upholds client rights derived from that legislation.
Indicator	Accepts responsibility for actions and decision making within scope of practice.
Indicator	Identifies breaches of law that occur in practice and reports them to the appropriate person(s).
Indicator	Demonstrates knowledge of, and accesses, policies and procedural guidelines that have implications for practice.
Indicator	Uses professional standards of practice.
Competency 1.2	Demonstrates the ability to apply the principles of the Treaty of Waitangi Te Tiriti o Waitangi to nursing practice
Indicator	Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Maaori in Aotearoa/New Zealand.
Indicator	Demonstrates knowledge of differing health and socio-economic status of Maori and non-Maori.
Indicator	Applies the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.
Competency 1.3	Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others.
Indicator	Understands accountability for directing, monitoring and evaluating nursing care provided by enrolled nurses and others.
Indicator	Seeks advice from a senior registered nurse if unsure about the role and competence of enrolled nurses and others when delegating work.
Indicator	Takes into consideration the role and competence of staff when delegating work.
Indicator	Makes appropriate decisions when assigning care, delegating activities and providing direction for enrolled nurses and others.
Competency 1.4	Promotes an environment that enables health consumer safety, independence, quality of life, and health.
Indicator	Identifies and reports situations that affect health consumers or staff members' health or safety.
Indicator	Accesses, maintains and uses emergency equipment and supplies.
Indicator	Maintains infection control principles.
Indicator	Recognises and manages risks to provide care that best meets the needs and interests of health consumers and the public.
Competency 1.5	Practises nursing in a manner that the health consumer determines as being culturally safe.
Indicator	Applies the principles of cultural safety in own nursing practice.
Indicator	Recognises the impact of the culture of nursing on health consumers' care and endeavours to protect the health consumer's wellbeing within this culture.
Indicator	Practises in a way that respects each health consumer's identity and right to hold personal beliefs, values and goals.
Indicator	Assists the health consumer to gain appropriate support and representation from those who understand the health consumer's culture, needs and preferences.
Indicator	Consults with members of cultural and other groups as requested and approved by the health consumers.
Indicator	Reflects on his/her own practice and values that impact on nursing care in relation to the health consumer's age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability.
Indicator	Avoids imposing prejudice on others and provides advocacy when prejudice is apparent.

Domain 2	Management of Nursing Care
Competency 2.1	Provides planned nursing care to achieve identified outcomes.
Indicator	Contributes to care planning, involving health consumers and demonstrating an understanding of health consumers' rights, to make informed decisions.
Indicator	Demonstrates understanding of the processes and environments that support recovery.
Indicator	Identifies examples of the use of evidence in planned nursing care.
Indicator	Undertakes practice procedures and skills in a competent and safe way.
Indicator	Administers interventions, treatments and medications, (for example: intravenous therapy, calming and restraint), within legislation, codes and scope of practice; and according to authorised prescription, established policy and guidelines.
Competency 2.2	Undertakes a comprehensive and accurate nursing assessment of health consumers in a variety of settings.
Indicator	Undertakes assessment in an organised and systematic way.
Indicator	Uses suitable assessment tools and methods to assist the collection of data.
Indicator	Applies relevant research to underpin nursing assessment.
Competency 2.3	Ensures documentation is accurate and maintains confidentiality of information.
Indicator	Maintains clear, concise, timely, accurate and current health consumer records within a legal and ethical framework.
Indicator	Demonstrates literacy and computer skills necessary to record, enter, store, retrieve and organise data essential for care delivery.
Competency 2.4	Ensures the health consumer has adequate explanation of the effects, consequences and alternatives of proposed treatment options.
Indicator	Provides appropriate information to health consumers to protect their rights and to allow informed decisions.
Indicator	Assesses the readiness of the health consumers to participate in health education.
Indicator	Makes appropriate professional judgement regarding the extent to which the health consumer is capable of participating in decisions related to his/her care.
Indicator	Discusses ethical issues related to health care/nursing practice, (for example: informed consent, privacy, refusal of treatment and rights of formal and informal health consumers).
Indicator	Facilitates the health consumer's access to appropriate therapies or interventions and respects the health consumer's right to choose amongst alternatives
Indicator	Seeks clarification from relevant members of the health care team regarding the individual's request to change and/or refuse care.
Indicator	Takes the health consumer's preferences into consideration when providing care.
Competency 2.5	Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations.
Indicator	Understands emergency procedures and plans and lines of communication to maximise effectiveness in a crisis situation.
Indicator	Takes action in situations that compromise health consumer safety and wellbeing.
Indicator	Implements nursing responses, procedures and protocols for managing threats to safety within the practice environment.
Competency 2.6	Evaluates health consumer's progress toward expected outcomes in partnership with health consumers.
Indicator	Identifies criteria for evaluation of expected outcomes of care.
Indicator	Evaluates the effectiveness of the health consumer's response to prescribed treatments, interventions and health education in collaboration with the health consumer and other health care team members. (Beginning registered nurses would seek guidance and advice from experienced registered nurses).
Indicator	Reflects on health consumer feedback on the evaluation of nursing care and health service delivery.

Competency 2.7	Provides health education appropriate to the needs of the health consumer within a nursing framework.
Indicator	Checks health consumers' level of understanding of health care when answering their questions and providing information.
Indicator	Uses informal and formal methods of teaching that are appropriate to the health consumer's or group's abilities.
Indicator	Participates in health education, and ensures that the health consumer understands relevant information related to their health care.
Indicator	Educates health consumer to maintain and promote health.
Competency 2.8	Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.
Indicator	Identifies one's own level of competence and seeks assistance and knowledge as necessary.
Indicator	Determines the level of care required by individual health consumers.
Indicator	Accesses advice, assistance, debriefing and direction as necessary.
Competency 2.9	Maintains professional development.
Indicator	Contributes to the support, direction and teaching of colleagues to enhance professional development.
Indicator	Updates knowledge related to administration of interventions, treatments, medications and best practice guidelines within area of practice.
Indicator	Takes responsibility for one's own professional development and for sharing knowledge with others.
Domain 3	Interpersonal Relationships
Competency 3.1	Establishes, maintains and concludes therapeutic interpersonal relationships with health consumers.
Indicator	Initiates, maintains and concludes therapeutic interpersonal interactions with health consumers.
Indicator	Incorporates therapeutic use of self and psychotherapeutic communication skills as the basis for nursing care for health consumers with mental health needs.
Indicator	Utilises effective interviewing and counselling skills in interactions with health consumers.
Indicator	Demonstrates respect, empathy and interest in health consumer.
Indicator	Establishes rapport and trust with the health consumers.
Competency 3.2	Practises nursing in a negotiated partnership with the health consumer where and when possible.
Indicator	Undertakes nursing care that ensures health consumers receive and understand relevant and current information concerning their health care that contributes to informed choice.
Indicator	Implements nursing care in a manner that facilitates the independence, self-esteem and safety of the health consumer and an understanding of therapeutic and partnership principles.
Indicator	Recognises and supports the personal resourcefulness of people with mental and/or physical illness.
Indicator	Acknowledges family/whānau perspectives and supports their participation in services.
Competency 3.3	Communicates effectively with health consumers and members of the health care team
Indicator	Uses a variety of effective communication techniques.
Indicator	Employs appropriate language to context.
Indicator	Provides adequate time for discussion.
Indicator	Endeavours to establish alternative communication methods when health consumers are unable to verbalise.
Indicator	Accesses an interpreter when appropriate.

Indicator	Discussions concerning health consumers are restricted to settings, learning situations and or relevant members of the health care team.
Domain 4	Interprofessional Health Care & Quality Improvements
Competency 4.1	Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.
Indicator	Promotes a nursing perspective and contribution within the interprofessional activities of the health care team.
Indicator	Provides guidance and support to those entering as students, beginning practitioners and those who are transferring into a new clinical area.
Indicator	Collaborates with the health consumer and other health team members to develop plan of care.
Indicator	Maintains and documents information necessary for continuity of care and recovery.
Indicator	Develops a discharge plan and follow up care in consultation with the health consumer and other members of the health care team.
Indicator	Makes appropriate formal referrals to other health care team members and other health related sectors for health consumers who require consultation.
Competency 4.2	Recognises and values the roles and skills of all members of the health care team in the delivery of care.
Indicator	Contributes to the co-ordination of care to maximise health outcomes for the health consumer.
Indicator	Collaborates, consults with and provides accurate information to the health consumer and other health professionals about the prescribed interventions or treatments.
Indicator	Demonstrates a comprehensive knowledge of community services and resources and actively supports service users to use them.
Competency 4.3	Participates in quality improvement activities to monitor and improve standards of nursing.
Indicator	Reviews policies, processes, procedures based on relevant research.
Indicator	Recognises and identifies researchable practice issues and refers them to appropriate people.
Indicator	Distributes research findings that indicate changes to practice to colleagues.

NCNZ Code of Conduct

Values underpinning professional conduct

Respect

Treating health consumers, families and colleagues with respect enables nursing relationships that support health consumers' health and well-being. Treating someone with respect means behaving towards that person in a way that values their worth, dignity and uniqueness. It is a fundamental requirement of professional nursing relationships and ethical conduct.

Trust

Nurses are privileged in their relationships with health consumers. Nurses need to establish trusting relationships with health consumers to effectively provide care that involves touch, using personal information, emotional and physical support, and comfort. Health consumers need to be able to trust nurses to be safe and competent, not to harm them and to protect them from harm. They need to trust nurses to work in the interests of their health and well-being, and promote their interests. Nurses must be trustworthy and maintain the public's trust in the nursing profession.

Partnership

Partnership occurs when health consumers are given sufficient information, in a manner they can understand, in order to make an informed choice about their care and treatment, and are fully involved in their care and treatment. Their independence, views and preferences are valued. Nurses must be aware of the inherent power imbalance between themselves and health consumers, especially when the health consumer has limited knowledge, may be vulnerable or is part of a marginalised group.

Integrity

Being honest, acting consistently and honouring our commitments to deliver safe and competent care is the basis of health consumers' trust in nurses. Integrity means consistently acting according to values and principles, and being accountable and responsible for our actions. As professionals, nurses are personally accountable for actions and omissions in their practice, and must be able to justify their decisions.

Establishing relationships of trust with health consumers

- It is important to establish a relationship of trust with each health consumer by being honest, acting consistently and delivering safe and competent care. Make their care your first concern.
- Treating health consumers with respect includes treating them politely and considerately, and valuing their dignity, culture and individuality.
- Working in partnership includes listening to them and responding to their concerns and preferences where practicable, and giving them relevant information so they can make decisions.
- Acting with integrity by being consistent according to nursing values and principles. Taking steps to reduce risk or harm to health consumers and not abusing your position of trust.

PRINCIPLE 1

Respect the dignity and individuality of health consumers

- 1.1 Respect the dignity of health consumers and treat them with kindness and consideration. Identify yourself and your role in their care.
- 1.2 Take steps to ensure the physical environment allows health consumers to maintain their privacy and dignity.
- 1.3 Listen to health consumers, ask for and respect their views about their health, and respond to their concerns and preferences where practicable.
- 1.4 Work in partnership with the family/whaanau of the health consumer where appropriate and be respectful of their role in the care of the health consumer.
- 1.5 Treat health consumers as individuals and in a way they consider to be culturally safe (see Guidance: cultural safety).
- 1.6 Practise in a way that respects difference and does not discriminate against those in your care on the basis of ethnicity, religion, gender, sexual orientation, political or other opinion, disability or age.
- 1.7 Do not prejudice the care you give because you believe a health consumer's behaviour contributed to their condition.
- 1.8 Do not impose your political, religious and cultural beliefs on health consumers, and intervene if you see other health team members doing this.
- 1.9 You have a right not to be involved in care (reproductive health services) to which you object on the grounds of conscience under section 174 of the Act. You must inform the health consumer that they can obtain the service from another health practitioner.
- 1.10 Take steps to minimise risk and ensure your care does not harm the health or safety of health consumers.

PRINCIPLE 2

Respect the cultural needs and values of health consumers

Standards

- 2.1 Practise in a way that respects each health consumer's identity and right to hold personal beliefs, values and goals.
- 2.2 Assist the health consumer to gain appropriate support and representation from those who understand the health consumer's first-language culture, needs and preferences.
- 2.3 Consult with members of cultural and other groups as requested and approved by the health consumer.
- 2.4 Reflect on and address your own practice and values that impact on nursing care in relation to the health consumer's age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability.
- 2.5 Work in partnership with Maaori health consumers and their whaanau/family to achieve positive health outcomes and improve health status.
- 2.6 Understand Maaori health inequalities and pay particular attention to the health needs of the community you nurse in.
- 2.7 Ensure nursing care is culturally appropriate and acceptable to Maaori health consumers and their whaanau, and is underpinned by the recognition that Maaori are a diverse population.
- 2.8 Acknowledge and respond to the identity, beliefs, values and practices held by Maaori, and incorporate these into nursing care.
- 2.9 Integrate Maaori models of health into everyday practice and when developing care plans.
- 2.10 Promote access to services which meet the needs of Maaori health consumers.

Guidance: Cultural Safety

Culture refers to the beliefs and practices common to any particular group of people.

Cultural safety

The effective nursing practice of a person or family/whaanau from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual beliefs; and disability. The nurse delivering the nursing care will have undertaken a process of reflection on their own cultural identity and will recognise the impact their personal culture has on their professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual.

Kawa whakaruruhau

Cultural safety within the Maaori context, is an inherent component of Maaori health and nursing, especially in its contribution to the achievement of positive health outcomes.

(From Nursing Council of New Zealand (2011), Guidelines for Cultural Safety, the Treaty of Waitangi and Maaori Health in Nursing Education and Practice).

PRINCIPLE 3

Work in partnership with health consumers to promote and protect their well-being

Standards

- 3.1 Explain and share information with health consumers that they want and/or need. Give health consumers information that is honest and accurate in a way they can understand and invite questions.
- 3.2 Respect health consumers' rights to participate in decisions about their care and involve them and their families/whānau where appropriate in planning care. The concerns, priorities and needs of the health consumer and family/whānau must be elicited and respected in care planning.
- 3.3 Support and respect the contribution health consumers make to their own care and well-being.
- 3.4 Meet health consumers' language and communication needs where reasonably practicable.
- 3.5 Where a health consumer is not competent to make an informed choice and give informed consent. You must ensure the care you give is in the best interests of the health consumer and that you have taken reasonable steps to ascertain their view².
- 3.6 Respect health consumers' right to complain and respond by working with them to resolve the issue.
- 3.7 Advocate for, and assist, health consumers to access the appropriate level of health care.
- 3.8 Use your expertise and influence to promote the health and well-being of vulnerable health consumers, communities and population groups.

PRINCIPLE 4

Maintain health consumer trust by providing safe and competent care

Standards

- 4.1 Use appropriate care and skill when assessing the health needs of health consumers, planning, implementing and evaluating their care.
- 4.2 Be readily accessible to health consumers and colleagues when you are on duty.
- 4.3 Keep your professional knowledge and skills up to date.
- 4.4 Recognise and work within the limits of your competence and your scope of practice³.
- 4.5 Ask for advice and assistance from colleagues especially when care may be compromised by your lack of knowledge or skill.
- 4.6 Reflect on your own practice and evaluate care with colleagues.
- 4.7 Deliver care based on best available evidence and best practice.
- 4.8 Keep clear and accurate records (see Guidance: documentation).
- 4.9 Administer medicines and health care interventions in accordance with legislation, your scope of practice and established standards or guidelines⁴.
- 4.10 Practice in accordance with professional standards relating to safety and quality health care.
- 4.11 You must ensure the use of complementary or alternative therapies is safe and in the best interests of those in your care⁵.
- 4.12 Offer assistance in an emergency that takes into account your own safety, your skill and the availability of other options.

Guidance: Documentation

- Keep clear and accurate records of the discussions you have, the assessments you make, the care and medicines you give, and how effective these have been.
- Complete records as soon as possible after an event has occurred.
- Do not tamper with original records in any way.
- Ensure any entries you make in health consumers' records are clearly and legibly signed, dated and timed.
- Ensure any entries you make in health consumers' electronic records are clearly attributable to you.
- Ensure all records are kept securely.

² Refer to Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) 7(4).

³ Registered nurses working in the expanded scope must provide health services that are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards (see Nursing Council of New Zealand, 2010).

⁴ For example, Ministry of Health (2011), Medicines Care Guides for Residential Aged Care; New Zealand Nurses Organisation (2007), Guidelines for Nurses on the Administration of Medicines.

⁵ Nurses who practise complementary or alternative medicines should refer to appropriate professional standards, e.g. College of Nurses Aotearoa NZ (2011), Complementary and Alternative Therapies Policy.

PRINCIPLE 5

Respect health consumers' privacy and confidentiality

Standards

- 5.1 Protect the privacy of health consumers' personal information.
- 5.2 Treat as confidential information gained in the course of the nurse-health consumer relationship and use it for professional purposes only.
- 5.3 Use your professional judgment so that concerns about privacy do not compromise the information you give to health consumers or their involvement in care planning.
- 5.4 Inform health consumers that it will be necessary to disclose information to others in the health care team.
- 5.5 Gain consent from the health consumer to disclose information. In the absence of consent a judgement about risk to the health consumer or public safety considerations must be made⁶.
- 5.6 Health records are stored securely and only accessed or removed for the purpose of providing care.
- 5.7 Health consumers' personal or health information is accessed and disclosed only as necessary for providing care.
- 5.8 Maintain health consumers' confidentiality and privacy by not discussing health consumers, or practice issues in public places including social media. Even when no names are used a health consumer could be identified⁷.

Guidance: Confidentiality and privacy in the health context

Confidentiality and privacy are related, but distinct concepts. Any health consumer information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the health consumer's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal. Privacy relates to the health consumer's expectation and right to be treated with dignity and respect. Effective nurse-health consumer relationships are built on trust. The health consumer needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Health consumers will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know". Any breach of this trust, even inadvertent, damages the particular nurse-health consumer relationship and the general trustworthiness of the profession of nursing.

(Adapted from National Council of State Boards of Nursing (2011), *White Paper: A nurse's guide to the use of social media*).

PRINCIPLE 6

Work respectfully with colleagues to best meet health consumers' needs

Standards

- 6.1 Treat colleagues with respect, working with them in a professional, collaborative and co-operative manner. Recognise that others have a right to hold different opinions.
- 6.2 Acknowledge the experience and expertise of colleagues, and respect the contribution of all practitioners involved in the care of the health consumer.
- 6.3 Communicate clearly, effectively, respectfully and promptly with other nurses and health care professionals caring for the health consumer and when referring or transferring care to another health professional or service provider.
- 6.4 Your behaviour towards colleagues should always be respectful and not include dismissiveness, indifference, bullying, verbally abuse, harassment or discrimination. Do not discuss colleagues in public places or on social media. This caution applies to social networking sites, e.g. Facebook, blogs, emails, Twitter and other electronic communication mediums.
- 6.5 Health consumers' trust in the care of colleagues or health providers should not be undermined by malicious or unfounded criticisms you make.
- 6.6 Work with your colleagues and your employer to monitor the quality of your work and maintain the safety of those in your care.
- 6.7 Support, mentor and teach colleagues and other members of the health care team, especially students and those who are inexperienced.
- 6.8 When you delegate⁸ nursing activities to enrolled nurses or others ensure they have the appropriate knowledge and skills, and know when to report findings and ask for assistance.
- 6.9 Intervene to stop unsafe, incompetent, unethical or unlawful practice. Discuss the issues with those involved. Report to an appropriate person at the earliest opportunity and take other actions necessary to safeguard health consumers.
- 6.10 Use a recognised ethical code or framework to assist you and your colleagues in ethical decision making, e.g. New Zealand Nurses Organisation (2010), *Code of Ethics*.

⁶ Refer to Privacy Commissioner (2008), Health Information Privacy Code 1994 and Commentary (2008 edition) for more information.

⁷ This caution applies to social networking sites, e.g. Facebook, blogs, emails, Twitter and other electronic communication mediums.

⁸ See Nursing Council of New Zealand (2011), Guideline: delegation of care by a registered nurse to a health care assistant and Nursing Council of New Zealand (2011), Guideline: responsibilities for direction and delegation of care to enrolled nurses.

PRINCIPLE 7

Act with integrity to justify health consumers' trust

Standards

- 7.1 Be open and honest in your interactions with health consumers.
- 7.2 Protect vulnerable health consumers from exploitation and harm⁹
- 7.3 Act promptly if a health consumer's safety is compromised.
- 7.4 Act immediately if a health consumer has suffered harm for any reason. Minimise further harm and follow organisational policies related to incident management and documentation. A full and prompt explanation should be made by the appropriate person to the health consumer concerned and, where appropriate, their family about what has occurred and the likely outcome.
- 7.5 Act in ways that cannot be interpreted as, or do not result in, you gaining personal benefit from your nursing position.
- 7.6 Accepting gifts, favours or hospitality¹⁰ may compromise the professional relationship with a health consumer. Gifts of more than a token value could be interpreted as the nurse gaining personal benefit from his/her position, the nurse taking advantage of a vulnerable health consumer, an attempt to gain preferential treatment, or an indicator of a personal or emotional relationship¹¹.
- 7.7 Do not ask for or accept loans or bequests from a health consumer or anyone close to a health consumer¹¹.
- 7.8 Do not enter into a business agreement with a health consumer or former health consumer that may result in personal benefit
- 7.9 Do not act for health consumers in your care through representation agreements nor accept power of attorney responsibilities to make legal and financial decisions on behalf of health consumers¹¹.
- 7.10 Declare any personal, financial or commercial interest which could compromise your professional judgement.
- 7.11 Do not misuse your professional position to promote or sell products or services for personal gain.
- 7.12 Respect the possessions and property of health consumers in your care.
- 7.13 Maintain a professional boundary between yourself and the health consumer and their partner and family, and other people nominated by the health consumer to be involved in their care.
- 7.14 Do not engage in sexual or intimate behaviour or relationships with health consumers in your care or with those close to them.

Guidance: Professional Boundaries

- Maintain professional boundaries in the use of social media. Keep your personal and professional lives separate as far as possible. Avoid online relationships with current or former health consumers. Do not use social media or electronic communication to build or pursue relationships with health consumers.
- Text messaging may be an appropriate form of professional communication, e.g. reminding health consumers about appointments. Nurses must be aware of professional boundaries and ensure communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.
- You should seek the reassignment of care, if possible, of health consumers with whom you have a pre-existing, non-professional relationship.
- Sexual relationships between nurses and persons with whom they have previously entered into a professional relationship are inappropriate in most circumstances. Such relationships automatically raise questions of integrity. Relation to nurses exploiting the vulnerability of persons who are or who have been in their care. Consent is not an acceptable defence in the case of sexual or intimate behaviour within such relationships.

More information is contained in Nursing Council of New Zealand (2012), *Guideline: Professional Boundaries* and Nursing Council of New Zealand (2012), *Guideline: Social media and electronic communication*.

⁹

Also refer to the amendments to the Crimes Act 1961 that place an obligation on people who have care of a vulnerable adult or child and make it an offence to fail to protect a child or vulnerable adult from risk of death or grievous bodily harm or sexual assault. Refer to sections 151, 152, 195 and 195A.

¹⁰

Hospitality in this context does not mean social or cultural rituals of offering/sharing food within a care episode. It means hospitality that goes beyond the care context, e.g. a cruise on the harbour or an invitation to a sporting event.

¹¹

See Nursing Council of New Zealand (2012), *Guideline: Professional Boundaries* for more detailed guidance and explanation.

PRINCIPLE 8

Maintain public trust and confidence in the nursing profession

Standards

- 8.1 Maintain a high standard of professional and personal behaviour (see Guidance: fitness to practise and public confidence). The same standards of conduct are expected when you use social media and electronic forms of communication¹².
- 8.2 Respect the property and resources of your employer. Maintain high standards of professional behaviour in your relationship with your employer. Adhere to organisational policy and standards that protect public safety.
- 8.3 Accurately represent the nature of the service or the care you intend to provide. Do not claim to be a practising nurse if you do not hold a current practising certificate.
- 8.4 Document and report your concern if you believe the practice environment is compromising the health and safety of health consumers (see Guidance: escalating concerns).
- 8.5 Report to your employer or regulatory authority if you believe the health, competence or conduct of a colleague will compromise public safety or bring the profession into disrepute.
- 8.6 Your practice must not be compromised by the use of alcohol or drugs.
- 8.7 You have a responsibility to maintain your health and well-being, and to seek assistance if your health threatens your ability to practise safely.
- 8.8 Ensure you only claim benefits or remuneration for the time you were employed or provided nursing services.
- 8.9 If you take part in research do so in accordance with recognised guidelines and do not violate your duty of care to the health consumer.

Guidance: Professional misconduct

- The grounds on which a nurse may be disciplined re stated in section 100 of the Act. A nurse may be disciplined if the Health Practitioners Disciplinary Tribunal finds the nurse guilty of professional misconduct because of an act or omission that amounts to malpractice or negligence, or she or he has brought, or is likely to bring, discredit to the profession.
- Other grounds for discipline under the Act are if the nurse is convicted of an offence that reflects adversely on his or her fitness to practise, practising without a practising certificate, or practising outside his or her scope of practice or the conditions included in his or her scope of practice.

Guidance: Fitness to practice and public confidence

- If you undertake unlawful or unethical actions in your personal life they will reflect adversely on your fitness to practise (and be of concern to the Nursing Council and other agencies) or may bring discredit to the profession.
- Other behaviour may not lead to criminal or regulatory disciplinary proceedings but may be a matter of public confidence, i.e. it might reduce the trust that an individual health consumer has in you or reflect badly on the profession as a whole.

Guidance: Escalating concerns

- You have an ethical obligation to raise concerns about issues, wrongdoing or risks you may have witnessed, observed or been made aware of within the practice setting that could endanger health consumers or others. Put the interests of health consumers first.
- If you are unsure, seek advice from a senior colleague or professional organisation.
- Raise your concerns with colleagues or other members of the team if they are contributing to your concerns.
- Formally raise your concerns with your manager or a senior person within your employment situation. Escalate your concerns to a higher level within your employing organisation if the issue is not resolved.
- If your efforts to resolve the situation within the workplace continue to be unsatisfactory, escalate your concerns to another body, e.g. Ministry of Health, Health and Disability Commissioner, Nursing Council or other health professional regulatory authority¹³.

¹²

Further information on working safely with social media can be found in Nursing Council of New Zealand (2012), Guideline: Social media and electronic communication and New Zealand Nurses Organisation, NZNO National Student Unit and Nurse Educators in the Tertiary Sector (2012), Social media and the nursing profession: a guide to online professionalism for nurses and nursing students.

¹³

Refer to Office of the Ombudsmen, A guide to the Protected Disclosures Act, for general information about the Protected Disclosures Act (sometimes called the "whistle-blowing" legislation). It describes what protected disclosures are, who can make protected disclosures when disclosures are protected and the role of an Ombudsman.

NCNZ Code of Ethics

1. We are committed to the principles contained in the United Nations Convention on the Rights of the Child 1989 and seek to apply them in our policy and practice.
2. We will never breach the confidentiality of a child or young person and will not disclose information given to us without prior consent, unless it is information:
 - a) about a proposed crime where someone may be physically injured
 - b) or needed by law or a court;
 - c) or needed to defend ourselves against a child or young person/s allegations of malpractice or misconduct, or a crime.
3. We will comply with the wish of any child or young person approaching us for advice or help to remain anonymous except where this is not possible because of ethic 2.
4. We seek to empower children and young people and will work to ensure that they have a greater say in decisions which affect them.
5. We will not impose our ideas and values on children and young people or their behaviour but will always be supportive and non-judgmental.
6. We will never try to manage or control the lives of children and young people or their behaviour but, we will give relevant information and advice and will outline available options and support them in their decisions.
7. We will not take action on behalf of a child or young person or seek to involve any other agency on their behalf without first obtaining their informed consent, except where this is not possible because of ethic 2.
8. We will not claim to speak on behalf of children and young people generally but will encourage and assist children and young people to speak for themselves.
9. Unless ethic 2 applies, we will not give advice or advocacy to any adult who claims to know what is best for a child or young person unless we have clear authority from the child or young person. If the child is too young or otherwise unable to give such authority, we must first be satisfied that the adult is truly acting in the child's best interests.
10. We will provide initial information to adults provided we are satisfied that the adult is acting in the child's best interest.
11. We will value and respect each child and young person regardless of age, sex, race or culture, sexual orientation, disability, beliefs, family or marital status or employment status.
12. We as an agency are committed to ensuring consistency with Te Tiriti o Waitangi.

NCNZ Professional Boundaries

Introduction

This guideline has been developed by Te Kaunihera Tapuhi o Aotearoa/ Nursing Council of New Zealand (“the Council”) to provide advice to nurses (and the public) on nurses maintaining appropriate professional relationships with health consumers. Nurses must be aware of their professional responsibility to maintain appropriate personal, sexual and financial boundaries in relationships with current and former health consumers and their families.

The role of the Council is to protect the health and safety of the public by setting standards of clinical competence, ethical conduct and cultural competence for nurses¹⁴. The *Code of Conduct for nurses* (Nursing Council of New Zealand, 2012) sets standards of professional behaviour that nurses are expected to uphold. It is expected that nurses maintain these standards of conduct within their professional practice and, to some extent, within their personal lives. The *Code of Conduct for nurses*, together with the competencies for nursing scopes of practice¹⁵ and other Council guidelines, provide a framework for safe and responsible nursing practice that protects public safety.

This guideline contains standards of behaviour from the *Code of Conduct for nurses* and more detailed advice on professional boundary issues and how they should be managed. It is not possible to provide guidance for every situation and nurses must develop and use their own professional and ethical judgment and seek the advice of colleagues and/or their professional organisation when issues arise in relationships with health consumers. Different cultures may have different expectations, and understanding of relationships and boundaries. Culturally safe nursing care involves balancing power relationships in the practice of nursing so that every health consumer receives effective treatment and care to meet their needs that is culturally competent and culturally responsive.

Aotearoa/New Zealand is a small country and this guideline has been developed recognising that nurses are members of their communities and may have existing relationships with some health consumers. The Nursing Council is aware that for Maaori and others, establishing connections and relationships of trust, are an important element of providing culturally safe care. The principles of the Tiriti O Waitangi/Treaty of Waitangi, partnership, protection and participation, are integral to providing appropriate nursing services for Maaori. This guideline provides advice on professional boundaries when working with Maaori health consumers.

This Guideline and the *Code of Conduct for nurses* contain the Council’s advice on professional boundaries. Documents developed in a joint project with the Australian Nursing and Midwifery Council (see references) have contributed to this guideline. The Council has further developed this guidance to recognise the context of nursing in Aotearoa/New Zealand and include more specific advice on sexual relationships with health consumers.

The importance of maintaining boundaries in professional relationships

Code of Conduct for Nurses Standard 7.13 - Maintain a professional boundary between yourself and the health consumer and their partner and family, and other people nominated by the health consumer to be involved in their care.

Professional relationships are therapeutic relationships that focus on meeting the health or care needs of the health consumer. Nurses must be aware that in all their relationships with health consumers they have greater power because of their authority and influence as a health professional, their specialised knowledge, access to privileged information about the health consumer and their role in supporting health consumers and those close to them when receiving care. The health consumer does not have access to the same degree of information about the nurse as the nurse does about the health consumer thereby increasing the power imbalance. The nurse may also have a professional relationship with the health consumer’s family and others close to that person that may increase the health consumer’s vulnerability.

The power imbalance is increased when the health consumer has limited knowledge, is made vulnerable by their health circumstances or is part of a vulnerable or marginalised group. Some particularly vulnerable consumers are children, frail older people, and those with a mental illness or disability. Health consumers must be able to trust nurses to protect them from harm and to promote their interests. Nurses must take care to ensure that their own personal, sexual or financial needs are not influencing interactions between themselves and the health consumer. They must also recognise that health consumers may read more into a therapeutic relationship with the nurse and seek to have personal or sexual needs met. It is the nurse’s responsibility when this occurs to maintain the appropriate professional boundary of the relationship.

The nurse has the responsibility of knowing what constitutes appropriate professional practice and to maintain his or her professional and personal boundaries. The health consumer is in an unfamiliar situation and may be unaware of the boundaries of a professional relationship. It is the responsibility of the nurse to assist health consumers to understand the appropriate professional relationship. There is a professional onus on nurses to maintain a relationship based on care plans and goals that are therapeutic in intent and outcome.

A diagram representing a continuum of professional behaviour provides a picture of therapeutic versus non-therapeutic behaviour in the relationship between the nurse and the health consumer¹⁶.

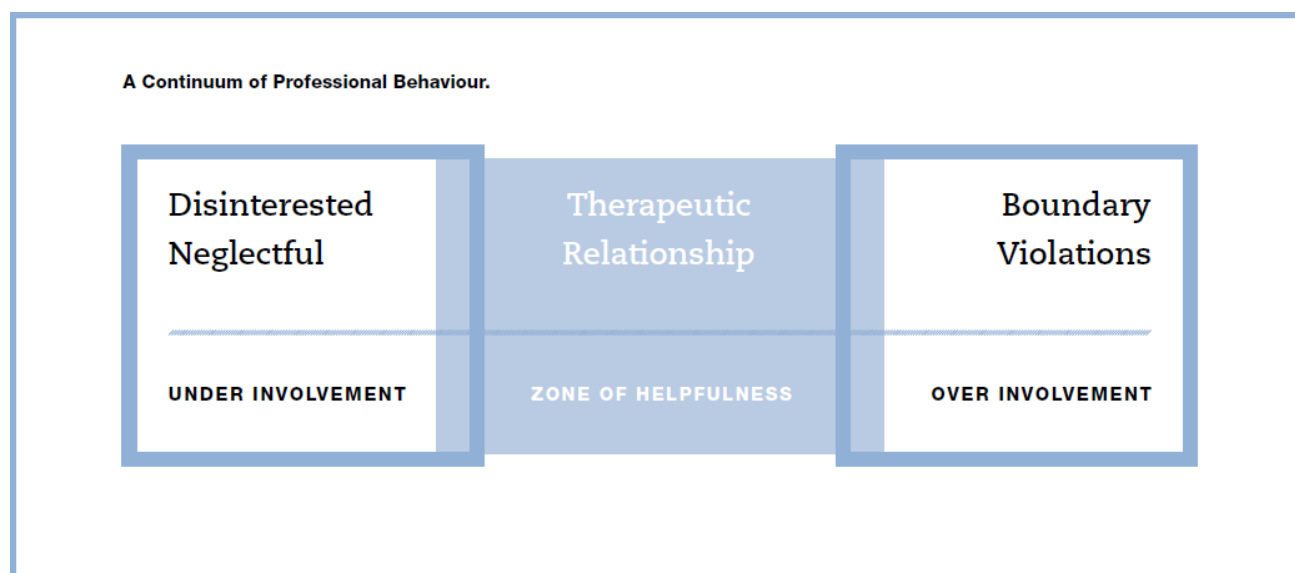
¹⁴ Functions of authorities Section 118 (i) of the Health Practitioners Competence Assurance Act

¹⁵ Nursing Council of New Zealand Competencies for registered nurses, (2011), Nursing Council of New Zealand Competencies for enrolled nurses (2011) and Nursing Council of New Zealand Competencies for nurse practitioners (2008).

¹⁶ Adapted from NCSBN

The 'zone of helpfulness' describes the centre of a continuum of professional behaviour. This zone is where the majority of interactions between a nurse and a health consumer should occur for effectiveness and safety. 'Over involvement' of a nurse with a person in their care is to the right side of the continuum; this includes inappropriate relationships with the health consumer or their family members.

'Under involvement' lies to the left side of the continuum; this includes distancing, disinterest, coldness and neglect. These behaviours can be seen also as boundary issues but they are not discussed here in detail as the focus of the document is on the over-involvement end of the continuum.



Pre-existing relationships

When a nurse has a pre-existing relationship with a health consumer, such as being a neighbour, acquaintance or business associate, the nurse needs to be aware of the potential for boundary confusion (by the nurse or health consumer) and possible harm. The nurse must clarify and if necessary communicate this new professional relationship with the person in order to provide appropriate nursing care, and also declare it to the other members of the team and document it in the health consumer's record. The health consumer should be offered the choice to be assigned to another nurse, if possible.

Nurses need to ensure that the pre-existing relationship does not undermine their professional judgment and objectivity when the person is in their care and they may need to take steps to hand over the care to another nurse if practicable. If possible the nurse should not be the primary nurse or only health practitioner involved in this person's care.

It is critical that nurses distinguish between 'being friendly' and 'being friends'. To achieve this, clear boundaries have to be established identifying when they are acting in a personal role and when they are acting in a professional role. By establishing these boundaries nurses protect the confidentiality of the health consumer and protect their own personal integrity.

Working with Māori consumers

Effective and culturally responsive practice with Māori is likely to be based on an understanding of tikanga (Māori principles and values). Whanaungatanga involves establishing a relationship of trust by making connections. This may include the nurse sharing information about whānau (family), whakapapa (ancestors) or their own personal life to establish trust and relationship. It may also include establishing relationships with the health consumer's whānau and including them in decisions about care. Manaaki involves sharing hospitality or kai (food) to show respect and establish relationships. It is important that nurses partake in rituals around food.

Caring for close friends or family/whānau/hapū/iwi

In situations where a nurse has to provide care to close friends or family members it is rarely possible for the nurse to maintain sufficient objectivity about the person to enable a truly professional relationship to develop. In these situations, where possible, another nurse should be assigned responsibility for that person's care. However, at times, a nurse may have to care for a friend or family member in an emergency, or where they live in small communities where there is limited access to nurses to whom they can hand over care. When a nurse has no option other than to care for a close friend or family member, care should be handed over to another appropriate care provider when it becomes practicable. If care has been assigned to the nurse who is a family member this should be documented in the care plan.

It is also important for nurses to be clear about their role when a close friend or family member is receiving care. They have a role as an informed support person or family member but are not there to make decisions about the nursing care. Some Maaori nurses have a strong sense of accountability in working with and caring for whaanau/hapū/iwi. Maaori nurses need to be clear about their role as a professional and their role as a relative. They must recognise when they may need to pass on care to another i.e. when they feel uneasy and are losing clarity, their professional judgment may be compromised or they experience strong emotions as a close relative.

Working in small, rural or remote communities

There is a natural overlap and interdependence of people living in small, rural or remote communities. When someone from the community requires professional care from the nurse, the nurse needs to keep themselves safe by clarifying the shift from a personal to a professional relationship in an open and transparent way. The nurse has to ensure the person's care needs are first and foremost and they must manage privacy issues appropriately. For example the nurse might be approached for information about the health consumer in a local store by a concerned neighbour and must maintain the health consumer's privacy.

If possible the health consumer should be given a choice of carer if they know the nurse from a prior relationship. When off duty the nurse should refer the health consumer to the appropriate on duty health practitioner.

Small communities are not limited to rural and remote communities: they also include small or discrete communities within large urban centres (e.g. religious, gay or military communities).

Social media and electronic forms of communication

Maintain professional boundaries in the use of social media. Keep your personal and professional life separate as far as possible. Avoid online relationships with current or former health consumers. Do not use social media or electronic communication to build or pursue relationships with health consumers.

Text messaging can be an appropriate form of professional communication e.g. reminding health consumers about appointments. Nurses must be aware of professional boundaries and ensure that communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.

** Further information on working safely with social media can be found in the New Zealand Nurses Organisation, NZNO National Student Unit and Nurse Educators in the tertiary sector (2012) Social media and the nursing profession: a guide to online professionalism for nurses and nursing students.*

Concluding professional relationships

Knowing how and when to conclude professional relationships is as important as knowing how to begin them. The conclusion of a relationship occurs when a health consumer and their family are able to manage their own health needs or if needs are still evident a referral has been made to another health provider.

A nurse may decrease their involvement with a health consumer or may actively encourage other support if the health consumer is becoming unduly dependent on the nurse. Termination rituals may be appropriate in some circumstances where there has been a close involvement. This could happen in different ways depending on the culture of the health consumer e.g. attendance at a Tangihanga or funeral may be an appropriate way of showing respect for the health consumer and their family/whaanau.

Preventing Boundary Transgressions

This section focuses on boundary issues that arise when a nurse becomes **over involved** with a health consumer or family/family member. The nurse may believe she/he is helping the health consumer (or family member) by developing a friendship or close relationship. However these boundary crossings have the potential to harm the health consumer by changing the focus from the therapeutic needs of the health consumer to meeting the nurse's own needs e.g. to be "special" or helpful or needed, or to be close to someone or to have other personal, financial or sexual needs met. They have the potential to harm the health consumer by increasing their vulnerability or dependence in the relationship with the nurse and could be detrimental to their health outcomes by compromising the nurse's objectivity and professional judgment. The harmful consequences may not be recognised or experienced until much later.

Nurses can reduce the risk of boundary transgressions by:

- Maintaining the appropriate boundaries of the nurse-health consumer relationship, and helping health consumers understand when their requests are beyond the limits of the professional relationship.
- Developing and following a comprehensive care plan with the health consumer.
- Involving other members of the health care team in meeting the health consumer's needs.
- Ensuring that any approach or activity that could be perceived as a boundary transgression is included in the care plan developed by the health care team.
- Recognising that there may be an increased need for vigilance in maintaining professionalism and boundaries in certain practice settings e.g. rural and remote locations. For example, when care is provided in a person's home, a nurse may become involved in the family's private life and needs to recognise when his or her behaviour is crossing the boundaries of the professional relationship.

- Consulting with colleagues and/or the manager in any situation where it is unclear whether behaviour may cross a boundary of the professional relationship, especially circumstances that include self-disclosure or giving a gift to or accepting a gift from a health consumer.
- Documenting individualised information in the health consumer's record regarding instances where it was necessary to consult with a manager or colleague about an uncertain situation.
- Considering the cultural values of the health consumer in the context of maintaining boundaries, and seeking advice from cultural advisors.
- Raising concerns with a colleague if the nurse has reason to believe that they may be getting close to crossing the boundary or that they have crossed a boundary. Sometimes a newly registered nurse may not be aware that his/her actions have crossed a boundary.
- Discussing the nature of a therapeutic relationship with a health consumer if they believe that the health consumer is communicating or behaving in a way that indicates they want more than a professional relationship with the nurse.
- Consulting with colleagues or the manager where another colleague appears to have transgressed boundaries or a health consumer is behaving in an inappropriate manner towards a nurse.
- Reducing professional isolation by maintaining regular contact with nursing peers, reflecting on professional relationships with peers and participating in formal clinical supervision.

Questions for reflection

Is the nurse doing something the health consumer needs to learn to do themselves?

Whose needs are being met - the health consumer's or the nurse's?

Will performing this activity cause confusion regarding the nurse's role?

Is the behaviour such that the nurse will feel comfortable with their colleagues knowing they had engaged in this activity or behaved in this way with a health consumer?

Signs of over involvement in a nurse-health consumer relationship

- Some warning signs that the boundaries of a professional relationship may be being crossed and that an inappropriate personal or sexual relationship is developing are:
- The nurse reveals feelings and aspects of his/her personal life to the health consumer beyond that necessary for care.
- The nurse becomes emotionally close to a health consumer or regards the health consumer as someone special.
- The nurse attempts to see the health consumer (or the health consumer attempts to see the nurse) outside the clinical setting or outside normal working hours or after the professional relationship has ceased.
- The nurse frequently thinks of the health consumer when away from work.
- The nurse receives gifts or continues contact with a former health consumer after the care episode or therapeutic relationship has concluded.
- The nurse provides the health consumer with personal contact information.
- A health consumer is only willing to speak with a particular nurse and refuses to speak to other nurses.
- The nurse denies that a health consumer, or was in his or her care in the past.
- The nurse accesses the health consumer's health record without any clinical justification.
- The nurse gives or accepts social invitations.
- Texting or using forms of social media to communicate in a way that is not clinically focused.
- The nurse touches the health consumer more than is appropriate.
- The nurse includes sexual context in interactions with the health consumer or in relation to their partners, family and friends.
- The nurse changes his or her dress style for work when working with a particular health consumer.
- The nurse participates in flirtatious communication, sexual innuendo or offensive language with a health consumer.
- The nurse is unable or reluctant to conclude a professional relationship and pursues a personal relationship with the health consumer.
- The nurse fosters dependency in the health consumer and does not encourage self-management.

Sexual relationships with current health consumers

Code of Conduct for Nurses. Standard 7.14 - Do not engage in sexual or intimate behaviour or relationships with health consumers in your care or with those close to them.

Sexual relationships with current health consumers are inappropriate. They are unacceptable because they can cause significant and enduring harm to health consumers, damage the health consumer's trust in the nurse and the public trust in nurses, impair professional judgment and influence decisions about care and treatment to the detriment of the health consumer's well-being. However consensual the relationship appears to be, there is a power imbalance that will always mean that there is the potential for abuse of the nurse's professional position and harm to the health consumer.

Sexual relationships with health consumer's partners or family members

It is a reasonable expectation that the professional relationship will not be exploited in any way by the nurse to have his/her own needs met. On occasion nurses may find themselves sexually attracted to a health consumer's family member

or carer. It is the nurse's responsibility to ensure that he/she never acts on these feelings and recognises the harm that any such action would cause.

Relationships with former health consumers and their families

Sexual relationships with former health consumers may be inappropriate however long ago the professional relationship ceased. There is no arbitrary time limit that makes it safe for a nurse to have an intimate or sexual relationship with a health consumer who was formerly in their professional care. The reason for this is that the sexual relationship may be influenced by the previous therapeutic relationship where there was a clear imbalance of power. There is also potential for the health consumer to be harmed by this relationship.

In considering whether a relationship could be appropriate the nurse must consider:

- how long the professional relationship lasted (the longer the relationship lasts, the less appropriate a personal relationship becomes). Assisting a health consumer with a temporary problem e.g. a broken limb is different from providing long-term care for a chronic condition;
- the nature of that relationship in terms of whether there was a significant power imbalance and whether the nurse could be perceived as using their previous influence to begin a relationship;
- the vulnerability of the health consumer at the time of the professional relationship and whether they are still vulnerable (including the health consumer's psychological, physical and character traits);
- whether they may be exploiting the knowledge they hold about the health consumer because of the previous professional relationship; and
- whether they may be caring for the health consumer or his or her family members in the future.

Where the relationship was a psychotherapeutic one or involved emotional support, where the nurse was privy to personal information that could compromise the health consumer person if used out of a professional setting, or if the health consumer was previously a mental health consumer or has an intellectual disability, it may never be appropriate for a sexual or intimate relationship to develop.

The same considerations apply to relationships with the family members of former patients. There could be potential to harm the health consumer or other family members. In situations that are unclear the nurse should seek advice from their professional organisation.

Gifts

Code of Conduct for Nurses. Standard 7.6 - Accepting gifts, favours or hospitality may compromise the professional relationship with a health consumer. Gifts of more than a token value could be interpreted as the nurse gaining personal benefit from his/her position, the nurse taking advantage of a vulnerable health consumer, an attempt to gain preferential treatment, or an indicator of a personal or emotional relationship.

- Generally speaking nurses should politely decline anything other than "token" gifts from health consumers e.g. chocolates or flowers. It is more acceptable for a gift to be given to a group as any provision of good care is by the whole team rather than an individual nurse.
- Small consumable gifts for sharing, such as chocolates may be acceptable. Larger items or items of value are unacceptable.
- Health consumers should never form the impression that their care is dependent upon gifts or donations of any kind.
- Cash gifts should never be accepted. Health consumer's who wish to give cash may be permitted by the organisation's policy to donate funds to a charity or to add to a fund to purchase items to benefit other health consumer or the staff as a group.
- There may be situations when refusing a gift may be difficult, impolite or appear to be culturally insensitive. The giving of gifts may be an expectation under certain circumstances or within some cultures.
- Most organisations have clear policies concerning the receipt of gifts. Any gift must be openly declared to ensure transparency. Nurses may contact their professional organisation for advice if no policy exists.
- Nurses should not give gifts to health consumers as the health consumer may feel obligated to give something in return, or interpret the gift as an indicator of a personal relationship.

Bequests, loans or financial transactions

Code of Conduct for Nurses Standard 7.7 And 7.8 Do not ask for or accept loans or bequests from anyone in your care or anyone close to the health consumer. Do not enter into a business agreement with a health consumer or former health consumer that may result in personal benefit.

As with a gift, the best option is to refuse a bequest with a polite explanation or request that it be reassigned to an appropriate charitable organisation or the family and disclose it to managers or senior personnel.

This situation is particularly difficult for several reasons. There may be family considerations in that the family may not be supportive of the bequest. The family and the nurse may not even know about the bequest until the health consumer has died. Family members or colleagues may perceive that the nurse has exerted undue influence on a vulnerable health consumer in their care.

Financial transactions

Health consumers may develop a relationship of trust with nurses and seek to involve them in financial transactions or ask them to represent them.

Financial transactions between a nurse and a health consumer (other than in a contract for provision of services) may compromise the professional relationship by resulting in monetary, personal or other material benefit, gain or profit to the nurse. Nurses have access to personal and confidential information about health consumers under their care that may enable them to take advantage of situations that could result in personal, monetary or other benefits for themselves or others. A nurse could also influence or appear to coerce a health consumer to make decisions resulting in benefit to the nurse or personal loss to that health consumer and it is unacceptable for nurses to take such actions.

Nurses may be legitimately required by their employer to purchase items on a health consumer's behalf or assist them with other financial matters under specific conditions. All transactions must occur within acceptable organisational policy, be documented in the health consumer's record and another appropriate person/ signatory should always be involved when money or property is involved.

Acting as a representative or power of attorney

Code of Conduct for Nurses Standard 7.9 Do not act for health consumers in your care through representation agreements nor accept power of attorney responsibilities to make legal and financial decisions on behalf of health consumers.

Family members or colleagues may perceive that the nurse has exerted undue influence on a vulnerable health consumer in their care. There may occasionally be an exception to this principle when the health consumer is also a relative or close friend and no alternative arrangement can be made. The nurse needs to discuss the situation with both their manager or senior nurse and other family members and document the discussion.

What to do if you become aware of a colleague's boundary transgression

The health consumer's welfare must be the first concern. Some boundary transgressions may be unintended, a nurse may be unaware that they have crossed a boundary. Under such circumstances, it may be easier for a nurse to address a colleague about a boundary transgression and easier for individual nurses to be approached by a colleague. The issues that a nurse could address with the colleague include:

- what was observed?
- how that behaviour was received?
- the impact on the health consumer; and
- the employer's professional practice standards.

If unable to speak to the colleague directly or if the colleague does not recognise the problem the next step is for the nurse to speak to his or her immediate supervisor. The nurse should put the concerns in writing and include the date, time, witnesses and some type of identification of the person concerned. If the situation is not resolved at this level, or if the issue is a serious boundary transgression, further action may be required such as reporting the matter to the appropriate regulatory authority.

Nurses observing the inappropriate conduct of colleagues, whether in practice, management, education or research, have both a responsibility and an obligation to report such conduct to an appropriate authority and to take other action as necessary to safeguard health consumers. Failure to take steps to prevent harm to a health consumer may lead to disciplinary action being taken against that nurse.

If the nurse is approached by a colleague who has displayed sexualised behaviour to a health consumer, the first priority is the safety of the health consumer and the nurse must take the appropriate steps without delay, including informing the employer and/or regulatory body, or even the police if the nurse has reason to believe that a criminal offence has been committed.

Nurses may be made aware of a colleague's actions by the health consumer, either the person directly affected by the conduct or another health consumer. The nurse should be conscious of how difficult it may have been for the health consumer to come forward with this information. The best course of action in these circumstances is to answer the health consumer's questions, provide information to assist the health consumer in deciding if a breach of professional boundaries has taken place, and inform the health consumer of the avenues for making a complaint if he or she wishes to do so. Even if the health consumer does not wish the matter to be pursued if the nurse believes that there is a risk to public safety, the nurse must act without delay so that any concerns are investigated and the health consumer protected. If in doubt the nurse should seek advice from a colleague, manager or the appropriate professional or regulatory body.

Decisions on serious professional boundary transgressions can be accessed on the Health Practitioners Disciplinary Tribunal website at www.hpdt.org.nz.

Sample Interview Questions

Position: Youth Health Registered Nurse (RN).

Applicant: _____

Interview Date: _____

Interview Panel:

Introduction:

You are being interviewed for the role of a RN working in a school based health clinic. Can you tell us a little of what you understand are the key functions of this role.

Clinical skills and experience:

What clinical background/skills do you have that you see will enable you to cross over into this role? (eg from Practice Nurse or Public Health Nurse)

What personal skills/attributes do you bring to this position?

Youth Health:

Youth are a group within society which are now acknowledged as having specific needs and issues which need to be addressed differently than those of children or adults.

What things do you feel will be the biggest challenges in the changeover of roles/settings?

Can you identify some of the risks to the health and wellbeing of youth?

Can you identify some of the resiliencies which research show support the wellbeing and health of young people?

Cultural Competencies:

A large percentage of this school is pasifika and Maori. What is your understanding of the health issues that affect the teenagers of these populations and young people in general?

One of the successes of our student services team is that professionals from the related fields of health, social work and guidance have the opportunity to work together and share caseloads. How do you see the nurse's role fitting into that team?

And can you share an experience where you have worked holistically?

Give the interviewee a clinical scenario example involving a Maori or Pacific Island student, you are looking for the appropriateness of their response in balancing student rights to information/services, cultural and family issues, support for the student, consent issues etc.

Team Role/Flexibility:

Describe a time when you were a member of a team-what was your role within the team.

Describe a time when your opinion or way of doing things was different from the majority within the team.

How did you go about putting forward your ideas/opinions?

What strategies did you use to get others to consider your ideas/opinions?

Initiative:

Give an example of a time when you have had to co-ordinate people/ resources to complete a project.

Were the goals/objectives of the project achieved?

Describe a time when you saw an opportunity to do something differently-in a more effective and efficient manner.

Computer skills: Including database, report writing

How would you describe your Information Technology skills, able to use excel, word access use of the internet etc?

Time Management:

The many tasks involved in being a school nurse will require you to balance your time between service provision to the students, service development, ongoing professional support-what time management techniques will you use to ensure a safe, quality service is provided.

Other Issues to address:

Professional Development - database, HEEADSSS, Tikanga best practice, First Aid & CPR, PG papers

Professional portfolio development

Individual/Peer/Cluster supervision (Professional nursing support)

Performance appraisal and reporting

Indemnity insurance (who with?)

Current full drivers licence?

Legal requirements for practice: Questions to ask

Do you have a current Annual Practicing Certificate?

Are there any restrictions or conditions?

Are you currently undergoing any disciplinary action or investigation?

Sight Annual Practicing Certificate, check expiry date and any restrictions or conditions recorded on reverse of certificate.

Discuss:

Hours of work

Salary

Any other special duties or requirements

Comments/suitability for position

Reference Checking

EXAMPLE

What have you seen when <<applicant>> has been working with other cultures?

How do they work in a team

-team player?

-leadership role?

-initiative?

-time management?

How good are they at identifying issues and working through them?

Has there ever been any disciplinary action or any concerns about their practice?

Would you employ them again?

Under the Vulnerable Children Act 2014 there is the requirement to complete additional requirements when employing into a Children's Worker position (see example on page 39).



This Nursing position is a Children's Worker position under the Vulnerable Children Act 2014 (VCA)

- **Consent is required from the individual prior to approaching referees**
- This form is to be completed for each potential appointee and is a confidential record
- The information obtained in this Verbal Reference Check is evaluative material

Referee Details			
Name:			
Organisation (where applicant and referee worked together):			
Position held:			
Contact number (landline):			
Applicant Details			
Name:			
Previous position held:			
Dates of employment:			
Did the applicant report to you directly? <i>(referees must have had managerial/supervisory responsibility for the applicant)</i>			Yes / No
For what length of time did the applicant report to you?			
What was the applicant's reason for moving on?			
Interview Details			
Position applied for:		Position reference#:	
Name of person conducting Verbal Reference Check:		Date:	
Interview Panel:			
Privacy Act 1993			
Has the applicant given you their consent to act as their referee?			Yes / No
Are you happy for your comments to be made available to any person specifically related to the recruitment process?			Yes / No
Are you happy for the details of this referee to be shared with the applicant if requested?			Yes / No

Children's Worker Questions (mandatory)

Outline the position the applicant has applied for and read the following statement to the referee:

This position is designated under the Vulnerable Children Act 2014 as being that of a Children's Worker role. As such we are obliged to safety check applicants for this position through a set process.

Do you think the applicant is suited to this position? Why?

Do you consider the applicant suitable to work with children and if not, why not?

Do you trust the applicant in roles of responsibility over children and if not, why not?

Was the applicant ever subject to formal disciplinary actions or complaints regarding their behaviour towards children?

Work Output/ Style

Please describe the daily tasks and duties the applicant performed and if they did more than the tasks asked of them?

Please describe the patient load including numbers and acuity?

At what level is the applicant practicing at? (please circle) Competent / Proficient / Expert / Senior Nurse

Does the applicant have any additional duties? (e.g. rostering, second in charge, Preceptor, Infection Control)

Describe how well they manage their workload and how well they manage their own time.

Interpersonal, Team and Patient & Whaanau Centred Care

How does the applicant work with others in a multi-disciplinary team?

Describe the applicant's ability to function as part of a team.

How does the applicant demonstrate initiative with regards to patient care/needs?

Please describe the applicant's communication style with patients and their whaanau.

How well does the applicant keep the patient and whaanau informed?

How well do they contribute to decision making in patient care?

Does the applicant demonstrate an understanding of their responsibilities, as an RN, of direction and delegation towards EN's NA's HCA's HA's and students?

Please give an example that demonstrates the applicant's ability to work in a diverse environment?

Technical Aptitude

Was the applicant ever subject to formal disciplinary actions or complaints regarding their behaviour/clinical practice or any other incident?

Has the applicant participated, or contributed, to quality initiatives? If yes, how?

Did the applicant conduct themselves in the responsible manner in terms of health and safety management?

Can you comment on the applicant's strengths and areas for development (*clinical and general*)?

Management Guidelines

In your opinion, what is the best way to manage the applicant?

How well does the applicant respond to constructive feedback?

General Questions

Would you say that their sick leave levels were high, medium or low?

Were there any issues regarding absenteeism? If so, were they of a serious matter?

Have you ever had reason to question the candidate's honesty or integrity?

If a position were available, would you re-hire the applicant? Why

Do you have any other comments you would like to make or is there anything else we should be made aware of?

NOTE FOR HIRING MANAGER: To complete this step in the Safety Check process you must complete the Hiring Manager Confirmation Declaration on the next page. Please return this document to the Employment Officer to be held on employee's file upon completion.

**Vulnerable Children Act 2014 Safety Check Requirement
Hiring Manager Confirmation Declaration of Candidate suitability as Children's Worker**

After completing Verbal Reference Checks on _____, I confirm that this candidate is safe to work in a School Nurse position.

Referee 1 Name:

Referee 2 Name:

Hiring Manager Name:

Hiring Manager Signature:

Position title:

Position reference#:

If this candidate progresses to offer stage you must complete the Safety Check process by providing a signed copy of this Declaration.

Websites

Auckland School Nurses Group	http://www.schoolnurse.org.nz/
Children's Workers under the Vulnerable Children Act 2014	http://www.education.govt.nz/school/running-a-school/safety-checking-workers-and-child-protection-policy-for-schools-and-kura/
Code of Health and Disabilities Services Consumers' Rights 1996	http://www.hdc.org.nz/the-act--code/the-code-of-rights
College of Nurses Aotearoa	http://www.nurse.org.nz/
Health Information Privacy Code 1994	https://www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-2008-revised-edition.pdf
Ministry of Education Supervision Framework	http://www.education.govt.nz/assets/Documents/Ministry/Publications/Special-Education/SupervisionFramework.pdf
National Youth Health Nursing Knowledge and Skills Framework	http://www.schoolnurse.org.nz/Attachments/pdf_files/bestpractice/Best_Practice_National%20Youth%20Health%20Nursing%20Knowledge%20and%20Skills%20Framework.pdf
New Zealand Educational Institute	http://www.nzei.org.nz/
New Zealand Nurses Organisation	http://www.nzno.org.nz/
Nursing Council of New Zealand	http://www.nursingcouncil.org.nz/
NZ Acts and Legislation	http://www.legislation.govt.nz/act/public/
Society of Youth Health Professionals Aotearoa New Zealand	https://syhpanz.wildapricot.org/
WorkSafe NZ	http://www.business.govt.nz/worksafe

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