

# MAPPING CODE OF CONDUCT TO CNO STANDARDS AND GUIDELINES

## Principle 1: Nurses respect the dignity of patients and treat them as individuals

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1.1 Nurses treat patients with care and compassion	<a href="#">Professional Standards, Revised 2002</a>	“demonstrating respect and empathy for, and interest in clients”	11
	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	“listening to, understanding and respecting the client’s values, opinions, needs and ethnocultural beliefs and integrating these elements into the care plan with the client’s help”	5
1.2 Nurses show respect to patients’ <b>culture</b> , identity, beliefs, values and goals.	<a href="#">Professional Standards, Revised 2002</a>	“having knowledge of how bio-psychosocial needs and cultural background relate to health care needs”	7
		“developing collaborative partnerships with clients and families that respect their needs, wishes, knowledge, experience, values and beliefs”	11
	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	“listening to, understanding and respecting the client’s values, opinions, needs and ethnocultural beliefs and integrating these elements into the care plan with the client’s help”	5
		“recognizing that all behaviour has meaning and seeking to understand the cause of a client’s unusual comment, attitude or behaviour (for example, exploring a client’s refusal to eat and finding that it’s based in the client’s cultural/religious observations)”	5
		“demonstrating sensitivity and respect for the client’s choices, which have grown from the client’s individual values and beliefs, including cultural and/or religious beliefs”	6

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		“considering the cultural values of the client in the context of maintaining boundaries, including situations that involve self-disclosure and gift giving”	6
		“provide resources to support the provision of culturally sensitive care”	13
1.3 Nurses take steps to maintain patients’ privacy and dignity in the physical space where they are receiving care.	<a href="#">Ethics</a>	“Nurses need to provide care that maintains the dignity and privacy of clients and should not unnecessarily intrude on a client’s privacy.”	7
1.4 Nurses listen and collaborate with patients and any person the patients want involved in their care.	<a href="#">Professional Standards, Revised 2002</a>	“collaborating with clients and the health care team to provide professional practice that respects the rights of clients”	10
	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	“listening to the concerns of the family and significant others and acting on those concerns when appropriate and consistent with the client’s wishes”	5
		“actively including the client as a partner in care because the client is the expert on his/her life, and identifying the client’s goals, wishes and preferences and making them the basis of the care plan”	6
1.5 Nursing care is not judgmental and is free of discrimination.	<a href="#">Ethics</a>	“nurses need to inform clients, in a nonjudgmental manner”	6
	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	“acknowledging biases and feelings that have developed through life experiences, and that these	6

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		attitudes could affect the nurse-client relationship”	
1.6 Nurses reflect on and address their own practice and values which may affect their nursing care.	<a href="#">Ethics</a>	“clarifying their own values in client situations;”	10
		“identifying situations in which a conflict of their own values interferes with the care of clients”	10
	<a href="#">Professional Standards, Revised 2002</a>	“identifying personal values and ensuring they do not conflict with professional practice”	6
	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	“acknowledging biases and feelings that have developed through life experiences, and that these attitudes could affect the nurse-client relationship”	6
1.7 Nurses do not impose their personal beliefs and biases on patients. These include political, religious and cultural beliefs. If they see other health care team members doing this, nurses intervene.	<a href="#">Ethics</a>	“Nurses have their own personal values and may experience an ethical conflict when they disagree with clients’ decisions.”	6
		“identifying when their own values and beliefs conflict with the ability to keep implicit and explicit promises and taking appropriate action”	9
		“clarifying their own values in client situations;”	10
		“identifying situations in which a conflict of their own values interferes with the care of clients”	10
	<a href="#">Professional Standards, Revised 2002</a>	“identifying personal values and ensuring they do not conflict with professional practice”	6
	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	“acknowledging biases and feelings that have developed through life experiences, and that these attitudes could affect the nurse-client relationship”	6

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<p>1.8 When a nurse’s own personal beliefs conflict with a patient’s care plan, the nurse provides safe, compassionate and timely care to those patients, until other arrangements are in place.</p>	<p><a href="#">Ethics</a></p>	<p>“Nurses have their own personal values and may experience an ethical conflict when they disagree with clients’ decisions.”</p>	<p>6</p>
		<p>“When a client’s wish conflicts with a nurse’s personal values, and the nurse believes that she/he cannot provide care, the nurse needs to arrange for another caregiver and withdraw from the situation. If no other caregiver can be arranged, the nurse must provide the immediate care required.”</p>	<p>6</p>
		<p>“identifying when their own values and beliefs conflict with the ability to keep implicit and explicit promises and taking appropriate action”</p>	<p>9</p>
		<p>“clarifying their own values in client situations;”</p>	<p>10</p>
		<p>“identifying situations in which a conflict of their own values interferes with the care of clients”</p>	<p>10</p>
	<p><a href="#">Guidance on Nurses’ Roles in Medical Assistance in Dying</a></p>	<p>“A nurse may have beliefs and values that differ from those of a client, and may not be comfortable providing or participating in medical assistance in dying. The law does not compel an individual to provide or assist in providing medical assistance in dying. However, conscientious objection must not be directly conveyed to the client and no personal moral judgments about the beliefs, lifestyle, identity or characteristics of the client should be expressed. Nurses who conscientiously object must transfer the care of a client who has made a request for medical assistance in dying to another nurse or health care provider who will address the client’s needs. Nurses can work with their employers to identify an appropriate, alternative care provider. Until a</p>	<p>3</p>

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		replacement caregiver is found, a nurse must continue to provide nursing care, as per a client's care plan, that is not related to activities associated with medical assistance in dying"	

## Principle 2: Nurses work together to promote patient well-being

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2.1 Nurses provide clear and timely information to patients. Nurses talk to patients in ways patients understand, inviting their feedback.	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	Therapeutic Communication section	5
		“modifying communication style, as necessary, to meet the needs of the client”	5
2.2 Nurses strive to meet patients’ language and communication needs.	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	Therapeutic Communication section	5
2.3 Nurses show respect for patients’ rights and involve patients in making care decisions.	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	“actively including the client as a partner in care because the client is the expert on his/her life, and identifying the client’s goals, wishes and preferences and making them the basis of the care plan”	6
		“developing and following a comprehensive care plan with the client and health care team that aims to meet the client’s needs”	7
	<a href="#">Ethics</a>	“respecting the informed, voluntary decisions of clients”	6
	“respecting clients even when the clients’ wishes are not the same as theirs”	7	
2.4 Nurses ask for consent from appropriate decision-makers when patients are unable to do so.	<a href="#">Consent</a>	The <i>Substitute Decisions Act</i> section	4
	<a href="#">Ethics</a>	“making a reasonable effort to identify a substitute decision-maker if a client is not competent to make choices regarding health care”	7
2.5 Nurses acknowledge patients’ right to express concerns. Nurses respond by	<a href="#">Professional Standards, Revised 2002</a>	“using best-practice guidelines to address client concerns and needs”	8

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working with patients to resolve concerns.	<a href="#"><u>Therapeutic Nurse-Client Relationship, Revised 2006</u></a>	“listening to the concerns of the family and significant others and acting on those concerns when appropriate and consistent with the client’s wishes”	5
2.6 Nurses advocate for patients and help them access appropriate health care.	<a href="#"><u>Professional Standards, Revised 2002</u></a>	-“providing, facilitating, advocating and promoting the best possible care for clients”	4
		“advocating on behalf of clients”	4
		“advocating for clients, the workplace and the profession”	10
2.7 Nurses understand there may be gaps impacting patient care and health outcomes in some communities. They work together with health care teams to address these gaps.	<a href="#"><u>Professional Standards, Revised 2002</u></a>	“understanding the knowledge required to meet the needs of complex clients”	7
		“analyzing and applying a wide range of information using a variety of frameworks or theories that result in a global approach and creative solutions”	8
		“coordinating care for complex clients and demonstrating leadership when collaborating with care providers”	10
2.8 Nursing care is timely. When this is not possible, nurses explain the reasons for this delay to patients.	<a href="#"><u>Professional Standards, Revised 2002</u></a>	“seeking assistance appropriately and in a timely manner”	4

### Principle 3: Nurses maintain patients' trust by providing safe and competent care

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3.1 Nurses identify themselves, their first name, last name, title and their role to patients.	<a href="#"><u>Professional Standards, Revised 2002</u></a>	"identifying her/himself and explaining her/his role to clients"	4
3.2 Nurses use appropriate knowledge, skill and judgment when assessing the health needs of patients.	<a href="#"><u>Decisions About Procedures and Authority</u></a>	"having sufficient knowledge, skill and judgment to determine the appropriateness of performing the procedure at a given time for a particular client"	6
		"applying knowledge, best evidence, skill, judgment and appropriate authority to make and act on decisions required during the procedure"	8
	<a href="#"><u>Professional Standards, Revised 2002</u></a>	"assessing/describing the client situation using a theory, framework or evidence-based tool"	8
3.3 Nurses respond and are available to patients when working	<a href="#"><u>Therapeutic Nurse-Client Relationship, Revised 2006</u></a>	"committing to being available to the client for the duration of care within the employment boundaries and role context"	6
3.4 Nurses recognize and work within the limits of their knowledge, skill and judgment and their legal scope of practice.	<a href="#"><u>Decisions About Procedures and Authority</u></a>	"consulting when she/he reaches the limits of her/his knowledge, skill and judgment"	8
		<a href="#"><u>Professional Standards, Revised 2002</u></a>	"recognizing limits of practice and consulting appropriately"
3.5 Nurses seek advice and collaborate with the health care team to uphold safe patient care.	<a href="#"><u>Decisions About Procedures and Authority</u></a>	"reflecting on and continuously improving knowledge, skill and judgment in relation to practice"	8



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	<a href="#"><u>Professional Standards, Revised 2002</u></a>	“seeking assistance appropriately and in a timely manner”	4
		“Each nurse maintains and continually improves her/his competence by participating in the College of Nurses of Ontario’s Quality Assurance (QA) Program”	5
		“collaborating with clients and the health care team to provide professional practice that respects the rights of clients”	10
3.6 Nurses maintain and continually improve their <b>competence</b> . They reflect on their practice and set learning goals annually by participating in CNO’s <b>Quality Assurance Program</b> .	<a href="#"><u>Decisions About Procedures and Authority</u></a>	“reflecting on and continuously improving knowledge, skill and judgment in relation to practice”	8
	<a href="#"><u>Professional Standards, Revised 2002</u></a>	“Each nurse maintains and continually improves her/his competence by participating in the College of Nurses of Ontario’s Quality Assurance (QA) Program”	5
3.7 Nurses use accurate sources of information, such as research to inform their practice.	<a href="#"><u>Professional Standards, Revised 2002</u></a>	“providing a theoretical and/or evidence-based rationale for all decisions”	7
		“ensuring that practice is based in theory and evidence and meets all relevant standards/guidelines”	8
		“assessing/describing the client situation using a theory, framework or evidence-based tool”	8
		“articulating an evidence base for all decisions and measuring the impact on practice”	8
		“communicating knowledge of evidence-based, best-practice guidelines related to caring and therapeutic relationships”	11

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3.8 Nurses maintain complete, accurate and timely documentation in their practice.	<a href="#"><u>Documentation, Revised 2008</u></a>	“Nurses are accountable for ensuring their documentation of client care is accurate, timely and complete.” (see specific indicators)	7
3.9 Nurses are accountable to, and practice under, relevant laws and CNO’s <b>standards of practice</b> .	<a href="#"><u>Professional Standards, Revised 2002</u></a>	“Each nurse is accountable to the public and responsible for ensuring that her/his practice and conduct meets legislative requirements and the standards of the profession”	4
		“ensuring practice is consistent with CNO’s standards of practice and guidelines as well as legislation”	4
		“understanding the legislation and standards relevant to nursing and the practice area”	7

## Principle 4: Nurses work respectfully with colleagues to best meet patients' needs

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4.1 Nurses are professional with <b>colleagues</b> and treat them with respect, including on <b>social media</b> .	<a href="#"><i>Professional Standards, Revised 2002</i></a>	“role-modelling positive collegial relationships”	12
		“demonstrating knowledge of and respect for each other’s roles, knowledge, expertise and unique contribution to the health care team”	12
		“promoting a work environment in which trust and respect among all health care disciplines is expected”	12
4.2 Nurses collaborate and communicate with colleagues in a clear, effective, and timely way.	<a href="#"><i>Professional Standards, Revised 2002</i></a>	“using a wide range of communication and interpersonal skills to effectively establish and maintain collegial relationships”	12
4.3 Nurses work together with other health care experts to improve their patients’ care.	<a href="#"><i>Professional Standards, Revised 2002</i></a>	“collaborating with clients and the health care team to provide professional practice that respects the rights of clients”	10
		“sharing knowledge with others to promote the best possible outcomes for clients”	12
4.4 Nurses support, mentor and teach members of the health care team, including students.	<a href="#"><i>Professional Standards, Revised 2002</i></a>	“providing direction to, collaborating with, and sharing knowledge and expertise with novices, students and unregulated care providers”	10
		“acting as a role model and mentor to less experienced nurses and students”	10

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4.5 Nurses take action to stop unsafe, incompetent, unethical or unlawful practice, including any type of abuse	<a href="#"><i>Professional Standards, Revised 2002</i></a>	<p>“reporting to the appropriate authority any health care team member or colleague whose actions or behaviours toward clients are unsafe or unprofessional, or indicate abuse, in accordance with applicable legislation, including (but not limited to):</p> <ul style="list-style-type: none"> <li>• the Long-Term Care Homes Act, 2007;</li> <li>• the Child, Youth and Family Services Act, 2017;</li> <li>• the Public Hospitals Act”</li> </ul>	4
		<p>“reporting sexual abuse of a client by a regulated health professional to the appropriate regulatory college, as legislated in the Regulated Health Professions Act, 1991.”</p>	4
		<p>“preventing abuse when possible”</p>	11
		<p>“taking action to stop abuse and reporting it appropriately”</p>	11
		<p>“recognizing the potential for client abuse”</p>	11
	<a href="#"><i>Therapeutic Nurse-Client Relationship, Revised 2006</i></a>	<p>“protecting client from abuse”</p>	9

## Principle 5: Nurses act with integrity to maintain patients' trust

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5.1 Nurses protect the privacy and confidentiality of patients' <b>personal health information</b> .	<a href="#">Confidentiality and Privacy – Personal Health Information</a>	“maintaining confidentiality of clients’ personal health information with members of the health care team”	8
5.2 Nurses do not share patient information on <b>social media</b> .	<a href="#">Social Media: Reflect Before You Post</a>	Full webcast	n/a
	<a href="#">Confidentiality and Privacy – Personal Health Information</a>	“not discussing client information with colleagues or the client in public places such as elevators, cafeterias and hallways”	8
5.3 Nurses take prompt action to prevent and protect patients from harm.	<a href="#">Professional Standards</a>	“the goal of professional practice <sup>3</sup> is to obtain the best possible outcome for clients, with no unnecessary exposure to risk of harm”	3
		“taking action in situations in which client safety and well-being are compromised”	4
		“taking action to stop abuse and reporting it appropriately”	11
	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	“Protecting the client from abuse” section	9
5.4 Nurses do not accept gifts from patients, unless it harms the	<a href="#">Professional Conduct: Professional Misconduct</a>	“Practising the profession while the member is in a conflict of interest” section	12-13

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professional relationship with patients.	<a href="#"><u>Therapeutic Nurse-Client Relationship, Revised 2006</u></a>	“Giving and accepting gifts” section	8
5.5 Nurses do not act as powers of attorney or <b>substitute decision makers</b> for patients.	<a href="#"><u>Professional Conduct: Professional Misconduct</u></a>	“Practising the profession while the member is in a conflict of interest” section	12-13
	<a href="#"><u>Therapeutic Nurse-Client Relationship, Revised 2006</u></a>	“not accepting the position of power of attorney for personal care or property for anyone who is or has been a client, with the exception of those clients who are direct family members of the nurse. Should a person for whom the nurse has been named power of attorney become a client, the nurse must declare to the manager that she/he is the client’s power of attorney and decline the client assignment.”	10
5.6 Nurses declare any conflict of interest that could affect their judgement. This includes a nurse’s personal, financial or commercial interest.	<a href="#"><u>Professional Conduct: Professional Misconduct</u></a>	“Practising the profession while the member is in a conflict of interest” section	12-13
5.7 Nurses maintain integrity. They do not use their position to promote or sell products for <b>personal gain</b> .	<a href="#"><u>Professional Conduct: Professional Misconduct</u></a>	“Practising the profession while the member is in a conflict of interest” section	12-13
5.8 Nurses maintain professional boundaries with patients	<a href="#"><u>Professional Standards</u></a>	“maintaining boundaries between professional therapeutic relationships and non-professional personal relationships”	11

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	<a href="#"><u>Therapeutic Nurse-Client Relationship, Revised 2006</u></a>	“Maintaining Boundaries” section	7
5.9 Nurses do not engage in any sexual relationship with patients while caring for them. This is a law stays in effect for one year after the end of the nurse-patient relationship.	<a href="#"><u>Therapeutic Nurse-Client Relationship, Revised 2006</u></a>	“Protecting the client from abuse” section	9

## Principle 6: Nurses maintain public confidence in the nursing profession

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6.1 Nurses are accountable for their own actions and decisions.	<a href="#">Professional Standards</a>	“Nurses are responsible for their actions and the consequences of those actions.”	4	
6.2 Nurses respect the property of their patients and employers.	<a href="#">Professional Conduct: Professional Misconduct</a>	-“Misappropriating property from a client or workplace”	6	
6.3 Nurses clearly communicate to patients the details of care or a service they intend to provide.	<a href="#">Therapeutic Nurse-Client Relationship, Revised 2006</a>	“being aware of her/his verbal and non-verbal communication style and how clients might perceive it”	5	
		“modifying communication style, as necessary, to meet the needs of the client”	5	
6.4 Nurses advocate for improving the quality of their practice setting to support safe patient care.	<a href="#">Decisions About Procedures and Authority</a>	“Maintaining a quality practice setting”	12	
		<a href="#">Professional Standards</a>	“advocating for a quality practice setting that supports nurses’ ability to provide safe, effective and ethical care”	4
			“working together to create quality practice settings that promote continuing competence”	5
			“advocating for a quality practice setting”	5
6.5 Nurses have a duty to report any error, behaviour, conduct or system issue that affects patient safety.	<a href="#">Mandatory Reporting: A process guide for employers, facility operators and nurses</a>	“Mandatory Reporting Obligations”	Full guide	



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	<a href="#"><u>Professional Standards</u></a>	<p>“reporting to the appropriate authority any health care team member or colleague whose actions or behaviours toward clients are unsafe or unprofessional, or indicate abuse, in accordance with applicable legislation, including (but not limited to):</p> <ul style="list-style-type: none"> <li>• the Long-Term Care Homes Act, 2007;</li> <li>• the Child, Youth and Family Services Act, 2017;</li> <li>• the Public Hospitals Act”</li> </ul>	4
		<p>“reporting sexual abuse of a client by a regulated health professional to the appropriate regulatory college, as legislated in the Regulated Health Professions Act, 1991”</p>	4
		<p>“taking action to stop abuse and reporting it appropriately”</p>	11
	<a href="#"><u>Therapeutic Nurse-Client Relationship, Revised 2006</u></a>	<p>“Nurses protect the client from harm by ensuring that abuse is prevented, or stopped and reported.”</p>	9
		<p>“intervening and reporting, when appropriate, incidents of verbal and non-verbal behaviours that demonstrate disrespect for the client”</p>	9
		<p>“intervening and reporting behaviours toward a client that may be perceived by the client and/or others to be violent, threatening or intended by the nurse to inflict physical harm”</p>	9

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		“intervening and reporting a health care provider’s behaviours or remarks toward a client that may reasonably be perceived by the nurse and/ or others to be romantic, sexually suggestive, exploitive and/or sexually abusive;”	9
		“After intervening, a nurse must report any incident of unsafe practice or unethical conduct by a health care provider to the employer or other authority responsible for the health care provider.”	12
		“Certain legislation requires further reporting of abuse. The Regulated Health Professions Act, 1991 requires regulated health professionals to report the sexual abuse of a client by a regulated health professional to the appropriate college. The Child and Family Services Act requires reporting suspected child abuse to the Children’s Aid Society.”	12
		“have a known procedure for reporting abuse of clients and/or staff members”	13
6.6 Nurses do not practise when impaired by any substance.	<a href="#">Ethics</a>	“ recognizing their physical and mental limitations, and the impact their own health has on their ability to provide safe, effective and ethical care”	10
6.7 Nurses are responsible for maintaining their health. They seek	<a href="#">Ethics</a>	“ recognizing their physical and mental limitations, and the impact their own health has on their ability to provide safe, effective and ethical care”	10

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help if their health affects their ability to practise safely.			