

Standards of Practice for *Nurses*



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Mailing Address:

Bermuda Nursing and Midwifery Council
PO Box HM 1195
Hamilton HM EX Bermuda

Physical Address:

Ministry of Health
1st Floor Continental Building
25 Church Street
Hamilton 12

Phone:

Registrar, 292-0774/ 278-4910

Email:

bermudanursingcouncil@gov.bm

Website:

www.BNMC.bm

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Bermuda Nursing and Midwifery Council (BNMC)

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How the Standards of Practice applies to you

The guidance that follows describes what is expected of all nurses registered with the Bermuda Nursing and Midwifery Council (BNMC). According to the Nursing and Midwifery Act 1997, and the Nursing and Midwifery Rules 2010, a nurse refers to a general nurse, a nurse specialist or an advanced practice nurse or any other category nurse that may be prescribed¹. These *Standards of Practice for Nurses* detail the principles and values on which good nursing practice is based.

The *Standards* were developed in collaboration with the Bermuda Health Council; included wide consultation with the nursing profession; and compare with standards in Australia, Canada, the Caribbean, United States, and United Kingdom. They are addressed to nurses, but are intended to let the public know what they can expect from nurses. It is your responsibility to know the contents of these guidelines and to follow them. These guidelines are not a statutory instrument and you must use your judgement to apply the principles to the unique circumstances of each case you will face as a nurse.

Serious or persistent failure to follow this guidance may have consequences for your registration. In the *Standards*, **the term “must” refers to a legislative or mandatory requirement reflecting the best practice standard supported by BNMC**; the term “should” means the nurse may exercise reasonable discretion as the principle may not apply in all situations or circumstances.

¹ The Nursing and Midwifery Act 1997 and Rules 2010 are accessible online at www.bermudalaws.bm.

1. Professionalism

Maintaining high professional standards

- 1.1 Nurses must provide a high standard of practice and care at all times. When providing good care, a nurse should:
 - 1.1.1 Be open and honest and uphold the reputation of the nursing profession
 - 1.1.2 Practice in a safe, ethical and competent manner
 - 1.1.3 Evaluate one's own nursing practice by conducting self-evaluation on a regular basis
 - 1.1.4 Seek constructive feedback regarding practice
 - 1.1.5 Set and achieve goals identified during the evaluation process
 - 1.1.6 Participate in systemic peer review as appropriate
 - 1.1.7 Practice in accordance with the standards of the profession and broader health system
 - 1.1.8 Use creativity and innovation to improve healthcare delivery and practice quality

Compliance with the law

- 1.2 Nurses practice and conduct themselves in accordance with the Nursing and Midwifery Act 1997(amended 2010) and the Nursing and Midwifery Rules 2010. To do so, a nurse must:
 - 1.2.1 Adhere to relevant guidelines, regulations and legislation that affect clinical practice.
 - 1.2.2 Act lawfully, whether those laws relate to his/her professional practice or laws of the country.
 - Report the unlawful conduct of colleagues and other members of the interdisciplinary healthcare team (whether in clinical, management, education or research areas of practice) to an appropriate authority and take other appropriate action as necessary to safeguard patients and the public interest. If that report has failed to produce an appropriate response, a nurse is entitled and obliged to take the matter to an appropriate external authority.
 - 1.2.3 Respect the property and possessions of patients in his/her care and those of their colleagues, and be stewards of the resources of their employing organisations.
 - 1.2.4 Be personally accountable for actions and omissions in his/her practice and always be able to justify his/her decisions

Working collaboratively with colleagues

- 1.3 Nurses must work collaboratively with colleagues and should develop respectful relationships with other nurses, physicians, pharmacists and other health professionals. To maintain a collaborative relationship with colleagues, a nurse should:

- Respect dignity, culture, ethnicity, values and beliefs of his/her colleagues.
- Provide direction to, collaborate with, and share knowledge and expertise with students and unregulated care providers.
- Act as a mentor to less-experienced nurses and students
- Use a wide range of communication and interpersonal skills to effectively establish and maintain collegial relationships
- Be informed and objective about various nursing roles and his/her relationship to other nurses and his/her relationship to the healthcare system.

Maintaining and improving performance

1.4 Nurses must develop and maintain their knowledge, skills and clinical practice as the medical field develops and technologies evolve. Nurses must also comply with the Bermuda Nursing and Midwifery Council's requirement to maintain and document continuing education. To maintain performance a nurse must:

- Assume responsibility for his/her professional development by investing time and effort utilizing various resources as required
- Comply with the requirement to maintain valid indemnity protection (malpractice insurance); and for audit purposes provide evidence of this when requested.
- Participate in relevant professional development, practice improvement and performance appraisal processes to continually develop professional capabilities.
- Maintain membership in a professional nursing body.

Maintaining fitness to practice

1.5 Nurses should maintain their own fitness to practice. To maintain his/her own health and wellbeing, a nurse should:

- Restrict or accommodate practice if he/she cannot safely perform essential functions of the nursing role due to mental or physical disabilities.
- Strongly consider immunization against common, serious communicable diseases where vaccines are available.
- Consult a qualified physician without delay if he/she thinks he/she may be infected with a serious communicable disease and ensure that his/her condition does not pose any risk to patients or others. If such a risk exists, your personal physician and employer must be informed as soon as possible.
- Strive to maintain a healthy work-life balance.

1.6 Nurses should support the health and wellbeing of their colleagues. When doing so a nurse should:

- Encourage colleagues who require care to seek appropriate help
- Follow the reporting guidelines as per Section 6C of the Nursing and Midwifery Act 1997 which refer to reporting of impaired registered persons.
- Follow the reporting guidelines regarding Fitness to Practice in the BNMC's Administrative Manual or can be found on BNMC's website.

1.7 Nurses must practice in a safe and competent manner that is not compromised by personal health limitations, including the use of alcohol and/or other substances that may alter a nurse's capacity to practice safely at all times. Nurses whose health threatens their capacity to practice safely and competently have a responsibility to seek assistance to address their medical needs. This may include making a confidential report to an appropriate authority.

Complementary and Alternative Medicine

1.8 Nurses must ensure that the use of complementary or alternative therapies is safe and in the best interests of their clients.

Public health

1.9 Nurses should work with others to protect and promote the health and wellbeing of patients, their families and care providers, and the wider community.

1.10 Nurses should promote the health of the community through disease prevention, control, education and screening. This includes understanding the principles of public health and reporting communicable and reportable diseases to the Department of Health. Nurses should report the following information to the relevant authorities:

Public Health Issue	Legislation	Report to:	When
Births, Still-Births, Deaths*	Registration (Births and Deaths) Acts 1949 <i>Sections 6 and 11</i>	Births: Registrar-General and Chief Medical Officer Deaths: Registrar-General (If the coroner indicates an inquest must be held, the medical practitioner does not need to notify the Registrar-General)	Births: Must notify of birth within 48 hours Deaths: The medical practitioner must send notice within 48 hours of the death or, if needed, after an examination of the body
Child Abuse*	Children Act 1998 <i>Section 20</i>	Director of Child and Family Services	As soon as it is suspected
Senior Abuse*	Senior Abuse Register Act 2008 <i>Section 8</i>	Registrar of Senior Abuse (the Acting Manager, National Office for Seniors and the Physically Challenged)	As soon as it is suspected along with the supporting evidence
Communicable and Reportable Diseases*	Public Health Act 1949 <i>Section 68 (1) (b)</i>	Government Medical Officer (orally or in writing); function delegated to the Epidemiology and Surveillance Unit in the Office of the Chief Medical Officer	As soon as aware or suspect a patient has a communicable disease as per the Act
Communicable and reportable Diseases and select non-communicable	International Health Regulations 2005*	Communicable and reportable diseases: Office of the Chief Medical Officer who reports to the World Health Organization about	Timely notification as required

Public Health Issue	Legislation	Report to:	When
chronic diseases		<p>smallpox, poliomyelitis due to wild- type poliovirus, human influenza caused by new subtypes and SARS or any other public health emergency of international concern</p> <p>Non-communicable chronic diseases: The Epidemiology and Surveillance Unit in the Office of the Chief Medical Officer about diabetes, heart disease, and select cancers</p>	
Controlled Drugs*	Misuse of Drugs Act 1972 <i>Section 20 (1)</i>	Minister of Health, and the Bermuda Nursing and Midwifery Council	Upon request by the Minister or if concern is raised about extensive misuse of controlled drugs
Vaccinations (those given against communicable diseases)	For reporting to World Health Organization and Pan American Health Organization	Chief Medical Officer	At regular intervals
Gunshot Wounds	No current legislation	No legal obligation to report due to confidentiality. Police are usually aware due to public information and the nature of offence. There is reporting of non-accidental injuries to the Epidemiology and Surveillance Unit of Department of Health.	As soon as information received about the nature of the injury; weekly surveillance by the Department of Health

Impaired Driving	Motor Car Act 1951	Director of TCD Minister of Tourism Development & Transport (refers matter to the Medical Reference Committee)	As soon as reasonably possible	
Occupational Safety/Accidents*	Occupational Safety & Health Act 1982 <i>Section 3D</i> Occupational; Safety & Health Regulations 2009 <i>Section 26</i>	Minister Employer (given notice of disease, illness or injury) Chief Medical Officer/Government Medical Officer (giving notice of disease, illness or injury)	No time frame listed, but can be assumed that it is as soon as reasonably possible	

**These are legal requirements that must be reported. All legislation is available online at www.bermudalaws.bm.*

2. Scope of Practice

Practicing within scope of training

- 2.1 Nurses must practice within the skills and knowledge of their training. A nurse's scope of practice is based on his/her education, knowledge, competency, extent of experience and lawful authority. Nurses must be aware that undertaking activities outside their scope of practice may compromise the safety of persons in their care. When delivering clinical care, a nurse must:
- Advise supervisors or employers of their scope of practice.
 - Advise patients about their level of skill and training as required.
 - Display or make available to the BNMC and his/her employer, copies of his/her qualifications that attest to his/her training.
 - Only use specialty designations for which he/she has been registered by the Bermuda Nursing and Midwifery Council.

Evidence Based Decision-Making

- 2.2 A nurse should:
- Deliver care based on the best available evidence or best practice.
 - Support health, wellbeing and informed decision making of patients requiring or receiving care.
 - Ensure any advice given is evidence based if suggesting healthcare products or services.

3. Clinical Care Quality

Clinical Care

- 3.1 Nurses must provide good clinical care. When providing good clinical care, a nurse must:
- Practice within his/her scope of training which is based on knowledge, skills and experience.
 - Provide treatment that is safe, evidence-based and in the patient's best interests.

- Assess the patient's condition(s), understanding the medical history (the history includes relevant psychological, social and cultural factors) and the patient's views
- Examine the patient as necessary.
- Create and implement a comprehensive care plan to include a nursing diagnosis, a problem list and expected outcomes.
- Provide advice, arrange investigations or treatment where necessary.
- Respect the patient's right to make his/her own decision and seek a second opinion.
- Nurses' primary responsibility is to provide safe and competent nursing care. Any circumstance that may compromise professional standards, or any observation of questionable, unethical or unlawful practice, should be made known to the appropriate authority. If the concern is not resolved and continues to compromise safe and competent care, nurses must intervene to safeguard the patient and, after exhausting the internal processes, may notify an appropriate authority external to their employer organization.

Administering a drug, blood product or vaccine

- 3.2. Nurses whose scope of practice allows them to administer a drug, blood product or vaccine must consider the interests of the patient and take all necessary steps to ensure the drug, blood product or vaccine is administered safely:
- Nurses who administer a drug, blood product or vaccine must have policies and procedures for handling emergencies that arise when administering drugs. Nurses must also ensure that the environment in which the drug, blood product or vaccine is to be administered is appropriate.

Quality of practice

- 3.3. Nurses use creativity and innovation to improve healthcare delivery and practice quality.
- Nurses adhere to relevant clinical guidelines, regulations and legislation that affect clinical practice.
 - Nurses must assume responsibility for their professional development by investing time and effort utilizing various resources to improve their knowledge, skills and judgement.
 - Nurses should create or implement a plan of care that addresses patient needs, preferences, wishes and hopes based on best practices guidelines.

4. Relationships and patients

Confidentiality

- 4.1. Nurses must protect the privacy of patients requiring and receiving care. This encompasses treating as confidential any information gained in the course of the relationship and restricting the use of the information gathered for professional purposes only. This is especially important in a small community like Bermuda.
- Nurses where relevant, must inform a patient that in order to provide competent care, it is necessary to disclose information that may be important to the clinical decision-making by other members of a healthcare team or a nominated care provider.
 - Nurses, when practicable, must seek consent from patients requiring or receiving care or their representatives before disclosing information. In the absence of consent, nurses use professional judgement regarding the necessity to disclose particular details, giving due consideration to the interests, wellbeing, health and safety of the patient in their care. Nurses recognize that they may be required to disclose certain information for professional purposes.
 - Nurses must maintain patient confidentiality even after a patient's death unless release of information is required by law or public interest considerations or with the consent of the patient. As Bermuda is a small community, nurses must not disclose information to anyone including a patient's spouse, children, siblings, family or anyone else without the patient's consent. Minors, and others where mandatory reporting is required, must be advised of limits to confidentiality.

Duty to consider appropriate information

- 4.2. During consultation with a patient, a nurse should:
- Record a full medical history of new patients, or an updated history on established patients and identify relevant information for her treatment plan.
 - Ensure any complicating health factors are addressed.
- 4.3. Nurses accurately represent the nature of their services or the care they intend to provide.
- 4.4. Where specific care or product is advised, nurses ensure their advice is based on adequate knowledge and not on commercial or other forms of gain. Deceptive endorsement of products or services or receipt of remuneration for products or services primarily for personal gain, other than remuneration in the course of a proper commercial relationship, is improper.

- 4.5. When nurses provide advice about any care or product, they fully explain the advantages and disadvantages of alternative care or products so the patients can make informed decisions. Nurses refrain from engaging in exploitation, misinformation or misinterpretation with regard to healthcare products and nursing care.

Duty to advocate on behalf of patients

- 4.6. Nurses should inform the patient requiring nursing care and where that patient wishes, their nominated family members, partners, friends or health interpreter, of the nature and purpose of recommended nursing care, and assist the patient to make informed decisions about that care.
- In situations where a patient is unable or unwilling to decide to speak independently, nurses should endeavor to ensure the patient's perspective is represented by an appropriate advocate, including when the patient is a child.

Duty regarding drug therapy problem

- 4.7. Nurses should use their discretion when administering drugs and consider relevant factors and circumstances. In particular, a nurse should consider whether:
- There are any existing or potential issues with administering the drug
 - Proper protocols have been put in place to ensure safe outcomes and minimize harm
 - The dose, frequency and route of administration is appropriate
 - There are actual or potential adverse reactions, allergies or sensitivities
 - There are actual or potential drug interactions

Create and maintain patient records

- 4.8. A nurse must keep clear and accurate patient records. A nurse demonstrates the standard by:
- Clearly documenting therapeutic assessments
 - Planning implementation and termination of interventions using best practice guidelines
 - Avoiding tampering with original records in any way
 - Ensuring entries made into a patient's record are clear, legible, signed and date and time sensitive

- Ensuring entry into record as soon as possible reflecting care given which must be recorded within a 24-hour period
- Ensuring any entries made into electronic patient records are within established protocols and guidelines
- Keeping all records stored securely

Release of Medical Records

4.9. Nurses have a duty to maintain accurate and up to date patient records. Nurses should record each patient contact using a standard recording format. Suggested guidelines for record keeping are included in [Appendix A](#). the record is a confidential document involving the patient-nurse relationship and should not be communicated to a third party without the patient's prior written consent, unless required by law or to protect the welfare of the individual or the community.

- If a patient request medical records in writing, a nurse in private practice must provide a copy or a summary of the record to the patient or to another healthcare provider, an attorney, or other person designated by the patient. Medical records must not be withheld from the patient because of an unpaid bill for medical services or for any other reason.
- A nurse employed by an organization must follow the organizational policy regarding the release of medical records.

Consent

4.10. Written consent must be obtained, as per employer policy, before performing any invasive procedure.

- Nurses are responsible for ensuring that the patient has consented prior to a procedure being performed. The nurses should give information to patients in a way that they can understand before asking for consent. This includes informing patients about health risks, benefits of procedures, and all fees and charges related to care where applicable.
- Nurses should give patients an opportunity to clarify information before proceeding with treatment.
- If a patient lacks capacity to consent, the nurse should refer to the medical authority concerned. Where consent cannot be obtained, medical treatment may be provided if immediately necessary to save life or avoid significant deterioration of health.
- Nurses must always render care in cases of emergencies and should be protected from legal action in cases where assistance is rendered on a voluntary basis in an emergency (that is a situation involving imminent threat of death or serious bodily harm including accidents, disasters or any unanticipated catastrophe).

Complaints handling

- 4.11. Nurses must follow the protocol as prescribed in Section 6C of the Nursing and Midwifery Act 1997 which includes provisions for how and to whom complaints should be made.
- Nurses should acknowledge a patient's right to complain to the Bermuda Nursing and Midwifery Council and work with the patient to resolve the issue if possible. Patients have a right to complain about their care if they are dissatisfied.
 - A nurse must comply with all relevant laws and policies, and ensure the complaint does not adversely affect care.
 - Nurses must cooperate with internal and external investigations into the complaint.

Acknowledging and respecting cultural, social, and religious differences

- 4.12. Nurses must treat all patients as individuals respecting their dignity. Nurses must assume responsibility to meet patients' language and communication needs to ensure that information is shared and therapeutic relationships are maintained. This includes according due respect and consideration of the cultural values, beliefs, personal wishes and decisions of the patients being cared for as well as their partners, family members and other members of their nominated social network.
- 4.13. Nurses should promote and protect the interest of patients receiving treatment and care. This includes taking appropriate action to ensure the safety and quality of their care is not compromised because of harmful prejudicial attitudes about race, culture, ethnicity, gender, sexuality, religion, age, spirituality, political, social or health status, lifestyle or other human factors.
- 4.14. In making professional judgements in relation to a person's interests and rights, nurses do not contravene the law or breach the human rights of any person.
- 4.15. Nurses acknowledge the changing nature of families and recognize families can be constituted in a variety of ways.

End of life care

- 4.16. Nurses play a vital role in assisting the community to deal with the reality of death. In providing end of life care, a nurse should:

- Take steps to provide or arrange for appropriate palliative care.
- Encourage patients to have advanced directives.

4.17. Nurses have a duty to offer appropriate relief from distress.

5. Community

Maintaining professional conduct in the community

- 5.1. A nurse must inform the Nursing and Midwifery Council within seven days if he/she has been charged or found guilty of a criminal offence.
- 5.2. Nurses should consider the ethical interests of the nursing profession and the community when exercising their right to freedom of speech and participating in public, political and academic debate, including publication.
- 5.3. Nurses maintain and build on the community's trust and confidence in the nursing profession.

Facilitating and supporting the development of students

- 5.4. Nurses contribute to the development of students and colleagues.

6. Fees

Advising of fees

- 6.1. Nurses should be honest in any financial arrangements with patients. Patients have a right to know how much services will cost and how much they will be charged before accepting treatment. Where applicable, a nurse must inform patients about fees and charges before asking for their consent to treatment. A nurse can explain that prices are subject to change and offer reduced fees to a specific patient for compassionate reasons.
- 6.2. Nurses should communicate fees for non-clinical services (e.g. copying medical records) and inform patients of any fee to be charged before providing uninsured medical services.

7. Communication and Collaboration

Teamwork

- 7.1. Nurses must demonstrate good verbal, non-verbal and written communication skills.
- 7.2. Nurses must work cooperatively within teams and respect the skills, expertise and contributions of their peers, colleagues, and students. Nurses must also be willing to share their skills and expertise with colleagues.
- 7.3. Nurses should be aware of how their practice environments can affect professional practice.

Handover of care

- 7.4. When an aspect of care is delegated, nurses must ensure the delegation does not compromise the safety or quality of care of patients.
- 7.5. Nurses should provide impartial, honest and accurate information in relation to nursing care.
- 7.6. A nurse must establish that anyone he/she delegates to can carry out the instructed task and provide confirmation that the delegated task meets the required standard.

Manage risk

- 7.7. A nurse must act without delay if he/she believes that he/she, a colleague or anyone else may be putting someone at risk; any concerns should be reported in writing. A nurse must inform someone in authority if he/she experiences a problem that prevents him/her from working within this standard.

Promoting and preserving trust between nurse and people receiving care

- 7.8. Nurses should recognize that vulnerable patients, including children, people with disabilities, people with mental illness and frail seniors in the community must be protected from physical, psychological and emotional harm; their social and cultural wellbeing should be protected when receiving care.

- 7.9. An inherent power imbalance exists within the relationship between a nurse and a patient receiving care; this may make the patient who is receiving care vulnerable and open to exploitation.
- Nurses recognize and manage this power differential in the relationships with patients. Nurses also actively preserve the dignity of patients through kindness and respect.
 - The power relativities between a person and a nurse can be significant, particularly where the person has limited knowledge; experiences pain and illness; needs assistance with personal care; belongs to a marginalized group; or experiences an unfamiliar loss of self-determination.

8. Ethics, Integrity and Professionalism

Code of ethics

- 8.1. Nurses must uphold the principles of ethical conduct and standards of behaviour as described in the Professional Nurses Code of Ethics, which is available at the Bermuda Nursing and Midwifery Council.

Professional boundaries

- 8.2. When maintaining professional boundaries a nurse should:
- Never use his/her position to pursue a sexual, or other inappropriate relationship with a patient
 - Aim to provide the most evidence-based treatments and advice that will assist patients to make informed decisions.
 - Never use his/her position to exploit the patient.
 - Establish and maintain a therapeutic relationship.

Financial and commercial dealings

- 8.3. Nurses should be honest and transparent in all financial arrangements with patients and where they have financial interests. A nurse should avoid encouraging patients to give, lend, and bequeath money or gifts that will benefit him/her directly or indirectly. This includes being involved with loans or investment schemes with patients. When being transparent a nurse should:

- Declare any financial or commercial interest he/she or his/her family has in any aspect of the patient's care
 - Declare any financial or professional interest he/she has in a product that may be used in the care of patients
- 8.4. A nurse must not let his/her professional judgement be influenced by any commercial considerations.
- 8.5. Nurses recognize their professional position and must not accept gifts or benefits that could be viewed as a means of securing influence or favours.

Conflict of interest

- 8.6. Nurses should avoid conflicts of interest which could affect patient care. A conflict of interest arises when a nurse entrusted with the care of his/her patient also has financial, professional or personal interests or relationships with third parties, which may affect the patient's care.
- 8.7. Nurses are aware that dual relationships may compromise care outcomes and always conduct professional relationships with the primary intent of benefit for the patient receiving care. Nurses must take care when giving professional advice to patients with whom they have a dual relationship and advise them to seek independent advice due to the existence of actual or potential conflicts of interest.
- 8.8. In a small community, conflicts of interests are inevitable; however a nurse should notify patients about his/her interests. When making appropriate disclosure a nurse should:
- Act in a patient's best interests when making referrals, providing treatment or delivering care.
 - Be aware of conflicts of interest in relation to prescriptions, diagnostic tests, and medical devices.
 - Avoid accepting any inducement, gift or hospitality which may affect the way you prescribe, treat or refer patients.

Drug Diversion

- 8.9. Nurses must practice in accordance with the Pharmacy and Poisons Act 1979 and Misuse of Drugs Act 1972 and any other legislation which governs practice. Nurses have a duty to be aware of changes in the law that affect practice and adjust their practice to ensure compliance with the changes.

Drug Dependence

- 8.10. All nurses must refer to the Fitness to Practice Policy in the Bermuda Nursing and Midwifery Council's Administrative Manual for guidance about drug dependence.

Research

- 8.11. Nurses may conduct research involving humans to improve the care and quality of life for the community. When conducting research, a nurse must follow the Department of Health Research Governance Framework (2008). When conducting research a nurse should:

- Treat participants with respect
- Act with integrity and honesty
- Disclose any potential or actual conflicts of interest to patients
- Ensure that human participation is voluntary and based on informed consent
- Monitor research progress and promptly notify authorities of any adverse events or outcomes
- Allow participants to withdraw from the research at any time without requiring a reason
- Follow guidelines regarding publication of findings, authorship and peer review

Appendix I – Patient Record Standards

Patient record includes paper-based and electronic formats.

- A. A patient record should contain enough information for any physician or other regulated health professional to be sufficiently informed of the care being provided including:
- Clinical notes
 - Lab and imaging reports
 - Pathology reports
 - Referral letters and consultation reports
 - Hospital summaries
 - Surgical notes
- B. A patient record must contain or provide reference to the following minimum information:
1. Patient's name, address, phone number, date of birth, gender, and ID number
 2. Dates seen and identity of the physician attending to the patient

3. Documentation of presenting complaint or injury
 4. Significant prior history
 5. Current medications, allergies and drug sensitivity
 6. Prescription record (when issued, the dose of medication, frequency of administration, duration the patient is to take the medicine, whether there are refills)
 7. Relevant social history including alcohol or drug use or abuse
 8. Relevant family history
 9. Physical examination findings
 10. Diagnoses
 11. Investigations ordered and obtained
 12. Instructions and advice to the patient including follow up care instructions
 13. Reports sent or received regarding the patient's medical care
- C. In addition a patient record should be legible, written in English and with alterations and corrections to the patient record clearly identified showing the identity of the person making the alteration and the date.
- D. Patient records should be stored for a minimum of ten (10) years² following the date of last service or in the case of minors, ten years or until two years after the age of majority (18 years)
– whichever is longer.

² In the case of civil actions, the Limitation Act 1984 requires nurses to keep patient records for six (6) years. Malpractice insurance policies may stipulate longer storage requirements and nurses are encouraged to verify this information directly with their insurer.
