



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, NPs, and RNs unless otherwise stated.

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



Overview of this Guideline

Nurses are accountable for their actions, decisions and the impact of their decisions. They are responsible for establishing, maintaining and ending therapeutic relationships with clients. Once a nurse has accepted an [assignment](#), they have an ethical and legal [duty to provide care](#) for the balance of the assignment until the care has been transferred to another appropriate care provider. For more information on the duty to provide care, visit the [Duty to Provide Care Practice Guideline](#).

This tool is a resource for nurses in all practice settings to help them understand:

- their accountabilities related to the duty to provide care
- what is and is not considered abandonment
- steps to take to prevent abandonment
- the employer's role

Like all regulatory documents, use this document in conjunction with employer policy, applicable legislation and the standards of practice and code of ethics for LPNs, RNs and NPs.

What is Abandonment?

[Abandonment](#) occurs when a nurse fails to meet their duty to provide care, inappropriately discontinues the nurse-client relationship or fails to properly transfer the [accountability](#) for ongoing care to an appropriate care provider.

Abandonment may apply whenever a nurse stops, ends or discontinues care without:

- allowing the employer a reasonable opportunity to arrange for alternative or replacement services
- arranging for (or the arrival of) a suitable alternative or replacement care provider
- negotiating with the employer or client to develop a mutually acceptable plan for withdrawal of service

REASONABLE NOTICE

What constitutes 'reasonable notice' will vary situation to situation and is based on several factors in play at the time. **You are obligated to work with your employer on this matter.** For example, one hour may be reasonable notice if given mid-morning on a Tuesday when your employer has several available resources to draw from. However, one hour may not be reasonable if given at 11 p.m. on a Friday of a long weekend, because resources are naturally less. It may be reasonable to have a co-worker assume accountability for your clients until your replacement arrives if there are no indications any of your clients are at high risk for an immediate untoward event **and** your replacement is only 30 minutes late. However, it may not be appropriate to have a co-worker cover, even for a short time, if any of your clients are experiencing changes in their status or your replacement will be 90 minutes late, because the risks are greater to the clients.

You are accountable to engage your manager and all your team members, consider all options and all possible outcomes as you make your decision.

Self-employed nurses

You must work with your client to develop a mutually acceptable plan to withdraw services and they must be given reasonable opportunity to arrange for alternate services.

EXAMPLES OF ABANDONMENT

The following situations may be considered abandonment:

- Leaving the care area without:
 - transferring the accountability for ongoing care to a provider professionally capable of providing it
 - providing your employer reasonable notice to find an acceptable replacement

- Failing to provide care for a client(s) for whom you have accepted responsibility for because of:
 - a personal choice
 - non-work or client related distractions (e.g. personal phone calls, texting, gaming, sleeping)
- Knowingly transferring the care of a client to a provider without the professional competencies or credentials to safely meet the client's needs.
- For Nurse Practitioners (NPs): Discharging a client from your practice without giving the client reasonable time to find another care provider.

HOW TO PREVENT ABANDONMENT

Abandonment may be considered professional misconduct. Follow these general principals to prevent abandonment:

- Provide care as prescribed and required. If you are unable or unwilling to provide this care, you must arrange for a suitable replacement. You are accountable to provide care until this replacement is found.
- Transfer the accountability for care to a provider willing and professionally able to safely provide it.
- Give your employer reasonable time to find a suitable replacement or make alternative arrangements.
- Negotiate a mutually acceptable withdrawal from care plan with your employer, or the client if you are self-employed.

WHAT IS NOT CONSIDERED ABANDONMENT?

Abandonment only applies to situations where the nurse has established a nurse-client relationship by accepting an assignment. The following situations are not considered client abandonment:

- Declining offers for overtime or extra shifts in which you have not been previously scheduled to work.
- Resigning with notice as required by employer policy or contractual obligation.
- When an unreasonable burden exists and the nurse is not able to meet professional standards of practice and provide safe care because of unreasonable expectations, lack of resources or ongoing threats to personal safety. Refer to the Duty to Provide Care Practice Guideline for more information.
- Situations where you are required to prioritize care delivery or services as a result of an unusual circumstance, emergency or one-off situations.
 - For example, Mary is the only nurse on LTC Unit 1 and Fred is the only nurse on LTC Unit 2. Mary faints and is taken to the emergency room. Fred is asked to administer medications on Unit 1 until a replacement nurse can be found. Fred works with the Care Assistants on Unit 1 & 2 to put a plan in place to monitor clients and contact him while he is on the other unit. Fred is not abandoning clients on either unit because strategies are in place to manage this situation and the risk of not providing care to Unit 1 clients is greater than providing it.

REFUSAL OR WITHDRAWING FROM CARE

Refusing to provide or withdrawing from care may be appropriate in very specific circumstances, and only after full consideration of the impact to clients and several other strategies have been implemented without success to improve the situation. It is important to note that regardless of the validity of doing so, except in extreme circumstances, you remain accountable to provide care until it has been transferred and accepted by another appropriate care provider. These circumstances include:

- lack of competence where competence cannot be obtained through mentorship or 'just in time' education
- abusive situations
- unmanageable safety concerns
- moral or ethical conflicts
- concerns about your fitness to practice

FITNESS TO PRACTISE

[Fitness to practise](#) issues may be related to complex issues such as a physical or mental illness or may be intermittent and sporadic, such as fatigue. You are accountable to seek assistance to address the underlying issue, and to balance your work and professional life and manage fatigue so that you can fulfill your employment contract.

Employer Role

Employers are responsible to ensure adequate staffing and that all staff have the required competencies and the available resources to deliver safe care. Additionally, employers are responsible to respond appropriately to concerns in accordance with the [Occupational Health and Safety Act](#).

Nurse managers, including supervisors and administrators, must support the delivery of safe care by providing enough resources, including staff, to meet client needs and promote practice environments where fitness to practice can be maintained. Additionally, they are accountable to support the safety and well-being of staff, so nurses can meet their standards of practice and deliver safe, competent, compassionate and ethical nursing services.

Scarce resources, staff, information, guidance and support may contribute to situations where abandonment may occur.

Special Considerations for NPs

You have a duty to provide care to clients accepted into your practice. If an issue arises that may potentially impact the NP-client relationship, you should make reasonable attempts to address or resolve the situation. However, there may be times when faced with a challenging situation that you may consider discontinuing the therapeutic relationship with a client. In these situations, you are accountable to work with the client and others to develop and implement strategies to resolve the issue. If attempting to resolve the situation is not successful and you can no longer meet your professional obligations towards the client, you may need to end the relationship.

Ending the NP-client relationship and discharging a client from your practice should be your last resort. For more information on ending the NP-client relationship, please review our [Nurse Practitioner Practice Guideline](#).

Key Points

- Nurses have an ethical and legal duty to continue to provide care for the balance of an assignment until the care has been transferred to an appropriate care provider.
- Nurses must not abandon clients; this may be considered professional misconduct.
- Abandonment only applies to situations where the nurse has established a nurse-client relationship or has accepted an assignment.
- Ending the NP-client relationship and discharging a client from your practice should be your last resort after other interventions have failed.
- There are a number of elements for NPs to consider when ending the NP-client relationship and discharging a client from their practice.

Suggested Reading

- [Duty to Provide Care Practice Guideline](#)

For further information on anything contained within this practice guideline, please contact an NSCN Practice Consultant at practice@nscn.ca.