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INTRODUCTION

Background and Purpose of Disaster/ Emergency Plans

The College of Registered Nurses of Nova Scotia (CRNNS or the College), working with registered nurses and the public, regulates the profession of nursing to promote excellence in nursing practice. The College of Registered Nurses of Nova Scotia, as the regulatory body for registered nurses, establishes practice, ethical and education standards for the practice of nursing in Nova Scotia. The College pursues policy initiatives, programs and services that shape and regulate nursing practice and advance and promote the practice of nursing in the public interest.

The College, as the regulatory authority for registered nurses in Nova Scotia, has an important role to play in developing an emergency preparedness plan to enable it to function in the event of a disaster or emergency. As well as maintaining internal operations, it is essential for the College to link with members, other provincial and national governments, stakeholders and emergency organizations. The College possesses resources that would be essential in a coordinated provincial or municipal response to an emergency or disaster situation. Given that an emergency or disaster may occur without warning, and the type and magnitude of the emergency or disaster will vary, the procedures described in this emergency preparedness plan must be flexible. However, regardless of the nature of the emergency or disaster, this plan will serve as a guide and framework. Because of the general nature of the plan, it will require ongoing adaptation in order to meet the needs occasioned by the specific emergency or disaster.

The two components of the Emergency Preparedness Plan are the Business Contingency Plan (BCP) and the Emergency Response Plan (ERP). The main objective of a business contingency plan is to minimize the effect of an unscheduled interruption on the on-going operations of the College and to provide for the continuation of critical or vital business functions. It will also enable the College to maximize support to nurses, the public and the health-care system by retaining core capabilities to function in critically essential roles in the event of a disaster or emergency. CRNNS has determined those essential services (core functions) that must continue during an emergency. These essential services are Registration, Communication, and Professional Practice. The nature of an emergency will vary and flexibility and adaptability will be required in the specific situation, however this plan will address basic preparation for a wide possibility of emergencies.

The College’s Emergency Response Plan (ERP) describes the logistics of assisting in mobilizing and supporting the registered nursing workforce in Nova Scotia in the event of the disaster or emergency. The College will be required to provide direction in terms of registering and licensing, providing professional practice support to their members and critical information to other key stakeholders.

The College will work in collaboration with the Department of Health, District Health Authorities and Emergency Services in the province as the respective groups develop and finalize their own plans. The College Emergency Preparedness Plan will continue to evolve to link and build on other provincial emergency preparedness plans.
Types of Emergency Situations

Emergency or disaster situations that may cause activation of the Emergency Preparedness Plan include:

- natural or cataclysmic events, e.g., fire, flood, extreme weather conditions
- human behavior, e.g., bomb threats, acts of terrorists
- accidents, e.g., chemical or hazardous materials spill, explosion, aircraft crash
- technological breakdown, e.g., mass communication systems failure or communication systems crash
- medical emergencies, e.g. flu pandemic, disease

Definitions

The Business Contingency Plan (BCP) is a coordinated plan that deals with internal College operations to ensure that essential services continue to be delivered during an emergency/disaster.

Emergency Response Plan (ERP) is a detailed plan that describes how the College will assist in mobilizing and supporting the registered nursing workforce in Nova Scotia and meet the needs of the public in the event of a disaster/emergency. The ERP addresses licensing, professional practice, professional conduct and other regulatory issues specific to the disaster/emergency.

An emergency is a sudden and usually unforeseen event that calls for immediate measures to minimize its adverse consequences.

A disaster is an event that is relatively sudden, highly disruptive, time limited (although the effects may be longer lasting) and public. A disaster is usually of greater magnitude than an emergency; disrupts essential services such as housing, transportation, communications, sanitation, water and health care and that requires the response of people outside the community affected.

An epidemic is a widespread outbreak of an infectious disease; many people are infected at the same time.

A pandemic is an epidemic that is geographically widespread; occurring throughout a region or even throughout the world.
Assumptions

The business contingency plan and the emergency response plan were developed with the following assumptions:

1. Emergencies will occur and the succession of events in an emergency or disaster may not be predictable.
2. All services will operate at a minimum level of service providing there are enough human, technological and physical structure resources available. Maximum services will be afforded in prioritized services in proportion to available resources and access to services in non-prioritized service areas will be dependent on available resources.
3. Timelines may be very short depending on the nature of the emergency or disaster.
4. The nature of the event may prohibit the transfer of health-care workers between provinces.
5. There will be very little time for training or education once the emergency occurs.
6. There will be an on-going need for communication and coordination between the nursing community and external stakeholders.
7. There is a need for new regulatory procedures to enable nurses to act in response to a disaster or emergency while maintaining public safety.
PART 1 - BUSINESS CONTINGENCY PLAN (BCP) FOR DISASTER PLANNING

The Business Contingency Plan (BCP) is a plan that deals with internal College operations to ensure that essential services continue to be delivered during an emergency/disaster.

Role of Council

The Council is comprised of 12 registered nurses elected by members and 6 public representatives appointed by Council consistent with the Registered Nurses Act. Council sets broad policy and strategic direction for the College. Council appoints an Executive Director who is responsible to Council to carry out the duties prescribed by Council.

In the event of an emergency or disaster, the Executive Director is responsible for directing the implementation of the College’s Emergency Preparedness Plan. The Executive Director would be responsible for keeping Council apprised of the course of the emergency or disaster and the effectiveness of the plan. Based on that information and other issues surrounding the emergency or disaster, Council may be required to meet to address a strategic or policy issue. In the event Council has to meet, there is a mechanism for Council to meet electronically through teleconference capability. In the event that both the President and President elect are incapacitated or unavailable, Council may select an interim chair. There is a Council policy regarding ED Emergency succession. In the event that both the ED and the designate are incapacitated or unavailable, another designate will be defined as per the College policy.

Internal Emergency Response Team (IERT)

An Internal Emergency Response Team has been established to implement the Business Contingency Plan. The Chair of this Team will be the CRNNS Executive Director. This Team is created to meet the following three vital functions:

- Review and update the Business Contingency Plan by December of each year
- Implement and adapt the Business Contingency Plan during an emergency or disaster
- Support recovery within designated service areas post emergency or disaster

Composition of the Team

1. Executive Director

The Executive Director of the CRNNS is responsible for the overall direction of the College’s emergency response and recovery operations. The Executive Director is authorized to make executive decisions on behalf of the College and direct the work of the IERT. The Executive Director reserves the right to reassign any employee to fulfill necessary roles and functions. In the absence of any member of the IERT team, the Executive Director will assign replacement staff. In the absence of the Executive Director or her/ his designates, Council may need to appoint an acting Executive Director. The Executive Director serves as liaison with nursing
leaders, the Department of Health, and other key stakeholders. The College has a backup plan for emergency executive succession in the event that the Executive Director is unavailable. (Council Policy BDII-05).

2. **Executive Assistant to the Executive Director**

The Executive Assistant is responsible for support of the IERT during the emergency or disaster.

3. **Service Area Directors**

The Service Area Directors are responsible for coordinating the emergency and disaster response within Service Areas based on the direction of IERT.

4. **Communications Consultant**

The Communications Consultant is responsible for implementing the directions from the Chair regarding communications with members, the public, media, and other key stakeholders.

5. **Technology and Information Systems Officer**

The Technology and Information Systems Officer is responsible for telecommunications and computer systems. This position advises IERT concerning the extent of the emergency or disaster and how it affects communication.

6. **Registration Policy Consultant**

The Registration Policy Consultant is responsible for implementing Registration related response to members and other key stakeholders.

**Internal Emergency Response Team (IERT) Meetings**

In the event of an emergency or disaster, the IERT would meet and determine requirements related to:

- Facilities Management
- Staffing
- Communications
- Information Technology
- Registration
- Professional Practice
- Finance

The IERT would assess the staff and program services available and the needs relative to the existing emergency and oversee the implementation of the Business Contingency Plan.
The College has established a back-up plan for staff coverage for each Service Area for both program and service leads as well as administrative support staff. In the event of an emergency, where all back-up staff may not be available, cross-training may be required for specified staff on short notice, focusing on the above-noted core functions. The procedures for quick training for these essential jobs are available (Appendix D: Quick Training For Essential Jobs).

**Facilities Management**

Diagram 1 outlines the decision tree process for facilities management during emergency situations depending on whether the College facilities are accessible.

In the event of a short-term crisis involving extreme weather conditions, fire or office damage that requires closing of the College offices, there are current staff policies (Appendices A - Emergency Closing of Office and B - Emergency Evacuation Plan) to address this situation.

Emergencies or disasters of a more intense nature or lengthy duration require the initiation of the Business Contingency Plan on the direction of the Executive Director or his/her alternate. The
unknown nature of the emergency or disaster makes it impossible to predict the requirements to address the situation. At the beginning of the emergency or disaster, IERT will identify which employees are required and initiate a recall of essential staff. It is recognized that recall may be affected by the availability or non-availability of the office facilities and/or office staff.

**Office Building Intact and Accessible**

With an intact office building, the College offices will serve as the emergency operation centre for IERT.

**Office Building Not Available/Accessible**

In the event that the building is not available or accessible, it is recognized that internal communications may be problematic and other systems may have to be used. Alternate methods of communication such as telephone, cell phone, e-mail (PDA), messengers, or off-site meetings may be necessary. Staff homes are a possible location for off-site meetings. If non-availability of the building site is short term, options for remote operations have been identified (see appendices C-1 - Remote Office Supplies List and C-2 - Information for Short Term Remote Operations)

If non-availability of the building site were prolonged, a disaster recovery Emergency Operations Centre will be set up in rented space (see Appendices C-3 – Commercial Realtors). The Emergency Operations Centre will allow the College to re-establish organizational leadership, allocate resources, and focus on emergency containment and recovery. It will serve as the control centre for the special project of addressing the emergency.

In the event of an immediate evacuation from the College’s office, procedures have been established in Policy OHS-02 “Emergency Evacuation Plan”. (Appendix B: Emergency Evacuation Plan).

The College will maintain emergency supplies and rations to support the Centre during this time. Such rations are listed in Appendix C-4: Rations to Support Emergency Response Team.

**Staffing**

CRNNS has determined those essential services (core functions) that must continue during an emergency. These essential services are Registration, Communication, and Professional Practice. The Internal Emergency Response Team would determine the specific requirements from these essential Service Areas depending on the emergency or disaster. The CRNNS response involves a combination of options, which shall be initiated by the Chair of the Internal Emergency Response Team or his/her alternate. Normal roles and routine services within the College may be temporarily suspended and staff may be reassigned to support the essential service areas. If at all possible, each essential service area will be covered by at least one staff member.
Temporary staff may be required and will be recruited accordingly (e.g. employment placement services, retired staff or individuals with regulatory experience). Temporary staff will be required to sign a confidentiality agreement (Appendix I: Intellectual Property and Confidentiality Agreement) and will only have access to essential information to enable them to perform the job duties assigned.

It is possible the College could recall retired staff for the duration of the emergency. Staff that has recently retired could be asked to return to work under some circumstances if necessary to assist the College to meet essential services.

Each service area is responsible for developing service area plans to operationalize their responsibilities in a disaster or emergency. Individual plans will be available in hard copy and on the intranet.

**Communications**

Adequate communication is one of the most fundamental components of successfully managing an emergency or disaster. The overall goal of communications in the event of an emergency or disaster will be to maintain the credibility of the College as an organization committed to public protection and the advancement of safe, competent nursing practice.

The Communications Consultant is responsible for implementing the directions from the Chair regarding communications with members, the public, media, and other key stakeholders.

In the event of an emergency or disaster, this goal will be achieved by:

- Ensuring that College staff is familiar with the College’s Business Contingency Plan and prepared to follow through with their responsibilities (i.e., provided with copy of plan, which will also be stored off-site).
- Utilizing all available communications vehicles to provide members, partners (e.g., DOH, DHAs, employers/facilities), and the public with accurate, comprehensive and timely information.
- Working collaboratively with partners and being responsive to their communication needs, as well as those of members and the public.
- Developing collaborative working relationships with key media.
- Being open, honest, thorough, coordinated, and flexible/receptive (prepared to provide “just-in-time” messaging).

The three key messages of College communications will relate to:

1) services available to protect the public (e.g., licence status search, complaints)
2) services available to support professional practice (e.g., consultations, licensing)
3) mechanisms to access required information (e.g., website, media).

In the event that the College office building is open:

- A staff member will always be available at the main switchboard.
- Each staff member will update his or her phone and computer messages (as per Appendix E: Critical Messaging for Members and the Public).
• Partners (e.g., DOH, DHAs, employers) will be contacted directly to confirm services being provided by College.
• Key messages will be posted on the College’s website (as per Appendix E: Critical Messaging for Members and the Public).
• Public service announcements and press releases will be issued to key print and electronic media outlets (as per Appendix E: Critical Messaging for Members and the Public).

In the event that the College office building is unavailable or inaccessible:
• The College’s telephone system will be updated including the main College switchboard number and individual staff contact numbers. College staff will be expected to update to their phone and e-mail messages daily (as per Appendix E: Critical Messaging for Members and the Public), and to respond as quickly as possible, no later than 24 hours, to messages received. How to do this is explained in Appendix F-3: Remote Administration of Phones.
• Key messages will be posted on the College’s website (as per Appendix E: Critical Messaging for Members and the Public).
• Public service announcements and press releases will be issued to key print and electronic media outlets (as per appendices E-2 and E-1 messages and key contact list).
• In the event that the College e-mail and telephone services are unavailable other methods of communication will be identified and communicated by the IERT, with the intent to meet as many of the above noted audiences as possible.

**Information Technology**

Due to scope, importance and internal dependence on IT, a specific IT Emergency Team would be developed to plan, assess, transfer, and recover IT functions. This team would be created and lead by the IT Emergency Coordinator on an ad hoc basis from available vendors, suppliers, and staff.

The IT Emergency Coordinator is the Technology and Information Systems Officers. In the event the he is unavailable the College back up is the Director of Corporate Service or Finance Clerk who will then contact appropriate services as per Appendix F-6: IT Services Vendor List.

For each of the three essential services, the following is a definition of resources that a staff person would require.

**Registration Services**
- Computer - Used for processing emergency temporary licenses.
- Printer – Used to produce emergency temporary licenses.
- Phone - Used for communication and coordination of licensee.

**Communications**
- Computer - Used for updating the CRNNS website.
In the event of an emergency, the action plan is focused on meeting these resource needs for each of the essential services.

**Appendix F: Business Continuity Action Plan** will serve as a guide to IERT to determine appropriate actions. Additional action plans will be designed to meet the essential services needs based on circumstances.

**Registration**

In the event the College office building is unavailable or inaccessible, Registration services will be relocated (see **Appendix C: Remote Office Relocation** and the sub appendices for a list of alternative sites, materials, and equipment).

Depending on the nature of the disaster or emergency one or more of the current registration methods (online, in person, or by mail) may be unavailable. As an essential service some method of registration will be available to nurses. In the event the College office building is open with limited staff, it may impact timely registration services. In the event that the College office building is unavailable, a form (**Appendix D-7: Issuance of Temporary Nursing Licence in Nova Scotia in an Emergency/Disaster Event**) has been developed to enable the issuance of temporary nursing licences from any designated location. The offsite coordinator for Telehealth has hard copies of the temporary license form.

The following outcomes have been identified for Registration Services in the event of a disaster or emergency:

- Emergency licensure resources will be maintained. (See **Appendix D: Quick Training for Essential Jobs**)
- Annual education sessions on processing licences using the modified procedure will be offered to College staff.
- A list will be maintained of nurses who became non-active or non-practising in the past five years and who still meet eligibility requirements for licensure.
- A list will be maintained of Canadian jurisdictions and Nova Scotia Schools of Nursing with contact information.
- Registration staff or designates will process licences using a modified data entry procedure.
- Criminal Record Checks will be processed as per policy.
- In the event of a disaster/emergency occurring during the annual licence renewal period active-practising nurses will have the expiry date of their current licence extended, if licences cannot be renewed by the end of the licensure year (October 31).
- In the post disaster/emergency phase, detailed registration data captured in hard copy format will be entered as required to update files.
Processing Temporary Licences During a Disaster/Emergency

<table>
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<th>Registration Information Required</th>
<th>Method of Confirmation</th>
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<td><strong>Out-of-province active-practising nurses:</strong></td>
<td><strong>Proof of name from nurse and verbal confirmation from jurisdiction for remaining data</strong></td>
</tr>
<tr>
<td>- proof of name</td>
<td></td>
</tr>
<tr>
<td>- jurisdiction verification (active-practising status, disciplinary record)</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-province non-practising/non-active nurses:</strong></td>
<td><strong>Proof of name from nurse and verbal confirmation from jurisdiction for remaining data</strong></td>
</tr>
<tr>
<td>- proof of name</td>
<td></td>
</tr>
<tr>
<td>- jurisdiction verification (non-active/non-practising status, disciplinary record)</td>
<td></td>
</tr>
<tr>
<td>- number of practice hours in past five years</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-province new graduate nurses:</strong></td>
<td><strong>Proof of name from nurse and verbal confirmation from jurisdiction for remaining data</strong></td>
</tr>
<tr>
<td>- proof of name</td>
<td></td>
</tr>
<tr>
<td>- confirmation of nursing program completion</td>
<td></td>
</tr>
<tr>
<td>- jurisdiction verification (If holding a temporary license with original jurisdiction)</td>
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<tr>
<td><strong>Nova Scotia active-practising nurses:</strong></td>
<td><strong>College database/hard copy as available</strong></td>
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<tr>
<td>- extend current expiry date of licence if required</td>
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<tr>
<td><strong>Nova Scotia non-practising/non-active nurses:</strong></td>
<td><strong>List of non-practising/non-active nurses maintained by the College</strong></td>
</tr>
<tr>
<td>- proof of name</td>
<td></td>
</tr>
<tr>
<td>- number of practice hours in past five years</td>
<td></td>
</tr>
<tr>
<td><strong>Nova Scotia new graduate nurses:</strong></td>
<td><strong>Proof of name from nurse and verbal confirmation of completion of nursing program from school.</strong></td>
</tr>
<tr>
<td>- proof of name</td>
<td></td>
</tr>
<tr>
<td>- confirmation of nursing program completion</td>
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**Professional Practice**

The ability to provide professional practice consultation services is an essential service that will continue in the event of a disaster or emergency. In the event that the professional practice advisors are unavailable, other professional nursing staff will be expected to take practice calls. All practice calls will be documented in the current database or by hardcopy if the database is
Finance

A. **Signing Authority**

The following individuals have cheque signing authority for the College within the noted ranges:

(i) **Less than $5,000:**

Any two of:

- President;
- Executive Director;
- President-Elect
- Director, Corporate Services
- Director, Professional Practice and Policy Services

(ii) **$5,001 to $19,999:**

The Executive Director and one of the above-noted in (i).

(iii) **Greater than $20,000:**

The President and Executive Director

The bank contact for the College is: Bank Manager, Scotia Bank,
Scotia Square
(902) 420-2930

Manual cheques will be maintained at an off-site location in Iron Mountain.
PART 2 - EMERGENCY RESPONSE PLAN (ERP) FOR DISASTER / EMERGENCY

While the Business Contingency Plan addresses the internal workings of the College during a disaster/emergency, this Emergency Response Plan addresses how the College will assist in mobilizing and supporting the nursing workforce and safely meet the needs of the public.

Staffing

Staffing issues are addressed under the Business Contingency Plan. Staff will be oriented to the Emergency Preparedness Plan when hired and on a regular basis. In addition, a Staff Information kit is being prepared which includes information on healthy practices especially in the event of an influenza pandemic including personal guidelines on how to stay healthy, e.g., respiratory etiquette, protective devices (gloves, masks, hand cleaner).

Communications

The overall goal of communications, in the event of an emergency or disaster, will be to maintain the credibility of the College as an organization committed to public protection and the advancement of safe, competent nursing practice. Meeting this goal will require an emphasis on enhancing professional best practice of RNs (e.g., providing them with resources specific to the emergency) and developing collaborative relationships with partners that ensure that the College has links to all relevant information and is positioned to enhance the effective management of the emergency by partners (e.g., enhancing their ability to meet their obligations in the delivery of healthcare services to the public).

In addition to the communication strategies noted in the Business Contingency Plan, the College will:
1) build an emergency preparedness component on its website to provide access to its Business Contingency and Emergency Response plans, as well as other relevant information and linkages to enable nurses to respond appropriately and safely
2) use its website and the media to communicate the need for nurses with specific types of nursing expertise.
3) publish on its website a list (name, registration number, expiry date) of registered nurses issued a temporary licence for the emergency/disaster.
4) maintain ongoing communications with other nursing jurisdictions.

The potential nursing work force including Canadian nurses, internationally educated nurses and retired nurses will be reached via public service announcements on television/radio/newspapers advising them of how and who to contact regarding possible licensure or volunteering (Appendix E: Critical Messaging for Members and the Public).

Media information will be released to all print and electronic media outlets identified in the emergency media contact list (Appendix E-1: Media Contact List). The IERT will ensure the provision of consistent, timely and accurate information.
Registration

(a) Licensing

The College will expedite temporary licensure of eligible nurses in emergency / disaster situations (Appendix D-7: Issuance of Temporary Nursing Licence in Nova Scotia in an Emergency/Disaster Event), from within the following categories:

- Nurses in Nova Scotia on the Register of the College but not currently licensed.
- Nurses registered in another jurisdiction.
- Graduate nurses eligible to write the CRNE in Nova Scotia.
- Graduate nurses eligible to write the CRNE in another jurisdiction.
- Retired nurses in Canada (non-practising/non-active within last five years)

Currently, temporary licenses are issued for a maximum of six months. Nurses issued a temporary licence are accountable to meet the CRNNS Standards for Nursing Practice and Code of Ethics however, are exempt from completion of the College’s Continuing Competence Program. It is the expectation of the College that the hiring agency would collaborate with the nurse in identifying and ensuring that any continuing competency needs are met.

For timely licensure all individuals issued a temporary licence under the College policy for Emergency will not require a paper licensure but current licensure status will be documented on the College website and/or confirmed verbally by the College.

There is an agreement among Canadian jurisdictions that request for verification of licensure status will be expedited in an emergency / disaster situation. In emergency / disaster situations, the fees for licensing and criminal record check may be waived. Depending upon the date and duration of the disaster, the expiration date of the licensure year may be extended. The labor mobility chapter of the Agreement on Internal Trade (AIT) provides guidance to Canadian jurisdictions for development of mutual recognition agreements that will allow national mobilization of nurses licensed in one province to practice in another province with minimal time loss due to licensure hurdles.

Eligibility requirements include but are not limited to

- Completed 1,125 nursing practice hours in the last 5 years or 450 practice hours in the previous year,
- Is a graduate of an approved or equivalent program,
- Successfully completed a refresher program in the last 5 years,
- Not subject to any disciplinary action that would prohibit the practice of nursing,
- Other such information that may be required to establish that the applicant is competent and capable to safely conduct the practice of nursing.

The College will not licence those nurses who do not meet eligibility requirements (insufficient practice hours, failure of Criminal Record Check or do not meet English language requirement). The College will provide a list upon request to government or district health authorities of non-practising nurses who have consented to the release of their name and contact information. Due to privacy legislation the College cannot provide a list of non-active members.
(i) Retired Nurses or Non-Active Nurses
The College will maintain a list of non-practicing or non-active nurses who may be eligible for registration. The nurses on this list will be contacted to discuss their eligibility and interest in establishing a temporary licence.

(ii) Volunteers
Nurses who are retired for more than five years will not qualify for temporary licensure with the College. However, these nurses may want to volunteer and can be valuable resources to engage in activities that would not require a nursing licence. If these nurses self-identify or DHA inquire regarding their past licensure with the College, Registration Services will verify whether these individuals have ever been licensed.

(iii) Nurse Practitioners
Nurse practitioners are registered nurses with advanced skills and knowledge in health assessment, promotion and management, as well as disease prevention. They provide essential health services, including the management of acute and chronic disease within the holistic model of care, in collaboration with clients, physicians and other healthcare professionals. Most nurse practitioners in Nova Scotia are assigned to specific district health authorities. In the event of a disaster or emergency, nurse practitioners may need to be redeployed to a different geographical area of the province to assist in triage and/or initial management.

Professional Conduct

Conduct processes and timelines are detailed under the Registered Nurses Act. In an emergency or disaster, consideration would be given to suspending the recommended timelines for responses by CRNNS to complaints and resulting conduct processes. Issues of professional conduct would be assessed on a case-by-case basis. Those with public safety concerns would be dealt with in a timely fashion, while others may be placed on hold. Human resources during the situation may need to be concentrated on maintaining essential services.

Professional Practice

The ability to provide professional practice consultation services is an essential service that will continue in the event of a disaster or emergency. The policy and practice consultants will have a critical role in supporting professional practice through communication with members, liaison with nurse managers and other healthcare organizations and development and communication of guidelines and support of nursing practice. It is essential the College’s practice and policy services support nurses while maintaining protection of the public. The practice advisors will provide resource information and support for members and assist them to problem solve issues related to the disaster/emergency. Examples of issues that may arise: ethical issues such as the duty to provide care, difficulty meeting standards of nursing practice and required new competencies to provide appropriate standards of care.

Ethical Issues
Nurses have a professional obligation as well as the legal requirement to provide clients with safe, competent and ethical care. Nurses could be considered negligent if they do not meet their professional responsibilities and standards in providing care. This duty extends to a public health emergency or disaster. Nurses and other health care workers may be forced to consider serious health risks to themselves or their families against their duty to care for the sick. These professional obligations can have limits. It is difficult to provide black and white rules around the duty to care especially around the extent to which nurses are required to risk their lives in delivering clinical care. The following guidelines will assist in making decisions in these areas but it is recognized that ongoing discussion with key stakeholders is necessary to further define the issues and appropriate policy decisions. Employers also have a duty to protect and support healthcare employees. This may include excluding some staff from certain duties; for example, it might be appropriate to reassign an immuno-suppressed caregiver from working directly with influenza patients. There will likely be significant physical, emotional or psychological distress associated with providing care in such situations and supports must be in place by the College, the employers and government to assist nurses. Conflicts in values can increase the amount of psychological and emotional distress.

The SARS epidemic in Ontario demonstrated that decisions related not only to clinical or epidemiological issues but also important human values, which involved choices about quarantine, duty to care, the right to privacy and a number of other ethical issues. Understanding and communicating beliefs and values helps nurses and other decision makers identify and deal with ethical issues and conflicts as they occur. Nurses adhere to the Code of Ethics (CNA, 2008) as one of the basic foundations to guide their care and decision-making. In addition, there are a number of ethical decision-making frameworks in the literature relevant to specific situations. The following ethical framework is designed to provide registered nurses and other decision makers with guidelines to identify and resolve possible ethical issues in a disaster or emergency. It is essentially the framework developed by the University of Toronto Joint Centre for Bioethics reported by Peter A Singer, Solomon R Benatar, Mark Bernstein, et al . (BMJ 2003; 327:1342-1344) The framework was also applied in a policy document by Godkin and Markwell (retrieved from http://www.health.gov.on.ca/english/public/pub/ministry_reports/walker04/ethics_duty_care04.pdf). Although the framework was developed in response to the experiences of healthcare providers during the SARS crisis, it is broad enough to apply in the event of any emergency/disaster situation.

The ethical framework is not intended to be a total guide to ethics for an emergency/disaster. In the actual situation, nurses will need to use their judgment, consult their Code of Ethics and consult with additional resources such as the College, employers, colleagues, educators and others with expertise in ethics.
Ethical Values and Decision Making Framework for Disaster/Emergency

1. Duty to Provide Care

Professional negligence or breach of the professional duty of care is one of the areas of greatest concern for health professionals. Nurses have a professional obligation to provide clients with safe, competent and ethical care including during an emergency or disaster. By virtue of their profession, doctors and nurses have more stringent obligations of beneficence than non-professionals. Are there limits to these obligations? What distinguishes normal obligations from acting beyond the call of duty?

While there is an expectation that nurses will provide care to the sick and absorb a certain amount of risk in doing so, there is not an expectation that nurses will place themselves at unnecessary risk during a public health emergency. During the 2003 SARS outbreaks in Toronto, some doctors and nurses refused to treat afflicted patients on the grounds that they presented too great a danger. In circumstances such as influenza pandemic the limits of care need to be more clearly defined. The duty of care is not absolute but, rather, constrained by several factors. There are situations where it may be acceptable for nurses to withdraw or refuse care. If nurses determine they do not have the necessary competencies or physical, psychological or emotional well-being to provide safe and competent care, they may withdraw from the provision of care or refuse to provide care if they have given reasonable notice to their employer and appropriate action has been taken to replace them or resolve the issue. The provision of professional nursing care does not include working in situations where the caregiver’s health is at risk because an employer has provided inadequate protective resources. Refusals to work should be handled by the employer in accordance with the Occupational Health and Safety Act. Employers, however, should explore the reasons for the employee's refusal to work and appropriately respond to legitimate concerns. CRNNS will help its members identify safe work environments and advocate for change if shortcomings in safety persist, in order to make risk manageable and to make caring safe. The College has developed specific duty to provide care guidelines (attached Appendix K).

Another factor in defining acceptable risk levels relates to the healthcare worker's specialty. Within the same hospital, an emergency care nurse, as a first responder is obviously more at risk than, for example, a mental health nurse. Nurses working with clients with highly infectious diseases such as influenza assume a high level of risk and may need to consider several factors when making the decision to provide care. Nurses’ professional and ethical responsibilities may be complicated by personal factors including multiple roles as health professional, parent, spouse, child of elderly parents, and community member. Nurses may have other obligations to elderly parents or young children that are significant enough to outweigh their duty to provide nursing care. When it comes to ethical choices there are often no right or wrong answers. What each nurse must do when making ethical decisions is consider his/her rights as well as accountabilities and professional judgment must be based on ethical reflection and ethical decision-making. If a nurse chooses to refuse an assignment, he/ she must inform the employer of why they are refusing, document the decision-making process and provide the employer with enough time to find a suitable replacement (CNO, Sept. 2003). Singer et al. (2003) in the article on the ethical issues raised by SARS in Toronto, concludes that the authors could not reach consensus on the issue of duty of care, particularly regarding the extent to which healthcare
workers are obligated to risk their lives in delivering clinical care. Sokol (2006) states there should be debate in hospitals, universities, and medical journals to “explore not only the nebulous limits of the duty of care but also infection control measures, staff training and involvement, the role of medical students and volunteers, the triaging of incoming patients, and the logistics of treatment, depending on the severity of the epidemic, as well as the lessons learned from past epidemics. However difficult the task, these issues should best be tackled now, in times of relative calm, rather than in times of pandemic turbulence.” Hospitals and employers may want to inform prospective staff members of what is expected in crisis situations before, rather than in the midst of, an emergency.

2. Protection of the public from harm

Nurses and other health care professionals have a duty to protect the public from harm.

Nurses must comply with infection control measures and quarantine requirements in a pandemic or infectious outbreak. Health care professionals should not work if they are ill themselves. Nurses also have an obligation to maintain their own health and ability to provide care for patients. If nurses are asked to cope with unreasonable expectations, they must assess their own fitness to practice.

3. Liberty

Liberty is the quality or power of being free and being able to make own choices.

Individual rights can be overridden for the common or societal good in an emergency or disaster. Any restrictions to the liberty or freedom of any individual should be legitimate, necessary and applied fairly and should be the least restrictive possible given the situation.

4. Privacy

Privacy is freedom from unauthorized intrusion.

Individuals have a right to privacy but this is not absolute. Personal information of nurses, patients and others should generally be protected unless a well-defined public health goal can be achieved by releasing personal information. Protection of public health may limit an individual’s right to privacy and confidentiality of health information. The harm of releasing information must be balanced against the benefits of reducing health risks to others. Quarantine for ill individuals including health care providers who become ill may be required, however, the least restrictive option for quarantine should be chosen.

5. Protection of individuals from stigmatization

Individuals including health care professionals and families should be protected from undue stigmatization during a disaster or emergency.

Some public health emergencies may require home or work quarantine of individuals or health care providers. The SARS experience showed that the public’s fear of contracting the disease
resulted in some discrimination and stigmatization against ill patients, health workers and their families. In all communications, caution must be taken to avoid this as much as possible. Nurses and other health care professionals need ongoing support and assistance from the College, employers and the government to enable them to provide health care in such stressful situations.

6. Proportionality

Proportionality means assigning equal or proper value to attain fairness or balance.

It is essential to maintain an equitable balance between the interests of patients with communicable diseases or at risk of communicable diseases and those who are sick with other diseases and need urgent treatment. In an infectious disease event, individuals may need to be physically isolated but should not be psychologically isolated. During the SARS epidemic, patients in hospital with or without SARS and their families suffered from lack of contact due to strict visitor policies.

7. Reciprocity

Reciprocity means mutual give and take or returning in kind.

The value of reciprocity requires healthcare institutions to support and protect healthcare workers, to help them cope with very stressful situations, to acknowledge their work in dangerous and difficult conditions, and to have workable plans for emergency situations. If nurses and other care providers are obligated to provide health care in a disaster/emergency, employers have a reciprocal duty to protect and support health care employees. Employers and/or the Department of Health should develop fitness to work guidelines. An Employee Assistance Program (EAP) including counseling and stress management should be made available to all employees.

8. Transparency

Transparency means open information free of deceit or pretense.

Nurses and other stakeholders have a right to receive truthful and complete information that is needed for them to fulfill their accountabilities safely, ethically and competently. They must be properly informed about issues, including risks and benefits of various decisions or options and have input into decisions directly affecting them.

9. Equity

Equity means dealing fairly with all individuals.

In an emergency situation, employers, nurses, DOH and other stakeholders will face difficult choices including what services to maintain and who receives scarce resources for care. Decisions need to be made fairly, including decisions regarding access to limited resources. Organizations need to develop decision-making guidelines and policies to assist nurses and other health care professionals to make informed and equitable decisions in relation to client care.
10. Solidarity

Solidarity means a unity that is based on the common good or common cause.

The SARS outbreak emphasized global interdependence and the risk to global human security from the emergence and rapid spread of infectious diseases. There is a need to strengthen the global health system to cope especially with infectious diseases in the interests of all countries, which require corporation and sharing in the interest of everyone's health and well-being. An analysis of decision-making in Toronto from the SARS epidemic highlighted the need for discussion with employers, regulators, government, health care workers, the public, ethicists and other stakeholders to resolve issues surrounding acceptable limits to individual liberty and healthcare workers' duty of care in an epidemic.

**Potential conflict between standards of practice and emergency agency policies/medical directives**

It’s possible that emergency government or agency policy/medical directives may conflict with nurses’ code of ethics and/or standards for nursing practice. The College should be consulted by members, employers and other key stakeholders when new care directives or policies are drafted that may impact nurses ability to maintain professional standards of care and practice.

Practice consultation will continue to be available in the event of a disaster or emergency. The College’s 1-800 number will facilitate consultation and advice. The College will work with health care facilities to ensure that their managers and staff are knowledgeable about the College Standards for Nursing Practice and other resources. Information such as frequently asked questions specific to the disaster/emergency will be placed on the College website for easy access to members and the public.

**Competency Issues**

During an emergency or disaster, nurses may be required to perform tasks or competencies outside their individual scope of nursing practice. For example, nurses who ordinarily work with mental health clients may be asked to give medications in an adult cardiac unit. Nurses are not obligated to provide care beyond their level of competence. They do have an obligation to inform employers when they are asked to deliver care beyond their level of competence or personal scope of nursing practice. It is important for nurses to recognize when they have passed the limits of their knowledge, skills or judgment and to know when and where to get assistance. It is important for employers to provide education or training for nurses who are asked to work in unfamiliar areas. Nurses and employers have a responsibility to work together to ensure that processes are in place for nurses to acquire and maintain competence. CNPS has stated that as long as a nurse is providing healthcare services in emergency situation he/she would be eligible for protection from CNPS even if practicing outside of their usual scope of practice or area of expertise (Personal communication Paula Prendergast and Ann Tapp, July 20, 2006).

The increasing threats of disasters/emergencies such as global terrorism and the spread of infectious diseases will also likely require additions to the current knowledge base and competencies for nurses. Although no two emergencies or disasters are alike, the competencies
nurses need to possess in order to respond effectively are essentially similar. The College is exploring the development of core competencies for registered nurses in emergency/disaster situations.

**Delegation**

Delegation issues will become more challenging and complex in the event of a disaster or emergency and possible shortages of registered nurses and licensed practical nurses as well as other health professionals. Nurses should never delegate any component of professional nursing care and should assign only those tasks as approved by the employer as part of the job description. Nurses are accountable to their employers, their professional regulatory body and most importantly their patients for the competent performance of the patient care they provide. Standards for Nursing Practice (CRNNS, 2003) state that the registered nurse “demonstrates professional judgment and accountability when delegating or assigning tasks or functions to other members of the healthcare team.”

Delegation occurs when the task is within the scope of practice of the registered nurse (delegator) and outside the scope of practice and/or scope of employment of the other health care team member (delegatee). Delegation refers to the transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the decision to delegate. While specific tasks or procedures may be appropriately delegated, the registered nurse cannot delegate nursing activities that include the core of the nursing process (assessment, diagnosis, planning, and evaluation) and require the specialized knowledge, judgment, and or skill of the registered nurse.

The registered nurse giving care determines in a particular practice situation if delegation to a healthcare provider is appropriate by assessing: the client’s health status, the practice environment, the healthcare provider competencies, and the amount of supervision required. Assignment refers to designating activities to be performed by an individual, which is within his or her licensed scope of practice and/or scope of employment.

The College published a document in 2003, “Delegation Guidelines for Registered Nurses”. The purpose of the document is to describe the responsibilities of the registered nurse in the delegation of nursing tasks to other healthcare providers. It also provides a process to facilitate delegation of tasks and a decision-making framework, which can be used in specific settings to guide the process of delegation. This document provides guidance regarding delegation and is a resource for nurses and employers and includes a decision-making framework based on the five principles of delegation.

The employer/health care agency is accountable to ensure there are mechanisms in place to support delegation e.g., written policies, procedures, guidelines and resources; provide adequate education, training and assessment of the competence of employed health care personnel communicate the level of education of unregulated care workers to registered nurses involved in client care.
Plan Evaluation

A draft of this plan was sent to a sample of stakeholders (members, DOH, DHAs, employers/facilities) for feedback and appropriate revisions. In addition to informing revisions to the document, the feedback assisted the working group to identify further areas for development and additional linkages with key stakeholders.

The College Emergency Preparedness Plan is a living document that will evolve as new information develops. The College will collaborate with key stakeholders such as the Department of Health, District Health Authorities and Emergency Services as the plan evolves to keep pace with emerging information and trends. All College employees will be oriented to both parts of the College’s emergency preparedness plan. Operational components of the Plan will be tested and revisions made accordingly.

The College is accountable to review and update the emergency preparedness plan annually and following implementation of either part of this plan. Evaluation criteria will be drafted to evaluate the effectiveness of the plan in the event it has to be implemented.
APPENDIX A: EMERGENCY CLOSING OF OFFICE

Introduction:

Given certain weather conditions, for the safety of staff, the office may have to be closed. To the extent possible, work should continue in order to provide customer service to clients and meet accountabilities (i.e. voicemails, e-mails, consultation calls, meetings by teleconference, project work, etc.).

During the Business Day:

When employees have already reported to work and worked for half, or more than half, of the day the Executive Director or her designate may send employees home and provide regular pay for the full day.

Staff are responsible for calling the main office voicemail the following morning (and subsequent mornings) to determine if the office will remain closed. The Executive Director will ensure that this message is on the office voicemail by 7 a.m. If the office remains inaccessible, this message will contain directions as to where and when staff is to report.

Prior to commencement of the workday:

Permanent full-time staff are allotted one storm day (7 hours) per year.

In the event of extreme weather conditions, the Executive Director shall advise the Directors (by 7 a.m.) of the decision to close the office. The main office voicemail will be changed to reflect that the office is closed. Directors will record closure messages on their office voicemails.

Staff are responsible to call in to the main office voicemail to pick up the message. Staff will change their office voicemail advising clients that the office is closed for the day but that voicemails will be picked up and calls returned, during the time the office is closed.

In the event the office is closed, the IERT group will meet by teleconference at 10:00 a.m. on the day of the office closure to discuss further communication plans. The Executive Director will initiate the call using the moderator code. The dial-in number coordinates are as follows:

In the event that the office is not usable due to inclement weather and an alternative workspace is unavailable, an employee will be excused with pay.

Some conditions may require a service area Director to allow employees to utilize either a storm or vacation day in order to avoid loss of pay. Normal notice requirements are waived.

Employees who are ineligible for paid leave may be permitted to use leaves that will accrue within a reasonable time. In the event of extraordinary weather conditions, reasonable tardiness should be excused.
Employees taking a sick day or scheduled vacation leave are not required to take any additional action, are not expected to return to work, but will be notified in the event that the office is closed. Members of the IERT group on leave will have the option to return to work in the event of an emergency.
APPENDIX B: EMERGENCY EVACUATION PLAN

To ensure the safe and efficient evacuation of the College staff and visitors from the premises, the following policy and procedures are in place:

1. The Director of Corporate Services will act as the Chief Fire Warden and designate three Deputy Fire Wardens and three Alternates from the College staff.
2. The Chief Fire Warden, Deputy Fire Wardens and Alternates will have current certification in Emergency First Aid and CPR training.
3. The Chief Fire Warden and Deputy Fire Wardens will be assigned responsibility for evacuating specific sections of the College premises (see Attachment “E”). They will not be required to monitor daily staff and visitor movement in and out of the office.
4. The Alternate Wardens will be delegated with the responsibility to act in the absence of a Deputy Fire Warden (i.e. sick, vacation, out of office meetings, etc.).
5. The Chief Fire Warden will provide an annual education session to staff on the Fire Regulations and Evacuation Procedure, and orient new staff as required.
6. A list of persons potentially requiring assistance during a fire or fire drill shall be provided to the College’s Chief Fire Warden and will be held at the CSR workstation.
7. Staff shall be responsible for notifying the Chief Fire Warden (to include their names on the “Aid Required List”) if they, or persons attending meetings, require assistance in the event of an emergency, for whatever reason, whether a temporary or permanent medical condition, a physical handicap or a non-physical impedance such as a phobia, fear, etc. The Chief Fire Warden, via the CSR, will maintain an “Aid Required List” and update as required.

Evacuation Procedures:

Staff are asked to evacuate in a CALM, COOL AND COLLECTED MANNER, following the instruction of their designated fire warden.

1. The CRNNS’ office tower is equipped with a two-stage alarm system. It is the policy of the CRNNS to commence evacuation procedures when the first alarm is sounded after receiving instructions from their fire warden.
2. The first stage alerts that an alarm has been activated somewhere in the tower; the second stage indicates immediate evacuation is required.
3. Upon hearing the first stage alarm (slow electronic bell tones – one tone every three seconds), all staff are to return to their work areas, and await instructions from their Fire Warden.
4. Fire Wardens will briefly meet in the reception area, evaluate evacuation requirements, including medically or physically challenged people requiring assistance; staff will be assigned to assist/carry these individuals down the stairwell. Wardens will then return to their assigned area and commence evacuation of their assigned staff/areas.
5. Upon activation of an alarm, all elevator cars drop to the lobby and are only available to fire service area personnel who have an access key.

6. Staff will evacuate down the stairwell outside the CRNNS’ glass office door, led by their Fire Warden. The Chief Fire Warden will exit last, ensuring that the exit doors to the stairwell are closed.

7. The assembly point will be on the sidewalk at Bayers Road, located at the Lawton’s end of the mall. This perimeter location has been chosen in case there is blowback from the exploding glass towers on the property.

8. After conducting a head count at the assembly point, the Chief Fire Warden will inform the Rank Inc.’s Chief Building Warden – Facilities Manager, David Rooney (or Operations Manager, Mike Smith) that all staff have evacuated.

9. If the fire engages the full complex, the Chief Fire Warden will report to the HRM Fire Chief stationed at the perimeter of the complex.

Staff who are in the mall during an evacuation are to exit into the parking lot, rendezvous at the assembly point, and advise their Chief Fire Warden of their whereabouts.
<table>
<thead>
<tr>
<th>Office</th>
<th>Staff Person</th>
</tr>
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<tbody>
<tr>
<td><strong>Chief Fire Warden – Colleen Arnold</strong></td>
<td></td>
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<tr>
<td><strong>Alternate Chief Fire Warden – Michele Brennan</strong></td>
<td></td>
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<tr>
<td><strong>DEPUTY FIRE WARDEN – EDITH MOSHER</strong></td>
<td></td>
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<tr>
<td>Colleen Arnold – Chief Fire Warden</td>
<td></td>
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<tr>
<td>Paula Prendergast</td>
<td></td>
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<tr>
<td>Ann Marie Cameron</td>
<td></td>
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<tr>
<td>Marie Dauphinee-Booth</td>
<td></td>
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<tr>
<td>Edith Mosher – Deputy Fire Warden</td>
<td></td>
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<tr>
<td>Sheri MacLellan/Joanne Lamb – Spare Office Contract</td>
<td></td>
</tr>
<tr>
<td>Crystal Morgan – Alternate Fire Warden</td>
<td></td>
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<tr>
<td>Shelly Spears</td>
<td></td>
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<tr>
<td>Cathy Rose</td>
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<tr>
<td>Highland Meeting Room</td>
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<tr>
<td>Cobequid Meeting Room</td>
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<tr>
<td>Western Meeting Room</td>
<td></td>
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<tr>
<td>Reception Area</td>
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<tr>
<td><strong>SHELLEY FAROUSE – DEPUTY FIRE WARDEN</strong></td>
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<tr>
<td>Shelley Farouse – Deputy Fire Warden</td>
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<tr>
<td>Donna Denney</td>
<td></td>
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<tr>
<td>Colleen Burke – Alternate Fire Warden</td>
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<tr>
<td>Karen Mahoney</td>
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<td>Darlene Martin</td>
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<td>Diana Smith</td>
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<td>Anne Fraser</td>
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<tr>
<td>Roger Gillis</td>
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<tr>
<td>Workstation – vacant</td>
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<td>Central Services</td>
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<tr>
<td>Servery</td>
<td></td>
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<tr>
<td>Atlantic Meeting Room</td>
<td></td>
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<tr>
<td><strong>LEE WHYNOT – DEPUTY FIRE WARDEN</strong></td>
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<tr>
<td>Teri Crawford</td>
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<tr>
<td>Julie Gregg</td>
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<tr>
<td>Michele Brennan – Alternate Fire Warden</td>
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<tr>
<td>Suzanne Kennedy</td>
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<tr>
<td>Ann Rose</td>
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<tr>
<td>Lee Whynot – Deputy Fire Warden</td>
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<tr>
<td>Filing Room/Power Room*</td>
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<tr>
<td>Karen Boutilier</td>
<td></td>
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<tr>
<td>Leona Telfer</td>
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<tr>
<td>Spare Office</td>
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<tr>
<td>Computer Room*</td>
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<tr>
<td>Cape Breton Meeting Room</td>
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<tr>
<td>Staff Room</td>
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<tr>
<td>Coat Room</td>
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APPENDIX C: REMOTE OFFICE RELOCATION

In the event that the College office at Bayers Road is inaccessible, a remote office may need to be created. The following sub appendices will identify supplies that will be needed, as well as contacts, for a possible physical relocation of the College’s operations.

- Appendix C-1: Remote Office Supplies List
- Appendix C-2: Information for Short Term Remote Operations
- Appendix C-3: Commercial Realtors
- Appendix C-4: Rations to Support Emergency Response Team
Appendix C-1: Remote Office Supplies List

☐ Pens
☐ Post It Notes
☐ Scratch Pads
☐ Photocopy paper (letter, legal, tabloid)
☐ File Folders
☐ Stapler and staples
☐ Staple Remover
☐ Paper Clips and holders
☐ Scotch Tape and holder
☐ Packing tape
☐ Printer (equipment) and Toner
☐ Calculator
☐ Letterhead paper
☐ Markers
☐ Highlighters
☐ Scissors
☐ Correcting Tape
☐ Envelopes (Letter # 10, 9x12, 10x13, window envelopes)
☐ Binders
☐ Ruler
☐ Stamp Pad
☐ Date Stamp, and others if required
☐ 3 Hole Punch
☐ Calendar
☐ Letter Opener
☐ First Aid Kit

Three boxes with emergency supplies will be prepared and held at Iron Mountain, with the Registration Officer and with the Director of Corporate Services.
## Appendix C-2: Information For Short Term Remote Operations

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Address &amp; Contact</th>
<th>Facilities</th>
</tr>
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<tbody>
<tr>
<td>Casino Nova Scotia</td>
<td>1919 Upper Water Street Halifax</td>
<td>• Featuring more than 25,000 square feet of flexible meeting and boardroom space</td>
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<tr>
<td></td>
<td>Ph: 421-1700</td>
<td>• Can host functions from 20 to 650 people, meetings from 50 to 800 people, plus breakouts.</td>
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<tr>
<td></td>
<td>Fax: 422-5805</td>
<td></td>
</tr>
<tr>
<td>Ramada Park Place Hotel and Conference Centre</td>
<td>240 Brownlow Avenue Dartmouth</td>
<td>• More than 13,000 square feet of meeting space, and 3000 square foot technically advanced, grade-accessible showroom</td>
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<tr>
<td></td>
<td>Ph: 468-8888</td>
<td>• 14 meeting rooms accommodate breakout sessions and hospitality functions providing:</td>
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<tr>
<td></td>
<td>Fax:</td>
<td>• A tastefully appointed boardroom</td>
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<tr>
<td></td>
<td></td>
<td>• Variety of meeting spaces with natural light</td>
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<tr>
<td></td>
<td></td>
<td>• High speed internet access</td>
</tr>
<tr>
<td>Mount St. Vincent University Conference Facilities</td>
<td>166 Bedford Highway Halifax</td>
<td>• Accommodations</td>
</tr>
<tr>
<td></td>
<td>Ph: 457-6364</td>
<td>• Catering</td>
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<tr>
<td></td>
<td>Fax:</td>
<td>• Audio-Visual services and equipment</td>
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<tr>
<td></td>
<td></td>
<td>• Banquet room maximum capacity 500</td>
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<tr>
<td></td>
<td></td>
<td>• Elevator service available to all meeting spaces</td>
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<tr>
<td></td>
<td></td>
<td>• Athletics Facility</td>
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<tr>
<td>College of Registered Nurses of Nova Scotia</td>
<td>Emergency Preparedness Plan</td>
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<tr>
<td>--------------------------------------------</td>
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<tr>
<td><strong>Dalhousie University</strong>&lt;br&gt;Conference Services&lt;br&gt;(902) 494-3831&lt;br&gt;1024-1233 Lemarchant Street&lt;br&gt;Halifax, NS B3H 3P6</td>
<td>• Largest exhibit space 50,000 square feet&lt;br&gt;• Largest meeting space 1,100 square feet (theatre style)&lt;br&gt;• meeting rooms 150+</td>
<td></td>
</tr>
<tr>
<td><strong>Radisson Suites Hotel</strong>&lt;br&gt;1649 Hollis Street&lt;br&gt;Halifax, Nova Scotia Canada B3J 1V8&lt;br&gt;Telephone 902-429-7233</td>
<td>• Total area of meeting space&lt;br&gt;• Total number of meetings rooms: 2 with 200 person capacity&lt;br&gt;• Food and beverage services&lt;br&gt;• Audit visual services&lt;br&gt;• High speed internet</td>
<td></td>
</tr>
<tr>
<td><strong>The University of King's College</strong>&lt;br&gt;6350 Coburg Road&lt;br&gt;Halifax, Nova Scotia B3H 2A1&lt;br&gt;422-1271 (Extension 155)&lt;br&gt;FAX: 423-3357</td>
<td>• various boardroom style venues, an auditorium that seats 300 persons, a performance theatre that seats 130, as well as a variety of classrooms and break-out rooms fully equipped with A/V and multi-media systems. Over six thousand sq. ft. of space</td>
<td></td>
</tr>
<tr>
<td><strong>Prince George</strong>&lt;br&gt;1725 Market Street&lt;br&gt;Halifax, NS B3J 3N9&lt;br&gt;(902) 425-1986&lt;br&gt;FAX: (902) 429-6048</td>
<td>• rooms that can accommodate up to 200 guests&lt;br&gt;• spacious multi-purpose boardrooms and suites for smaller gatherings&lt;br&gt;• a theatre style boardroom.&lt;br&gt;• 6,800 square feet of space</td>
<td></td>
</tr>
<tr>
<td>Hotel</td>
<td>Address</td>
<td>Amenities</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Westin             | 1181 Hollis Street Halifax, NS B3H 2P6 (902) 421-1000                    | - 23,000 square feet of meeting space — the largest hotel meeting facilities in Halifax  
- Number of Meeting Rooms: 14  
- Size of the Largest Meeting Room: 8400  
- Capacity of the Largest Meeting Room: 1000  
- Size of the Smallest Meeting Room: 339  
- Total Footage: 23000  
[http://www.westin.ns.ca/WESTINroomspecs.pdf](http://www.westin.ns.ca/WESTINroomspecs.pdf) |
| Inn on the Lake    | (902) 463-6465                                                           | - Natural lighting  
- Individual heat and air conditioning control  
- Spectrum of audio/visual aids  
- High speed internet  
- Business and computer centre  
- Various style and size boardrooms can accommodate up to 50 people  
- Break-Off Rooms |
| Hilton Garden Inn  | 200 Pratt & Whitney Drive Enfield, Nova Scotia, Canada, B2T O2A 1-902-873-1400 | - Meeting rooms fully equipped with the latest technology including high speed internet  
- Largest room is 1150 sq. ft.  
- Completely smoke free  
- Food and beverage service available |
<table>
<thead>
<tr>
<th>College of Registered Nurses of Nova Scotia</th>
<th>Emergency Preparedness Plan</th>
</tr>
</thead>
</table>
| **BIG 8 – TRURO** | 85 Treaty Trail  
Truro, Nova Scotia  
B2N 5A9 | • No information on meeting space available |

**TRANSPORTATION OPTIONS:**

**SHUTTLE BUS (VAN) SERVICE**

• **See attached**

**TRANSPORTATION ACADIAN LINES BUS SERVICE**

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
</table>
| 1161 Hollis Street  
Halifax, NS  
B3H 2P6 | 454-9321 | (902) 454-8153 |

• Acadian is Maritime Canada's oldest intercity coach carrier. We proudly provide daily service to New Brunswick, Nova Scotia and PEI.

**BUDGET RENT A CAR**

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reservation and Information – 492-7500</td>
<td></td>
</tr>
</tbody>
</table>
| 3170 Kempt Road  
1554 Hollis St.  
236 Brownlow Ave.  
5600 Sackville Drive  
114 Woodlawn Road  
30 Fairfax Drive  
Halifax International Airport |                 |

• Open 7 days a week  
• Economy through luxury, mini vans and SUV’s.  
• Truck rentals available  
• Special rates on insurance replacement vehicles  
• Free customer pick-up and return service available

**ENTERPRISE RENT A CAR**

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>
| 2-600 Windmill Road  
597 Portland Street  
3387 Kempt Road  
107-1161 Hollis St.  
2019 Gottingen St.  
17-120 SusieLake Cr. | 469-1689  
462-6825  
453-6929  
492-8400  
446-4388  
450-1427 |

• Low everyday rates, plus weekend, holiday, corporate, government and military discounts.  
• Free pick-up from your home, office or repair shop.  
• Direct billing to most insurance companies.

**NATIONAL CAR AND TRUCK RENTAL**

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>
| Local Reservations  
2156 Barrington St  
3484 Kempt Road  
Westin Hotel (Lobby)  
580 Portland St (Forbes Chev Olds)  
Halifax Inter. Airport | 422-4439  
873-3505 |

• Competitive daily, weekly and monthly rates.  
• Special weekend rates  
• Free customer pick-up and return  
• Fast service  
• 24 hour roadside assistance anywhere in Canada or the US  
• Insurance replacement specialist  
• Exclusive Air Miles car rental partner
# Appendix C-3: Commercial Realtors

<table>
<thead>
<tr>
<th>Aberdeen Commercial Realities</th>
<th>Purdy's Wharf</th>
</tr>
</thead>
<tbody>
<tr>
<td>46 Tulip Street</td>
<td>Suite 220, Purdy's Landing</td>
</tr>
<tr>
<td>Dartmouth, NS B3A 2S7</td>
<td>1949 Upper Water Street</td>
</tr>
<tr>
<td>Telephone: (902) 464-9444</td>
<td>Halifax, NS B3J 3N3</td>
</tr>
<tr>
<td>Email: <a href="mailto:Aberdeen@realties.ca">Aberdeen@realties.ca</a></td>
<td>Telephone: (902) 421-1122</td>
</tr>
<tr>
<td>Website: <a href="http://www.realities.ca">www.realities.ca</a></td>
<td>Website: <a href="http://www.purdyswharf.com">www.purdyswharf.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Century 21 Trident Realty Ltd.</th>
<th>Realty Connect</th>
</tr>
</thead>
<tbody>
<tr>
<td>2589 Windsor Street</td>
<td>281 Sackville Dr.</td>
</tr>
<tr>
<td>Halifax, NS B3K 5C4</td>
<td>Sackville NS B4C 2R5</td>
</tr>
<tr>
<td>Telephone: (902) 422.2100</td>
<td>Office: (902) 865-9333</td>
</tr>
<tr>
<td>Email: <a href="mailto:sales@century21halifax.com">sales@century21halifax.com</a></td>
<td>E-mail: <a href="mailto:info@realtyconnect.ca">info@realtyconnect.ca</a></td>
</tr>
<tr>
<td>Website: <a href="http://www.century21halifax.com">www.century21halifax.com</a></td>
<td>Website: <a href="http://www.realtyconnect.ca">www.realtyconnect.ca</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Colliers International</th>
<th>Remax Lifestyle Realty</th>
</tr>
</thead>
<tbody>
<tr>
<td>TD Centre</td>
<td>3600 Kempt Road, Suite 208</td>
</tr>
<tr>
<td>900 – 1791 Barrington Street</td>
<td>Halifax, NS B3K 4X8</td>
</tr>
<tr>
<td>Halifax NS B3J 3K9</td>
<td>Telephone: (902) 433-1242</td>
</tr>
<tr>
<td>Website: <a href="http://www.colliers.com">www.colliers.com</a></td>
<td>Email: <a href="mailto:info@remaxlifestyle.ca">info@remaxlifestyle.ca</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J J Barnicke Atlantic Limited</th>
<th>Royal LePage Commercial Eastern Inc. - Halifax</th>
</tr>
</thead>
<tbody>
<tr>
<td>1402 - 1809 Barrington Street</td>
<td>Cogswell Tower</td>
</tr>
<tr>
<td>Halifax, NS B3J 3K8</td>
<td>2000 Barrington Street, Suite 1300</td>
</tr>
<tr>
<td>Tel: (902) 429-9249</td>
<td>Halifax, NS B3J 3K1</td>
</tr>
<tr>
<td>Email: <a href="mailto:tim.margolian@jjb.com">tim.margolian@jjb.com</a></td>
<td>Telephone: (902) 425-1444</td>
</tr>
<tr>
<td>Website: <a href="http://www.jjb.com/halifax">http://www.jjb.com/halifax</a></td>
<td>Website: <a href="http://www.royallepage.com">www.royallepage.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Millennium One Realty Investments Ltd.</th>
<th>Royal LePage - Anchor Realty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1326 Barrington Street</td>
<td>264 Bedford Hwy</td>
</tr>
<tr>
<td>Halifax, Nova Scotia B3J 1E5</td>
<td>Halifax, NS B3M 2K7</td>
</tr>
<tr>
<td>Telephone: (902) 444-3435</td>
<td>Telephone: (902) 457-1569</td>
</tr>
<tr>
<td>Email: <a href="mailto:info@millenniumone.com">info@millenniumone.com</a></td>
<td>Website: <a href="http://www.RoyalLepageHalifax.ca">www.RoyalLepageHalifax.ca</a></td>
</tr>
<tr>
<td>Website: <a href="http://www.millenniumone.com">www.millenniumone.com</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remax Nova - Halifax</th>
<th>Royal LePage - Anchor Realty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chebucto Place</td>
<td>264 Bedford Hwy</td>
</tr>
<tr>
<td>354-7105 Chebucto Road</td>
<td>Halifax, NS B3M 2K7</td>
</tr>
<tr>
<td>Halifax, NS B3L 4W8</td>
<td>Telephone: (902) 457-1569</td>
</tr>
<tr>
<td>Telephone: (902) 453-9300</td>
<td>Website: <a href="http://www.RoyalLepageHalifax.ca">www.RoyalLepageHalifax.ca</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:remax.halifax@remaxnova.com">remax.halifax@remaxnova.com</a></td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.remaxnova.com">www.remaxnova.com</a></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C-4: Rations To Support Emergency Response Team

The following supplies will be held in the College’s file room:

- 72 Hour Supply of Food and Water (higher caloric foods for time of stress)
- 6 blankets
- Windproof/waterproof matches
- 6 Sleeping bags
- 6 Emergency reflective blankets
- Lightweight stove and fuel
- Hand and body warm packs
- Poncho
- Light Sources
- Flashlight with batteries
- Candle
- Light stick
- Tools
- Pocket knife
- Shovel
- Hatchet or Axe
- Sewing kit
- 50-foot nylon rope
- First Aid
- First aid kit and supplies
- Burn gel and dressings
- Bottle of potassium iodide tablets
- Communications
- Radio with batteries or radio with alternate power sources
- Whistle with neck cord
- Personal Sanitation supplies

Personal comfort kit:

- soap
- 6 toothbrushes and tooth paste
- comb
- tissue
- sanitary napkins
- razor
- Games
- Books
- Hard candy
- inspirational reading
APPENDIX D: QUICK TRAINING FOR ESSENTIAL JOBS

CRNNS has determined essential services (core functions) that must continue during an emergency. These essential services are Registration, Communication, and Professional Practice. The College has established a back-up plan for staff coverage for each Service Area for both program and service leads as well as administrative support staff. In the event of an emergency, where all back-up staff may not be available, cross training may be required for specified staff on short notice, focusing on the above-noted core functions. A record of essential tasks and the process for quick training for these essential jobs is available in Appendices D-1 to D-8. Appendices D1-D7 provide the procedure for any professional staff member to take and record a practice call/consultation. Appendix D-8 describes the process for the issuance of temporary licenses in the event of an emergency/disaster. Appendices in E provide the procedures for recording and communicating key messages to members and the public.

PP&PS PRACTICE CONSULTATIONS

D – 1 Documenting Practice Consultations
D – 2 PPPS Practice Consultation Database Definitions
D – 3 PPPS Practice Consultation Database Themes for Coding Purposes
D – 4 PPPS Practice Consultation Documentation Form
D – 5 PPPS Practice Consultation Referral Information
D – 6 PPPS Frequently Asked Questions in an Emergency

REGISTRATION

D – 7 Issuance of Temporary Nursing Licence in Nova Scotia in an Emergency/Disaster Event
Appendix D-1: Documenting Practice Consultations

May 2009

*Note - Also in PP&P policy manual - No. B-2-1

POLICY: College registered nurses will document all practice consultations from registered nurses and other individuals [using the same principles as outlined in the College Documentation Guidelines for Registered Nurses (2006)] into the Professional Practice and Policy Services Database in order to identify issues and trends related to the professional practice of nursing (See Appendix D-2: PP&PS Database Definitions).

PURPOSE: To ensure detection of nursing practice issues so that the College may be responsive to the needs of its members in a timely manner.

SUB-APPENDICES: D-2: PP&PS DATABASE DEFINITIONS
D-3: PP&PS Database Themes for Coding Purposes
D-4: PP&PS Database Consultation Form
D-5: Fact Sheet for Referrals
D-6: Frequently Asked Questions

PRACTICE CONSULTATION DEFINITION: An in-depth interaction with a practice consultant to provide expert guidance related to a professional practice issue. A practice consultation is a one-on-one or group interaction that can occur by phone, in-person and/or through a site visit.

GUIDELINES:
All calls/emails received by the College from registered nurses seeking information or guidance regarding a practice issue during an emergency will be directed to a CRNNS registered nurse.

In an emergency, practice consultations may be documented using either the electronic database or a paper-based database form (Appendix D-4: PP&PS Database Consultation Form).

Practice Consultation:
1. Documentation in the electronic Professional Practice and Policy Services database is preferable to paper-based copy. If access to the electronic system is unavailable, use the attached paper-based copy (Appendix D-4: PP&PS Practice Consults Database Form) for data collection and transcribe the information into the electronic system as soon as possible.
   a. When using a paper-based form, complete only the full name of the individual as well as their location and/or registration number.
   b. Maintain approximately 10 paper copies of the PP&PS Database form both at home and in the office in the event that the electronic PP&PS Database is unavailable. (Appendix D-4: PP&PS Database Consultation Form).
c. A practice consultation is an in-depth interaction to provide expert advice related to a professional practice issue. A practice consultation is a one-on-one or group interaction which can be done by phone, in-person or a site visit.
d. Complete the database (electronic or paper-based) as outlined.


3. When a practice consultation is received, follow these steps:
a. Ask for the full name of the individual and if the individual is a registered nurse. (In the event that the individual does not wish to provide her/his name, refer to the next step (Confidentiality statement). If they still do not wish to provide their name, assure them that the call can continue without that information.)
b. Refer to the Confidentiality policy. (The electronic database has a drop-down box with the confidentiality policy.)
c. Ask the individual to describe their issue/concern.
d. As much as is possible, respond to the issue using the Standards for Nursing Practice and the Code of Ethics as the basis for discussion. It may be helpful to have a copy of the standards and the code immediately available for reference during the consult, e.g., a registered nurse inquires whether s/he can administer a medication that has not been approved by the Canadian Food and Drug Agency, and is being used for research purposes. The response may include: “Considering your Standards for Nursing Practice, you are accountable for the actions and decisions you make, which means you are also responsible and accountable to verify the agency policy in relation to the drug. Secondly, you are required to be knowledgeable, using good nursing skills and judgment, which could be interpreted as being knowledgeable about the medication, drug interactions, complications, side-effects, etc. before administering any medication. Consider responding with reference to the Code of Ethics values where applicable.”
e. If the issue is related to an emergency circumstance (e.g., “My child is ill, am I required to go to work?”) refer to the Duty to Provide Care Position Statement for guidance on the appropriate response.
f. Consider referring to other supportive documents on the College website by providing the individual with the website address and the appropriate links (if they have computer access).
g. Consider referral to another agency when appropriate (e.g., CNPS, another regulatory body, union, outside agency). (Refer to Fact Sheet: Practice Consultation Referrals - Appendix D-5)
h. Ask the individual to call back if they have further questions after they have had an opportunity to review the information or have contacted another service.

4. Complete the PP&PS Database as follows: NOTE: The underlined terms in the electronic PP&P Database provides access to the definition by clicking on the underlined words.
Electronic:
a. Double-click on the PPPS Database desktop icon.
b. Single-click on “Consultations” button.
c. Single-click on “Create New Call.”

d. **Consult Date Box** - Indicate the date of the consult. *Note: With the electronic version, the date of the consult is automatically inserted into the form on the date the documentation occurs. If the consult occurred on a date other than the documentation date, change the date to reflect the actual date the consult occurred.*

e. **Duration Boxes** - Indicate the duration (minutes) of the consult. Duration is defined as the ‘cumulative time required to complete the consult. Includes length of discussion (where applicable) and/or review message, research, consult with others, and documentation time.’

f. Indicate the number of times the individual was contacted.

g. **Consult Type Box** - Indicate the consult type (phone, email (personal or via College server), phone and email, on-site (single), on-site (group), off-site (single), off-site (group)).

h. **Caller Type Box**, check one item on the ‘caller’ [individual(s)] type list:
   i. **Electronic**: If the caller is a member RN, single-click on arrow to the right of the ‘type’ box and then single-click on the most appropriate type (academia, administrator/manager, direct care provider, educator, government, policy, post-graduate student, self-employed, union, unknown)
   
   ii. **Electronic or Paper**: If the caller is a member Nurse Practitioner (NP), check this category.
   
   iii. **Electronic or Paper**: If the caller is not a member, but is an RN from another jurisdiction, check the appropriate category (academia, administrator/manager, direct care provider, educator, government, policy, post-graduate student, self-employed, union, unknown)
   
   iv. **Electronic or Paper**: if the caller is not a member NP, but is an NP from another jurisdiction, check this category.
   
   v. **Electronic or Paper**: If the caller is ‘Other Health Care Professional,’ there is a drop-down box. Single-click (electronic) the appropriate category (pharmacist, physician, LPN) or type/write the category.
   
   vi. **Electronic or Paper**: If the caller is a ‘Member of the public,’ single-click the arrow (electronic) and select the appropriate category (Client &/or family) or type/write the necessary information.
   
   vii. **Electronic or Paper**: If the caller is an Employer (who is not a member RN or NP), select this category.
   
   viii. **Electronic or Paper**: If the caller is a Temporary Licence Holder, select this category.
   
   ix. **Electronic or Paper**: If the caller is a student (RN), select this category.
   
   x. **Electronic or Paper**: if the caller is a representative of a government agency and not an RN member, select this category.

i. **Caller Information Box**:
   i. **Electronic**: If the caller is a member, single-click the “Lookup Member” button in the Caller Information box. In the search box, insert the last name of the individual and press ‘enter.’ From the list that appears, choose
the correct caller (individual) type and press ‘enter.’ The name of the individual will automatically be inserted into the box, including their registration number and address. When trying to access a member name and several names come up on the screen **without** data/information, these individuals are not active practising nurses *(Note: When trying to access a member name and several names appear on the screen without additional data/information regarding that individual, these are not active practising nurses)*.

*(Note: If uncertain about spelling, may type caller’s first name and all members with that first name will appear. If uncertain of last name, type in first letter or first and possible second letter and all last names beginning that letter(s) will appear from which to select individual. Addresses may help identify caller if still uncertain).*

**Paper-based:** Complete as much information as is possible

**ii. Electronic:** Single-click the arrow for ‘Facility Type’ and select the appropriate facility type from the drop-down menu related to the member/caller, i.e., academic institution, acute care, community/home care, First Nations, government, long-term care, other, pharmacy, physician office/health centre, public health, private agency, union, unknown, not applicable.

**Paper-based:** Complete as much information as is possible.

**iii. Electronic or Paper-based:** Type/write facility name if known.

**iv. Electronic or Paper based:** If the caller is not a member, type/write caller name and contact information where possible.

**j. ‘Standards for Nursing Practice’ box:**

i. Indicate the one nursing practice standard that is the most applicable to the issue or check if not applicable.

**k. ‘Nurse Practitioner Practice’ Box:**

i. Check only if the call is regarding a Nurse Practitioner (RNNP).

**l. ‘Confidentiality/Policy’ Box:**

i. Check one box regarding the Confidentiality policy: a) discussed/aware, b) not discussed, or c) not applicable.

**m. Public Safety’ Box:**

i. Indicate whether the issue discussed is an

   i. actual
   
   ii. potential (Choose high risk or low risk: If ‘high risk’ is selected, the associated practice theme (see ‘p’) must be patient safety)

   iii. non-applicable patient safety concern

**n. Narrative notes** should be accurate, brief and factual and do not require extensive detail. For paper-based documentation, if paper-based write narrative notes on the back of the form if additional space is needed.
o. **Practice Themes**: Select one of the six main practice themes:
   1. Scope of Practice RNs
   2. Scope of practice NPs
   3. Requests for Information
   4. Professional Practice Issues
   5. Patient Safety
   6. Violence in the Workplace

   Then choose the most appropriate second and third level (where applicable) practice theme using the outline provided in **D-3: PP&PS Database Themes for Coding Purposes**.

p. **Themes Narrative** - Provide a brief (3-4 words) about the main theme, e.g., Main Theme – Scope of Practice RN, 2nd Level – Competencies within RN scope, no third level for this category. In Theme narrative, e.g., RNs signing death certificates to release body.

q. **Referral** - Select a referral if one was given. If referral is made to an outside agency, indicate to whom. If a referral is made to an outside agency, single-click on the arrow and as soon as typing (electronic) begins, a list will appear of those names/agencies that have been previously entered. If the name/agency does not appear on the list, type in the name.

r. **Consultation** - Select Consultation where applicable. If a consultation took place with an outside agency, single-click on the arrow and as soon as typing (electronic) begins, a list will appear of those names/agencies that have been previously entered. If the name/agency does not appear on the list, type in the name.

s. **CRNNS Resources** - Select appropriate resources where applicable and enter title if not included with the list.

t. **Consultant** - Select your signature if it has not automatically appeared on your computer. Note: The electronic database has a drop-down list of names. If your name is not on the list, enter your name and your name will then automatically be included with the drop-down list when entering data in succeeding database entries.

**NOTE:**

**LIST OF PAPER-BASED INFORMATION/MATERIALS TO HAVE AVAILABLE FOR PP&PS DATABASE ENTRY:**

- 1 COPY PP&P DEFINITIONS (D-2)
- 1 COPY PP&P DOCUMENTATION/DATABASE DEFINITIONS (D-3)
- 1 COPY PP&P THEMES FOR CODING PURPOSES (D-4)
- **10 COPIES** OF PRACTICE CONSULTATION DOCUMENTATION FORM (APPENDIX D-5)
- 1 COPY PP&P CONSULTATION REFERRAL INFORMATION
• 1 COPY PP&P FACT SHEET: FREQUENTLY ASKED QUESTIONS IN AN EMERGENCY (D-7)
• 1 COPY STANDARDS FOR NURSING PRACTICE
• 1 COPY CODE OF ETHICS
• 1 COPY CONFIDENTIALITY POLICY
• 1 COPY CRNNS DUTY TO PROVIDE CARE POSITION STATEMENT
• 1 COPY CNA DOCUMENT “NURSE’S ETHICAL CONSIDERATIONS IN A PANDEMIC OR OTHER EMERGENCY”
Appendix D-2: PP&PS Practice Consultation Database Definitions

(arranged in order of appearance on Consultation database screen/page)

Practice Consultation:
An in-depth interaction with a practice consultant to provide expert guidance related to a professional practice issue. A practice consultation is a one-on-one or group interaction that can occur by phone, in-person and/or through a site visit.

Duration:
The ‘cumulative time required to complete the consult. Includes length of discussion (where applicable) and/or review message, research, consult with others, and documentation time.’

Accountability:
RN – The registered nurse is accountable to the public for competent, safe and ethical nursing practice.

RNNP – The nurse practitioner is accountable to the public for competent, safe and ethical nursing practice.

Continuing Competence:
RN – The registered nurse attains and maintains competencies relevant to their own scope of practice.

RNNP – The nurse practitioner attains and maintains competencies relevant to their own scope of practice.

Application of Knowledge, Skills and Judgment:
RN – The registered nurse demonstrates competencies relevant to their own scope of practice.

RNNP – The nurse practitioner demonstrates competencies relevant to their own scope of practice.

Professional Relationships and Advocacy (Client):
RN – The registered nurse establishes therapeutic relationships with clients and advocates for clients in their relationships with the health system.

RNNP – The nurse practitioner establishes therapeutic relationships with clients and advocates for clients in their relationships with the health system.

Professional Leadership (Interprofessional):
RN – The registered nurse demonstrates professional leadership in the delivery of quality nursing and healthcare services to the public.
RNNP– The nurse practitioner demonstrates professional leadership in the delivery of quality nursing and healthcare services to the public.

Self-Regulation:
RN – The registered nurse assumes personal accountability to practice nursing competently and ethically.

RNNP– The nurse practitioner assumes personal accountability to practice nursing competently and ethically.

Confidentiality and Disclaimer Policy For Professional Practice Consultations:

Purpose: This policy describes the parameters around confidentiality and disclosure during practice consultation calls and consultations.

Policy Statement: At the discretion of the Nursing Practice/Policy Advisor/Consultant, the following elements will be discussed at some point with individuals during a practice call/consultation.

The key points that need to be addressed are:
1. Practice consultation calls are confidential;
2. Confidentiality will only be breached where there is an issue involving professional misconduct, conduct unbecoming, incompetence or incapacity against an identifiable member;
3. Statistical information is kept regarding practice calls, which is used only for internal College purposes;
4. Practice advice is not legal advice.

Sample Disclaimer:
- The information we discuss is confidential between you and the College staff, unless during the discussion you disclose information that has the potential to be professional misconduct, conducts unbecoming, incompetence or incapacity. This can only happen if you specifically identify a person. I am obligated to report this information to professional conduct because I am also a registered nurse. You have the option of calling back and not identifying the person to me, then we can discuss your practice concern.
- The College does keep certain data / statistics respecting practice calls, and this information is used internally to assist the College staff to provide services to the membership. You have the option to not have your name recorded in the database.
- The advice we provide to you is intended to provide guidance and suggestions, but is not in any way to be considered legal advice. If you issue involves a legal matter, you should obtain independent legal counsel or contact CNPS.

Not Discussed (Confidentiality Policy): Forgot to discuss with person
Not Applicable (Confidentiality Policy): Discussion of policy is deemed unnecessary, e.g., request for information that is publicly available.

Public Safety:  
**Actual** - An ‘actual’ adverse event has occurred  
**Potential** - Issue with a probability of an adverse event occurring if the issue is not resolved.  
  *High Risk* – By choosing ‘high risk’ as the potential risk, ‘patient Safety’ must be selected as the main theme in the Practice Themes section.  
  *Low Risk* – By choosing ‘low risk’ as the potential risk, the main theme in the Practice Themes section should one of the categories other than patient safety.

**Non-Applicable** – Public Safety is not a factor in the issue e.g., information request.
Appendix D-3: PP&PS Practice Consultation Database Themes for Coding Purposes

MAIN PRACTICE ISSUE BOX (6 Main Themes)
SECOND-LEVEL PRACTICE THEME with each main topic.
THIRD-LEVEL PRACTICE THEME with SOME second-level themes

1. Scope of Practice - RNs
   a) Agency Policies
      (Agency policies having an impact on registered nurses scope of practice)
   b) Competencies within RN Scope
      (Questions related to whether or not specific competencies are within the RN scope of practice)
   c) DMFs & MDs
      (Clarification about delegated medical functions and medical directives and related processes)
   d) Liability
      (Questions/concerns related to liability within the nursing scope of practice)
   e) RN/Other HCP
      (Issues/questions about the difference between the scope of practice of the registered nurse compared with other health care professionals/providers.)
      • RN/LPN
      • RN/Assistive Personnel
      • Other (drop-down box to type/write in)

2. Scope of Practice – NPS
   a) Agency Policies
      (Agency policies having an impact on registered nurses scope of practice)
   b) Competencies within NP Scope
      (Questions related to whether or not specific competencies are within the NP scope of practice)
   c) Liability
      (Questions/concerns related to liability within the nurse practitioner scope of practice)
   d) NP/Other HCP
      (Issues/questions about the difference between the scope of practice of the nurse practitioner compared with other health care professionals/providers)
   e) Collaborative Practice
      (Issues/questions related to nurse practitioner’s collaborating with physicians, pharmacists, other health professionals and members of the public)
   f) Consultation
      (Issues/questions related to nurse practitioner’s consultation with and referral to physicians, pharmacists and other health care professionals).
   g) Prescriptive Authority
      (Questions/concerns related to nurse practitioner’s prescriptive practices and third party payers reimbursement)
h) Ordering Screening and Diagnostic Tests
(Questions/concerns related to nurse practitioner’s ordering/interpreting screening
and diagnostic tests)

3. Requests for Resources/Information

1. Legislation, Policy and Resources (College Related) – For example questions related to
College resources, policies.
   a. Legislation/Policy
   b. Clinical
   c. Other (Drop-down box to type/write in)

2. Legislation, Policy and Resources (Non-College Related) For example questions related
to funding opportunities for further education (Note: No further definitions required as
these are otherwise self-explanatory)
   a. Legislation/Policy
   b. Clinical
   c. Other (Drop-down box to type/write in)

3. Education
   a) Continuing Competence
      (Questions/issues related to RNs and NPs lifelong learning through: continuing
      education, reflective practice (BYP), post-entry level education (university, post-
      RN specialty education, specialty certification, inservice, telehealth, etc.)
   b) Entry-Level Education
      (Questions/issues related to RNs and NPs entry-level education
   c) Re-entry Education
      (Questions/issues related to RNs and NPs re-entry education)

4. Licensure
   a. number of hours to maintain licence
   b. activities that count toward number of hours
      (review of specific activities to determine if their role is within the practice of
      registered nursing that count toward number of hours)
   c. temporary licence holder restrictions
   d. other (e.g., in-active licence, working in another province temporarily)

5. Liability
   i. Insurance included with licensure
   ii. Referred
4. **Professional Practice Issues**
   1. **Professional Conduct**
      (Questions/issues related to)
      a) ethical issues relating to:
         i. confidentiality,
         ii. conflict of interest, and
         iii. ethical dilemmas;
      b) duty to provide care and
      c) professional boundaries
   2. **Capacity**
      (Questions/concerns related to whether a nurse has the physical, mental or emotional
      ability to practice nursing in a safe, competent and ethical manner)
   3. **Competence**
      (Questions/concerns related to nurses’ ability to integrate and apply the knowledge, skill
      and judgment required to practice safely and ethically in a designated role and practice
      setting).
      a) accountability
      b) communication
      c) documentation, and
      d) knowledge, skills and judgment.
   4. **Medications**
      a) Alternative Therapies
   5. **Systems Issues**
      a) Agency policy/supports/communication
         (Questions/issues related to agency policy/supports/union contracts and the related
         communication [lack of])
      b) Medication administration
      c) Orientation/mentorship
   6. **Self-Employment**
      (Questions or concerns regarding self-employment, e.g., business planning, legislative
      requirements, liability issues, etc.)
   7. **Other**

5. **Patient Safety**
   1. **Actual Patient Safety**
      (Actual adverse event occurred)
   2. **Potential Patient Safety**
      (Issue with a high probability of an adverse event occurring if the issue is not resolved –
      Choose appropriate cause as listed)
      a) agency policy
b) management not listening to staff

c) practice environment

d) unsafe nursing practice

6. Violence in the Workplace

(Any incident in which a person is abused, threatened or assaulted including harassment, bullying, intimidation, physical threats or assaults, robbery and other intrusive behaviours – Choose appropriate relationship) [DISCUSS interpretation of abuse]

a) Management to staff
b) Nurse to nurse
c) Patient/Family to nurse
d) Physician to nurse
e) Student to faculty
f) Staff to patient
# Appendix D-4: PP&PS Practice Consultation Documentation Form

Consult Date: ____________  Consult ID (Use chronological numbering) ____________

<table>
<thead>
<tr>
<th>Total Duration (hr)</th>
<th>(min)</th>
<th>Times Contacted</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

Consult Type
- Phone
- Email (Personal)
- (Server)
- Phone & email
- On-site (single)
- On-site (group)
- Off-site (single)
- Off-site (group)

**Caller Type (Select one category only)**

**Member (RN) Select one:**
- __Academia__
- __Administrator/Manager__
- __Direct Care Provider__
- __Educator__
- __Government__

**Nurse Practitioner**

**RN (Non-Member) Select one:**
- __Academia__
- __Administrator/Manager__
- __Direct Care Provider__
- __Educator__
- __Government__

**NP (Non-Member)**

**Other Health Professional**
- __Pharmacist__
- __Physician__
- __LPN__
- __Other__

**Member of Public**
- __Client &/or Family__
- __Other__

**Employer**

**Temporary Licence Holder**

**Student (RN)**

**Government (Non-Member)**

---

**Member Registration Number (If available) ____________**

**Facility Type (Select one):**
- __Academic Institution__
- __First Nations__
- __Other__
- __Public Health__
- __Unknown__
- __Acute Care__
- __Government__
- __Physician Office/Health Centre__
- __Private Agency__
- __Not Applicable__
- __Community/Home Care__
- __Long-Term Care__
- __Physician__
- __Union__

**First Name __________________________ Last Name __________________________**

**Address ___________________________ City __________ Province __________**

**Postal Code __________ Phone (W) __________ (H) __________ Email __________________________**

---

**Standards for Nursing Practice (Please select only one):**

- __1. Accountability__
- __2. Continuing Competence__
- __3. Application of Knowledge, Skills and Judgment__
- __4. Professional Relationships & Advocacy__
- __5. Professional Leadership__
- __6. Self-Regulation__
- __NOT APPLICABLE__

**Nurse Practitioner Practice**
- Call is regarding NP Practice

**Confidentiality Policy**
- __Discussed/Aware__
- __Not Discussed__
- __Not Applicable__

**Public Safety**
- __Actual__
- __Potential High Risk (Main Theme must be Patient Safety)__
- __Potential Low Risk__
- __Non-Applicable__
### Practice Themes (See Appendix D-3)

**Main Practice Theme**

<table>
<thead>
<tr>
<th>Theme</th>
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<th>3rd level</th>
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<tbody>
<tr>
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<td>Professional Practice Issues</td>
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<td>Patient Safety</td>
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<td></td>
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<tr>
<td>Violence in the Workplace</td>
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</table>

**Themes Narrative (Brief summary)**

*Referral (where applicable)*

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<thead>
<tr>
<th>CRNNS Resources</th>
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<tr>
<td><strong>CNPS</strong></td>
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<td><strong>Website/Resources</strong></td>
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<td><strong>Registration Services</strong></td>
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<tr>
<td><strong>Professional Conduct Services</strong></td>
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<tr>
<td><strong>Communication Services</strong></td>
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<td><strong>Outside Agency (Write name)</strong></td>
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<td><strong>CNPS InfoLAWs</strong></td>
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<td><strong>DMFs &amp; MDs</strong></td>
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<td><strong>Immunization Guidelines</strong></td>
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<td><strong>Professional Boundaries</strong></td>
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<td><strong>PPIR</strong></td>
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<td><strong>RN Act &amp; Regs</strong></td>
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<td><strong>Standards for RNs &amp; COE</strong></td>
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<td><strong>Self-Employed Practice</strong></td>
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**Consultation**

<table>
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<td><strong>Professional Conduct Services</strong></td>
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<td><strong>PP&amp;P Services</strong></td>
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<td><strong>Communication Services</strong></td>
<td></td>
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<tr>
<td><strong>Outside Agency</strong></td>
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</tbody>
</table>

**Consultant** **(Name/Signature)**
Appendix D-5: PP&PS Database Referral Information

FACT SHEET PRACTICE CONSULTATION REFERRAL INFORMATION

If you have access to the College computer system, information for responses to numerous practice questions can be found in the Shared Drive: Service Areas>PP&PS Team>Practice Consultation Issues>RN & NP Common Issues

CLINICAL ISSUES
Refer to Perry & Potter Text, CRNNS documents/guidelines or healthcare agency personnel, e.g., eye clinic, family health clinic. Also see Shared Drive: SERVICES AREAS > PP&PS TEAM > Practice Consultation Issues.

IMMUNIZATION/VACCINES (Storage, handling, etc.)
CRNNS Immunization Guidelines and Kimberley McGill, Immunization Coordinator, Department of Health Promotion & Protection.

Note: Students cannot give immunization injections in an emergency unless it is part of their curriculum and an instructor is with them.

LIABILITY

POLICIES
Agency policy development – Sylvia Wist, CDHA Policy Coordinator (willing to share their policies, medical directives. 473-3142 OR Sylvia.Wist@cdha.nshealth.ca

TEMPORARY LICENCE HOLDERS
Nurses who have not yet received an active-practising licence have a temporary licence.

Temporary licence holders are eligible to use the designation “Nurse” or “nurse” and have professional liability coverage through the Canadian Nurses Protective Society (CNPS).

Temporary licences are valid for two weeks following mailing of notification that the holder has:
1. successfully written the Canadian Registered Nurse Examination (CRNE);
2. received confirmation of eligibility for registration (on receipt of all documents required to complete the Application for Initial Registration in Nova Scotia).

Temporary licence holders successful on the examination and/or eligible for registration are required to apply for registration within two weeks of mailing of the notification of their eligibility. The TL fee is non-refundable, and is not deducted from the registration/licensure fee.

Temporary licences are considered null and void immediately on receipt of notification that the holder:
1. was not successful on the examination
2. was denied registration
Temporary licence holders unsuccessful in the examination and practising nursing are required to cease their practice, notify their employer and return the temporary licence to the College. No other temporary licence will be issued and the holder can only practise nursing after registration has been established with the College.

Nursing responsibilities and salary for temporary licence holders are determined by the employing agency. However, as temporary licence holders are not eligible to use the designation “Registered Nurse/RN”, it is recommended that holders:

1. not be placed in charge;
2. have the end of shift drug count co-signed by a registered nurse when administering narcotics;
3. not perform procedures delegated to registered nurses; that is, delegated medical functions.

UNIONS (NSNU or NSGEU):
Questions related to salaries, wages, agency contracts.
Appendix D-6: PP&PS Practice Frequently Asked Questions in an Emergency

Note: CNPS Info: phone 1-800-267-3390  
CNPS website: www.cnps.ca  
CNPS InfoLaw Access: username = crnns  
password = assist

SCENARIO OUTLINE:
1. Staying Late  
2. Floating  
3. Outbreak  
4. Conflicting Obligations  
5. Manager Role  
6. Nursing Students Assistance in Outbreak  
7. Immunization  
8. Liability  
9. Delegation  

1. Scenario 1 (Staying Late)

Q: Due to an emergency situation, we are very short staffed. As the only RN on a 12-hour day shift, am I obligated to work the next shift?

A: You have an obligation to remain until another registered nurse replaces you. At the same time, you should recognize that your ability to provide safe and competent care might be compromised by fatigue. It is important that you get in touch with your supervisor/director and notify him/her of the situation so that a replacement can be found. In discussions with your supervisor, you can negotiate what is a reasonable time frame for you to stay to cover until a replacement can be found. It is the employer’s responsibility to provide appropriate staff coverage given a reasonable period of notification.

2. Scenario 2 (Floating)

Q: I work as a registered nurse in ambulatory care in an acute-care hospital. Due to a flood (emergency), the ambulatory care clinics have been closed and there is a possibility that I may have to float to the neurosurgical unit, as they are very short staffed at the moment. I have never worked there and do not feel competent to provide safe care on that unit. Can I refuse the assignment?

A: As a registered nurse, you are obligated to provide safe, competent and ethical nursing care. If you believe that you do not have the knowledge, skills and judgment to practice in a certain environment, you must inform your employer of the competencies that you possess and those areas where you feel deficient. Rather than refusing to go to the neurosurgical unit, it would be best to negotiate with the manager a work assignment based on the competencies that you do have. If you are asked to be part of a nursing team with other RNs, you can negotiate a patient assignment appropriate to your individual
scope of practice. If you are asked to be the sole registered nurse on the neurosurgical unit, it is likely that you do not have all the necessary competencies required in this specialty area. If you accept this assignment, you may be putting the clients at risk. If an adequate solution can’t be reached, you should put your concerns in writing and follow your agency policy with regards to unsafe work assignment.

3. **Scenario 3 (Outbreak)**

Q: I am a registered nurse in the emergency department. Numerous clients have arrived with Virus X (e.g., SARS). At the time there were no beds in the isolation unit so they stayed in our ER. They are still there and are now being investigated for a potentially serious infectious disease. I’m concerned as to whether the protective equipment in our ER is adequate in this case – I’m worried that I’ll catch something and pass it on to my family. Can I refuse to look after these patients?

A: You have a duty to provide care to clients to whom you are assigned. Nurses assume a certain level of risk in choosing to work in an unpredictable environment such as emergency. At the same time, you are not expected to expose yourself to unnecessary risks that result from a lack of appropriate resources, equipment or clearly defined policies and procedures. You should discuss your concerns with your manager and find out what information and support are being provided for staff. You may also wish to contact your agency’s infection control service to consult on appropriate measures to manage the risk as well as review your unit/agency policies and procedures regarding care of potentially infectious clients. Registered nurses are accountable to ensure that they have their own personal immunizations up to date, use protective devices appropriately, and keep current as to infection control policies and procedures.

4. **Scenario 4 (Conflicting Obligations)**

Q: I am a single mother who works in a small 12-bed local hospital – I also have two small children. During the outbreak of Virus X, if my children get sick along with the majority of nursing staff and the community, and I am scheduled to work, how do I manage my obligations both to my employer and to my children?

A: There is no easy answer to this dilemma. Nurses should give consideration to this in advance and discuss options with their family, employer, colleagues, and members of the community. It would be helpful to have a plan in place where sharing of resources may be identified in advance.

Nurses need to carefully consider their professional role, their duty to provide care and other competing obligations to their own health, to family, and to friends. In doing so, they should be clear about steps they might take both in advance of and during an emergency or pandemic situation so that they are prepared to making ethical decisions. Value and responsibility statements in the Code should support nurses’ reflections and actions (CNA Code of Ethics, 2007).
5. **Scenario 5 (Delegation Part 1 - Unregulated Workers)**

**Q:** I am a registered nurse working a long-term care facility where most of the care providers are Continuing Care Assistants (CCAs). In an emergency (pandemic, staff shortages), how do I know what tasks I can delegate to them?

**A:** When unregulated workers perform nursing duties it represents a considerable risk to patients and has the potential to expose the institution to liability. One may wish to consider other options such as the redistribution of existing RN/LPN staff from other units before delegating nursing services to CCAs. However if RN staff choose to delegate something that is outside the unregulated worker’s scope of practice/employment, they should be familiar with the guidelines outlined in the CRNNS publication “Delegation Guidelines for Registered Nurses” (2004) [http://www.crnns.ca/documents/Delegation%20Guidelines%202004.pdf](http://www.crnns.ca/documents/Delegation%20Guidelines%202004.pdf)

Managers should also consult their agency-specific Emergency Preparedness Plan for specific policies related to this topic.

The registered nurse takes responsibility for decisions to delegate aspects of care to CCAs/unregulated healthcare workers, appropriate supervision, and the evaluation for the client’s response to care. CCAs/unregulated healthcare workers are responsible for the safe performance of the care delegated to them. Only those delegated tasks/interventions approved by the agency can be delegated to CCAs. (Note: CRNNS/CLPNNS Delegation Guidelines being revised to more clearly address unregulated healthcare workers - 2008)

*Standard 1: Accountability* - The provision of safe client care is a shared responsibility, i.e., both the organization and the healthcare providers. The registered nurse must be accountable for decisions to assign care to the CCA/healthcare worker, and provide support and supervision.

Unregulated health care workers are caregivers who provide personal care or support for activities of daily living to individuals. Registered nurses are responsible for comprehensive assessment of the client, including environmental, and for determining the competence of the care provider before delegating or assigning any procedure. The assessment, planning, implementation, evaluation, and judgment of the registered nurses cannot be delegated. Since CCAs provide activities of daily living for which they have received the necessary level of education and competence they may, in client specific situations, and according to agency policy, be delegated (having previously received the necessary education and deemed competent) by a registered nurse to perform some tasks or procedures, e.g., application of some prescribed creams, apply TED stockings. Both assignments (activities of daily living) and delegation (transfer of task outside their level of education and competence) to CCAs can occur in emergency situations; however, maintenance of client safety is imperative. The registered nurse who assigns tasks or procedures must ensure that certain requirements are met prior to the assignment:
• The client’s health status is stable and the client’s response to the proposed task or procedure is predictable;
• The CCA or unregulated healthcare worker has the ability to perform the task safely; and
• Support and supervision for the CCA or unregulated healthcare worker is available from the registered nurse (or care coordinator).

NOTE: The registered nurse who is delegating the task or procedure must establish the degree of supervision required by the CCA/unregulated healthcare worker. The amount of supervision provided depends on the complexity of the task being delegated and the ability of the worker performing it.

CCA/unregulated healthcare workers are responsible for the safe performance of the tasks or procedures assigned to them, for knowing what procedures they can perform, and for refusing to perform assigned tasks until they receive authorization from the employer and necessary training to perform the tasks safely.

Standard 3: Application of Knowledge, Skills and Judgment – Registered nurses must base decisions on relevant assessments and critical analysis of the client situation when assigning care to the CCA or unregulated health care worker. In other words, it is necessary to have a rationale for assigning or not assigning care to the CCA/unregulated healthcare worker.

Decisions regarding assigning care to a CCA/unregulated healthcare worker must be based on the nurse’s knowledge, clinical skills, and clinical judgment to ensure safe care. The registered nurse must also evaluate the outcomes of that care.

Standard 4: Professional Relationships and Advocacy – The registered nurse has an obligation to assist in the development of other members of the healthcare team, to participate in the resolution of practice issues and to act as a resource to others.

6. Scenario 6 (Nursing Student Assistance in an Outbreak)

Q: During this disaster we’ve been very short staffed – can nursing students fill in for RN or LPN staff during this time?

A: Nursing students are placed in clinical areas as per the contract between the university and the healthcare agency. To have nursing students in a clinical setting performing nursing services outside of this contractual agreement would be in violation of the RN Act and may expose the university and the institution to liability; it may also present patient safety issues. Please contact your institution’s risk manager and the university school of nursing for further clarification. With respect to nursing students working as LPNs, please contact the College of Licensed Practical Nurses (www.clpnns.ca; (902) 423-8517 or Toll Free in Nova Scotia: 1-800-718-8517). Also, see document “Hiring a Student Nurse” at www.crnns.ca.
7. **Scenario 7 (Immunization)**

**Q:** Our clinic was advised that the cold chain storage was broken because the fridge containing the vaccines lost power for three hours and the fridge temperature was warmer than is considered safe. Can I administer the vaccines? Where would I find the information and whom should I contact?


**Q:** Our long term care facility staff needs to have Hepatitis B injections. Can nurses qualified to administer immunizations to residents give each other the Hepatitis B injection?

**A:** No. Nurses cannot administer medications to clients or each other without a doctor's order or a medical directive. The joint position statement from the DHPP and the College regarding staff immunizations states:

“Healthcare providers are encouraged to receive vaccines as recommended in an effort to enhance public safety. The Nova Scotia Immunization Schedule reflects eligible groups for publicly funded vaccines.

To ensure that all eligible provincial healthcare providers receive recommended vaccines:

- Agencies/facilities that currently have a policy/medical directive to administer immunizations to their staff are to continue to follow their agency policy.
- In agencies/facilities where there is no policy or medical directive available, the Nova Scotia Immunization Schedule should be used as a “medical directive” by qualified registered nurses* for immunization purposes, as long as the nurses follow the Immunization Guidelines for Registered Nurses (CRNNS, 2007).”

Influenza vaccine is publicly funded, however, Hepatitis B is not publicly funded. Therefore, unless the agency has an occupational health department (OHN) and there is a medical directive for the OHN to administer Hepatitis B, nurses cannot administer the vaccine to staff without a doctor’s order.

Although staff may be competent and knowledgeable about the vaccine and its’ side effects, the agency needs to have a policy (medical directive) in place to support staff
receiving the Hepatitis B vaccine. The policy would also need to include the ability to administer the appropriate medication in the event of an adverse reaction.

Agency liability is also a factor. From a risk management perspective, consideration must be given to whether the agency has sufficient insurance coverage to support administering vaccines to staff. If the agency strongly believes that all staff should receive the Hepatitis B vaccine, they could a) reimburse the nurse if the nurse receives the vaccine from her/his own physician or b) develop a separate agency policy (medical directive) whereby qualified nursing staff could administer the vaccine to staff. (See Guidelines for Delegated Medical Functions and Medical Directives http://www.crnns.ca/documents/GuidelinesforDelegatedMedicalFunctions2005.pdf). A medical directive requires a physician signature (in other words, the required signature is from the medical physician assigned to a facility or, if there are several physicians, one is considered the chief of medicine or staff). If a policy regarding influenza vaccine has already been developed for staff, it may be easier to revise the influenza vaccine policy to include both influenza and Hepatitis B injections for staff (fund the vaccine for staff or reimburse them). For further information about a vaccine medical directive, contact Sylvia Wist, Policy Coordinator, Capital District Health Authority (Sylvia.Wist@cdha.nshealth.ca) who may be willing to share their medical directive re: immunization.

If you further information is needed about immunizations, Contact: Kimberly McGill, Immunization Coordinator, DHPP: mcgillka@gov.ns.ca or phone 424-6562.

8. **Scenario 8 (Liability)**

Q: If I do a procedure beyond my scope of practice during an emergency, am I covered?

A: It is considered inappropriate for a registered nurse to provide care that is outside their area of expertise (scope of practice), as potential exists for patient safety and quality concerns. However, this does not apply if the need for care is urgent, if a more skilled individual is not available to provide the care and if not providing the care would lead to worse consequences than providing it.

Also - see CNPS articles:

1. Professional Liability Protection in a Pandemic: [http://www.cnps.ca/pandemic/pandemic_e.html](http://www.cnps.ca/pandemic/pandemic_e.html)
2. Is There a Risk in Being a Good Samaritan? [http://www.cnps.ca/members/publications/articles/good_sam/good_sam_e.html](http://www.cnps.ca/members/publications/articles/good_sam/good_sam_e.html)
Note: Good Samaritan Law
In Canada, there is no legal duty that forces nurses to help someone in an emergency outside of the workplace setting. While the nurse may feel a moral or ethical duty to do so, the nurse cannot be held liable for failing to assist where there is no legal duty to do so. In Nova Scotia, there is an act called the Volunteer Services Act (“Good Samaritan”) that protects a volunteer from liability for damages for injuries or the death of a person alleged to have been caused by an act or omission on the part of the volunteer while rendering services or assistance unless it is established that the injuries or death were caused by gross negligence on the part of the volunteer. **If you decide to assist**, you are not expected to perform miracles – you are expected to act in accordance with your knowledge, skills and standards to ensure that the person receives safe, competent care.

9. **Scenario 9 (Delegation Part 2)**

**Q:** I am a charge nurse working in an ICU where we are frequently short-staffed. I would like to know what my professional responsibilities are, and how I delegate to nurses who have never worked in my area and who are not trained for certain skills. For example, only RN’s work in ICU and the only help I can get are either RNs or LPNs who have never worked in ICU.

**A:** Delegation issues will become more challenging and complex in the event of a disaster or emergency and possible shortages of registered nurses and licensed practical nurses as well as other health professionals. Nurses are accountable to their employers, their professional regulatory body and most importantly their patients for the competent performance of the patient care they provide.

The Standards for Nursing Practice (CRNNS, 2003) provide guidance:

**Standard 1: Accountability** – The registered nurse is accountable and responsible for her/his own actions and decisions at all times, takes action in situations where client safety and well-being is potentially or actually compromised, exercises reasonable judgment in practice and seeks assistance appropriately and in a timely manner. So, inform the supervisor/manager immediately about the situation. The employer needs to be informed in order to take the appropriate action because the employer is legally responsible (vicarious liability) for the acts of its employees that occur within the scope and course of their employment. Communicate your expectation to the manager that he/she will persist in seeking additional staff. Document the communication.

Also, prioritize nursing actions: a) absolutely necessary, b) can be done later in the shift, c) can be done less frequently, and d) can be omitted.

**Standard 2: Continuing Competence** – Quickly assess the patients identified as priorities and determine what needs immediate follow-up.

**Standard 3: Application of Knowledge, Skills and Judgment** – Review patient assignments and delegate appropriately to other staff, i.e. assign patients with the most
complex needs to nurses with the necessary competencies. Follow-up with staff during the shift and help them set priorities and determine which tasks can be omitted.

Standard 4: Professional Relationships and Advocacy – By communicating with the manager and prioritizing client needs, the nurse is advocating for the appropriate care in a professional practice environment. Communication with staff is essential, so hold a short staff meeting to alert staff to the situation. Ask them to assess all their patients immediately and alert you to any concerns to assist in setting priorities. Set up a time for a mid-shift report to allow staff to re-prioritize and lend support to each other. Schedule meal breaks and outline responsibilities during the breaks. Ensure appropriate communication with patients and families, e.g., advise about changes in routines.

The employer/health care agency is accountable to ensure there are mechanisms in place to support delegation e.g., written policies, procedures, guidelines and resources; provide adequate education, training and assessment of the competence of employed health care personnel communicate the level of education of unregulated care workers to registered nurses involved in client care. However, the registered nurse also ‘participates in and supports the development and implementation of policies that clients’ rights are respected’ in advance of emergency situations.

Standard 5: Professional Leadership - the registered nurse ‘demonstrates respect for the knowledge, expertise and contributions of other healthcare team members’ and ‘demonstrates professional judgment and accountability when delegating or assigning tasks or functions to other members of the healthcare team.’ Delegation occurs when the task is within the scope of practice of the registered nurse (delegator) and outside the scope of practice and/or scope of employment of the other health care team member (delegatee). Delegation refers to the transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the decision to delegate. While specific tasks or procedures may be appropriately delegated, the registered nurse cannot delegate nursing activities that include the core of the nursing process (assessment, diagnosis, planning, and evaluation) and require the specialized knowledge, judgment, and or skill of the registered nurse.

The registered nurse giving care determines in a particular practice situation if delegation to a healthcare provider is appropriate by assessing: the client’s health status, the practice environment, the healthcare provider competencies, and the amount of supervision required. Assignment refers to designating activities to be performed by an individual, which is within his or her licensed scope of practice and/or scope of employment

Standard 6: Self-Regulation – Registered nurses assume accountability to practise nursing competently and ethically. The 2008 CNA Code of Ethics provides scenarios of ethical dilemmas, including during emergency situations, to help assist with ethical decision-making.

Also, please refer to the following documents:
Appendix D-7: Issuance of Temporary Nursing Licence in Nova Scotia in an Emergency/Disaster Event

Instructions - Please read carefully

1. This form is to be completed and signed as indicated by a designated College staff person issuing a temporary licence in the event of an emergency/disaster.
2. Complete Section A with all nurse applicants.
3. Complete Section B with the registering/licensing authority for a new graduate nurse in the province where the nurse completed his or her nursing education program. This can be a verbal* or hard copy confirmation.
4. Complete Section C for all nurse applicants with the registering/licensing authority in the province where the nurse was last licensed or if a graduate nurse, is eligible to write CRNE. This can be a verbal* or hard copy confirmation.
5. Complete Section D by entering College staff signature and temporary licence number issued to nurse.
6. If licensing is completed by phone, instruct nurse to have employer call the College to verify identification with a photo ID.

Section A: Complete for all nurses

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Names</th>
<th>Original and all Other Surnames</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Mailing Address</th>
<th>City</th>
<th>Province</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

Contact information while in Nova Scotia:

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>Province</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email address</th>
<th>Telephone #</th>
</tr>
</thead>
</table>

Graduated from

<table>
<thead>
<tr>
<th>School of Nursing</th>
<th>City</th>
<th>Province</th>
<th>Date (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

Proof of Legal Name: One must be a photo ID (check one):

☐ Drivers Licence  ☐ Military ID  ☐ Nova Scotia Identity Card

Information confirmed by: ☐ verbal report*  ☐ email  ☐ fax  ☐ other _____________________________

*Employers must contact the College to verify photo identification to validate the temporary nursing license.

Nurse category (check one):

☐ Nova Scotia non-practising/non-active nurse
☐ Nova Scotia new graduate
☐ Out-of-province active-practising nurse
☐ Out-of-province non-practising/non-active nurse
☐ Out-of-province new graduate nurse

Name of jurisdiction (province, territory or state):

Registration No

Information confirmed by: ☐ verbal report  ☐ email  ☐ fax  ☐ other _____________________________

Signature of Nurse Date (MM/DD/YYYY)
### Section B: Complete for new graduates only

Confirm the following information with the registering/licensing authority representative in the province where the nurse completed his or her nursing education program. This can be verbal or hard copy confirmation.

<table>
<thead>
<tr>
<th>Representative Name (Please Print)</th>
<th>Position Title</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acting on behalf of the</strong></td>
<td><strong>Registering/licensing authority</strong></td>
</tr>
</tbody>
</table>

Hereby certifies that

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
<th>Original and all Other Surnames</th>
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Is a graduate of

<table>
<thead>
<tr>
<th>School of nursing</th>
<th>City</th>
<th>Province</th>
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</table>

and that this School of Nursing was approved by the registering/licensing authority at the time this program was completed.

Information confirmed by:  
- [ ] verbal report  
- [ ] email  
- [ ] fax  
- [ ] other

<table>
<thead>
<tr>
<th>Representative Signature (if hard copy)</th>
<th>Date</th>
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(MM/DD/YYYY)
### Section C: Complete for all nurses

Complete with the registering/licensing authority representative in the province where the nurse was last licensed or if a new graduate, is eligible to write or has written the CRNE. This can be verbal or hard copy confirmation.

<table>
<thead>
<tr>
<th>Representative Name (Please Print)</th>
<th>Position Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting on behalf of the</td>
<td>Registering/Licensing Authority</td>
</tr>
<tr>
<td>hereby certifies that</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td>Given Names</td>
</tr>
<tr>
<td>was issued a registration certificate/licence as a general registered nurse on</td>
<td>Date (MM/DD/YYYY)</td>
</tr>
<tr>
<td>This nurse is currently ☐ active-practising ☐ non-practising/non-active ☐ new graduate eligible to write or has written CRNE</td>
<td></td>
</tr>
<tr>
<td>If non-practising/non-active, what are the practice hours for the past five years?</td>
<td></td>
</tr>
<tr>
<td>Are there conditions and/or restrictions on this nurse’s licence? ☐ Yes ☐ No If yes, please explain</td>
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<tr>
<td>Has this registration/licence ever been suspended, revoked, or under investigation? ☐ Yes ☐ No If yes, please explain</td>
<td></td>
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<tr>
<td>Has this registration/licence been reinstated? ☐ Yes ☐ No ☐ N/A</td>
<td></td>
</tr>
<tr>
<td>Information confirmed by: ☐ verbal report ☐ email ☐ fax ☐ other</td>
<td></td>
</tr>
<tr>
<td>Representative Signature (if hard copy)</td>
<td>Date (MM/DD/YYYY)</td>
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</tbody>
</table>

### Section D: Completed by designated College staff

I have verified the above information.

<table>
<thead>
<tr>
<th>College Staff Signature</th>
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</table>

Print College Staff name

Emergency Temporary Licence #

Issued on Date (MM/DD/YYYY)

If the TL number is unavailable from registration database, Staff should precede their numbering system with their own three initials.

<table>
<thead>
<tr>
<th>e.g. Staff: John S. Doe</th>
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<tbody>
<tr>
<td>Emergency TL #: JSD1</td>
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</table>
# TEMPORARY LICENCE COUNT SHEET

Use this sheet to keep a list of temporary licenses issued by college staff. This sheet will help the staff determine the next sequential number to assign.

<table>
<thead>
<tr>
<th>Line #</th>
<th>Temporary Licence Number Issued</th>
<th>Name of Temporary Licence Holder</th>
<th>Date Issued (e.g. Sept 10, 2007)</th>
<th>Comments</th>
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<tbody>
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APPENDIX E: CRITICAL MESSAGING FOR MEMBERS AND THE PUBLIC

Critical messages for members and the public will be broadcast via the College’s telephone and e-mail systems and website, as well as press releases and public service announcements (as deemed necessary).

Critical messaging for members and the public should include, but not be limited to:

- Accessibility of College programs/services – i.e., office open or closed
- Directions on how to contact staff (by phone and e-mail) and approximate response times
- Any change in office location

Additional messaging for members will be determined by the category of emergency/disaster. For example, this messaging could include:

- a general ‘call’ for nurses
- a ‘call’ for specific categories of nurses
- messages/directions from the Department of Health or other key stakeholders

Templates for recorded Phone and E-mail Messages

N.B. These templates are provided to ensure consistency in messaging. However, messaging may differ dependent on emergency/disaster (e.g., if people must wear masks when coming to the office; if College is looking for RNs or volunteers to help in specific areas; if the Department of Health wants College to convey specific messages).

OFFICE OPEN

In the event that the College office is open but without a full staff, the following templates are to be used for recorded telephone and e-mail messages (each to be updated on a daily basis).

Telephone Messages

Main switchboard:
Hello … it’s (day)(date) and you’ve reached the office of the College of Registered Nurses. Despite the impact of the (emergency), the office is open today from (hr) to (hr). To contact staff members, enter their three-digit extension or press #2 for Registration; #3 for Professional Practice & Policy; #4 for Communications; #5 for Professional Conduct; #6 for the Executive Office; #7 for Corporate Services; and #8 for Computer support. If you leave a message in this mailbox, a staff member will be notified to return your call within (insert a reasonable time frame based on the situation in the office). Be sure to check www.crnns.ca for important updates and announcements.
Individual staff:
Hello … it’s (day)(date) and you’ve reached (name)(position title) at the College of Registered Nurses. Sorry I’ve missed your call. Despite the impact of the (emergency), the office is open today from (hr) to (hr). Please leave your name and number, and I will get back to you within the next (insert a reasonable time frame based on your situation and/or the situation in the office). I can also be reached by e-mail at (     )@crnns.ca. If you need assistance immediately, please press ‘0’. Be sure to check www.crnns.ca for important updates and announcements.

Electronic Messages

E-mail Out-of-Office Assistant:
Due to the (emergency), I am not in the office today, (day)(date), however, the College office is open from (hr) to (hr). I will be checking my e-mail and phone messages on a regular basis and will respond to calls/messages within (insert a reasonable time frame based on your situation and/or the situation in the office). If you need assistance immediately, please call 491-9744, ext. 221 (toll-free in NS 1-800-565-9744). Be sure to check www.crnns.ca for important updates and announcements.

OFFICE CLOSED
In the event that the office is closed, but communication technologies are still intact and accessible, staff members are to use the following templates for their recorded telephone and e-mail messages (each to be updated on a daily basis).

Telephone Messages

Main switchboard:
Hello … it’s (day)(date) and you’ve reached the office of the College of Registered Nurses. Due to the impact of the (emergency), the office is closed today. Staff members will be checking their e-mail and phone messages on a regular basis and responding as quickly as possible. To contact staff members, you can either enter their three-digit extensions or use the following menu: press #2 for Registration; #3 for Professional Practice & Policy; #4 for Communications; #5 for Professional Conduct; #6 for the Executive Office; #7 for Corporate Services; and #8 for Computer support. Be sure to check www.crnns.ca for important updates and announcements.

Individual staff:
Hello … it’s (day)(date) and you’ve reached (name)(position title) at the College of Registered Nurses. Due to the impact of the (emergency), the office is closed today. I will be checking my phone and e-mail messages on a regular basis and will get back to you within (insert a reasonable time frame based on your situation). My e-mail address is (     )@crnns.ca. Be sure to check www.crnns.ca for important updates and announcements.
**Electronic Messages**

**E-Mail Out-of-Office Assistant:**
Due to the (emergency), the College office is closed today, (day)(date), however, I will be checking my phone and e-mail messages on a regular basis and will respond to calls/messages within (insert a reasonable time frame based on your situation). You can also reach me by phone at 491-9744, ext. (  ): toll-free in NS 1-800-565-9744. Be sure to check [www.crnns.ca](http://www.crnns.ca) for important updates and announcements.

**OFFICE RELOCATION**
In the event that the College office is relocated, with or without extensive technological resources, the following templates are to be used. The phone messages will be of benefit only in situations where all resources are available (human/technological). For example, when the office is actually intact, however, people have been evacuated from the downtown area for infection control situations. If the existing building is actually destroyed, the use of these templates will be determined by the capability of temporary system supports (e.g., support voice messaging and other noted functionalities). Again, messages should be updated on a daily basis.

**Telephone Messages**

**Main switchboard:**
Hello … it’s (day)(date) and you’ve reached the office of the College of Registered Nurses. Due to the impact of the (emergency), the office has been relocated to (location), with limited staff available. Staff will also be checking their e-mail and phone messages on a regular basis and responding as quickly as possible. To access staff, you can enter their three-digit extensions or use the following menu: press #2 for Registration; #3 for Professional Practice & Policy; #4 for Communications; #5 for Professional Conduct; #6 for the Executive Office; #7 for Corporate Services; and #8 for Computer support. Be sure to check [www.crnns.ca](http://www.crnns.ca) for important updates and announcements.

**Individual staff:**
Hello … it’s (day)(date) and you’ve reached (name)(position title) at the College of Registered Nurses. Due to the impact of the (emergency), the office has been relocated to (location), with limited staff available. I will be checking my phone and e-mail messages on a regular basis and will respond within (insert a reasonable time frame based on your situation and/or the situation in the office). If you need assistance immediately, please call 491-9744 (toll-free in NS 1-800-565-9744). You can also e-mail me at (     )@crnns.ca. Be sure to check [www.crnns.ca](http://www.crnns.ca) for important updates and announcements.
Electronic Messages

_E-Mail Out-of-Office Assistant:_
Due to the impact of the (emergency), the College office has been relocated to (location), with limited staff available. I will be checking my e-mail and phone messages on a regular basis and responding within (insert a reasonable time frame based on your situation). If you need assistance immediately, please call 491-9744 (toll-free in NS 1-800-565-9744). Be sure to check [www.crnns.ca](http://www.crnns.ca) for important updates and announcements.

Public Service Announcements

Public service announcements (PSA) are aired ‘free-of-charge’ by most radio stations and some TV stations. The following templates are to be used to provide RNs, members of the public and/or other key stakeholders with critical information related to the accessibility of the College office/staff. PSA’s are generally 15-30 seconds in length.

**OFFICE OPEN**
Despite the (emergency), the office of the College of Registered Nurses of Nova Scotia is open from (hr) to (hr) today, and until further notice. For information on nursing practice issues or the licensing of RNs, please call 491-9744 (toll-free in Nova Scotia 1-800-565-9744) or visit [www.crnns.ca](http://www.crnns.ca). The College is located at 7071 Bayers Road, Suite 4005, Halifax. Tel 491-9744 or 1-800-565-9744 … or visit [www.crnns.ca](http://www.crnns.ca).

**OFFICE CLOSED**
Due to the (emergency), the office of the College of Registered Nurses of Nova Scotia is closed today. However, staff members can be contacted by phone or e-mail. Call 491-9744 or 1-800-565-9744. Those numbers again are 491-9744 and 1-800-565-9744. For other contact information and office updates check out [www.crnns.ca](http://www.crnns.ca).

**OFFICE RELOCATED**
Due to the (emergency), the office of the College of Registered Nurses of Nova Scotia has been relocated from Bayers Road to (location). Staff members can be contacted by phone or e-mail. Call 491-9744 or 1-800-565-9744. Those numbers again are 491-9744 and 1-800-565-9744. For other contact information and office updates check out [www.crnns.ca](http://www.crnns.ca).

Press Releases

Press releases are a means of getting information out to the ‘masses’ in a timely and efficient manner (i.e., via print and electronic media). The College has extensive lists for the distribution of its press releases, however, streamlined lists have been developed for the distribution of press releases in the event of an emergency (e.g., if time or resources are limited, select the media outlets that will provide maximum ‘mileage’ or coverage of a message).

While it is preferable to e-mail press releases, they can be faxed to media outlets when the e-mail system is inaccessible (see [Appendix E-1: Media Contact List](#)).
Steps to follow to e-mail press releases:
2) Develop press release in a Word file; save as Word document.
3) Open Outlook – create NEW message.
4) In subject line, type: News Release – (add title)
5) INSERT press release file – 3 options:
   - PDF file - this is the best format to use as recipients working with different platforms (e.g., Mac computers) will be able to open and read the file without any problems. When sending a PDF, remember to include a link to Acrobat Reader: recipients can download if they have any problems opening the file. Add this statement in the e-mail: If you have difficulty opening the attached file, please use this link to download Adobe Acrobat Reader: http://www.adobe.com/products/acrobat/readstep2.html
   - If a PDF cannot be created, simply attach the Word file to the e-mail.
   - If a recipient cannot open the Word file, the contents of the press release could be cut and pasted directly into the body of an e-mail.
6) Select audience(s) to receive press release:
   - Click “To”
   - Scroll down in the right hand column (Show names from the) – Communications Contacts
   - Scroll down in left column to Emergency Preparedness group – click on this group – click on BCC in the right side of the message box (this includes e-mail addresses for media contacts, Council, DHAs, College staff, key provincial stakeholders). To add other jurisdictions to the list, scroll down in right column to “Jurisdictions” and “Jurisdictions ED” – click on BCC. (See Appendix E-1: Media Contact List and Appendix E-2: Stakeholder Contacts List)
   - Go back to the left hand column and scroll to the top of the box – click on CRNNS Communications – and then click on “TO” (Our e-mail program will pull the entry from the e-mail address book and address the message back to you. This is like sending the e-mail to yourself. Using the Bcc: field to enter all the other e-mail addresses means you are sending a "blind carbon copy." The addresses in this field will receive a copy of the e-mail message, but anyone who receives the e-mail will not know who else received it.)
6) Hit SEND.

Steps to follow to fax press releases
1) Develop and print release.
2) Send to selected audiences via fax numbers noted in appendices E-1 (Media) and E-2 (stakeholders).
• Posting Emergency Messages on College Website

A special page will be developed in the *I-Web Suite Content Control Panel* that will allow available staff to administer the website in an emergency situation. The instructions for adding to this section of the website will be provided once the page has been developed.

The content for the special page can be created and edited in Word, and then copied into the editing page or typed into the edit window.

**BRIEF DESCRIPTION AND FUNCTION OF SPECIAL PAGE**

- A Username and Password will be included in the Emergency Preparedness Manual so that the staff person available can login.
- Within the content control panel a new button will be added assigned just to access the special page only.
- The staff would click on the button, and the designed page would appear allowing them to add and edit the content.

Once the content is added and edited they would submit the page, and it will appear in front of the Splash Page advising visitors of the emergency situation. The special page will also include the Nurses and Public buttons so visitors can go to the remainder of the site after they have read the message.

• Sending Mass E-mail to Members

*i-Web Suite Basic User Manual & Quick Online Reference Guide* for additional information

[http://www.immediac.com/default.asp?mn=1.2.52](http://www.immediac.com/default.asp?mn=1.2.52)

3. Enter Username: emergency
4. Password: crnns2010
5. Click [Login]
6. The page below will appear: the content control panel.
7. At the top of the control panel in the navy and green box, **click the button with the Yellow Envelope graphic** [Send Newsletter/Email to Subscribers]. The subscribers in this distribution list are emails of registered nurses extracted from the registration database. This email system via the website can be used to send out other types of messages, not only the link to the *On-Line* newsletter.

8. When you click the button this brings you to a page called “I-Web Suite Email List Administration” with an Edit Box shown in the graphic below.

9. Starting at the top of the screen at

**To:** Select “Newsletter” from the drop down list. This selection contains over 6,000 emails of registered nurses, staff and Council.

**From:** Stays as it is goes from info@crnns.ca by default.

**Subject:** Type in the title of the message.

**Message:** This edit box is where the message is typed in regular text (Times). The text may be changed by using features (bold, italics, and underline) or aligned, or bullets added, similar to word processing features. The sender can also create a message in Word and paste it into the Edit Box.
10. At the bottom of the screen you will see a (Test √ checked). **In order to send the emails, you must uncheck the green check mark.** (If you do not uncheck the Test box, then you will receive a message that the email did not go out and you will have to type in your message again.)

   **Click [Send] for distribution.**

11. Ignore “Number of hours since last email.”

   Top part of the screen – see next page for bottom part.

   Bottom part of the screen
Ignore number of hours ... system is automated to send e-mails within minutes.
### Appendix E-1: Media Contact List


<table>
<thead>
<tr>
<th><strong>DAILY NEWSPAPERS</strong></th>
<th><strong>Metro</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amherst Daily News</strong></td>
<td><strong>3260 Barrington St., Unit 102</strong></td>
</tr>
<tr>
<td>147 South Albion St., P.O. Box 280 Amherst, NS B4H 2X2</td>
<td>Halifax, N.S. B0J 0B5</td>
</tr>
<tr>
<td>General Manager: Paul Ramsay Email: <a href="mailto:pramsey@amherstdaily.com">pramsey@amherstdaily.com</a> Editor: Andrew Wagstaff Op-Ed: <a href="mailto:awagstaff@amherstdaily.com">awagstaff@amherstdaily.com</a> Ph: 902-661-5440 Fax: 902-667-0419 Website: <a href="http://www.amherstdaily.com">www.amherstdaily.com</a> Deadline: 2 p.m.</td>
<td>Managing Editor: Philip Croucher E-mail (news): <a href="mailto:philip.croucher@metronews.ca">philip.croucher@metronews.ca</a> General Info. Ph: 421-5809 Fax: 422-5667 Deadline: Website: <a href="http://www.metronews.ca">www.metronews.ca</a></td>
</tr>
<tr>
<td><strong>Cape Breton Post</strong></td>
<td><strong>Chronicle Herald/The Mail Star</strong></td>
</tr>
<tr>
<td>255 George St. P.O. Box 1500 Sydney, NS B1P 6K6</td>
<td>2717 Joseph Howe Dr., P.O. Box 610 Halifax, NS B3L 4T2</td>
</tr>
<tr>
<td>Publisher: Anita Delazzer Managing Editor: Fred Jackson City/Assignment Editor: Steve MacInnis Night Editor: Bob Duchemin Ph: 902-563-3839 Fax: 902-562-7077 E-mail: <a href="mailto:news@cbpost.com">news@cbpost.com</a> Op-Ed: <a href="mailto:letters@cbpost.com">letters@cbpost.com</a> Website: <a href="http://www.cbpost.com">www.cbpost.com</a> Deadline: 5 p.m.</td>
<td>Publisher/CEO: Graham Dennis Director of News Content: Dan Leger Assignment Editor: Brian Ward Ph: 902-426-1187 (Newsroom) Fax: 902-426-1158 E-mail : <a href="mailto:newsroom@herald.ca">newsroom@herald.ca</a> Op-Ed Contact: Bev Dauphinee Op-Ed Email: <a href="mailto:letters@herald.ca">letters@herald.ca</a> Ph: 902-426-2811, Ext. 2839 Website: <a href="http://www.TheChronicleHerald.ca">www.TheChronicleHerald.ca</a> Deadlines: 5:30 p.m. provincial/9pm metro</td>
</tr>
<tr>
<td><strong>Annapolis Valley Bureau</strong></td>
<td><strong>Bridgewater Bureau</strong></td>
</tr>
<tr>
<td>1650 Argyle St. P.O. Box 610 Halifax, NS B3J 2T2 Bureau Chief: Beverley Ware E-mail: <a href="mailto:bware@herald.ca">bware@herald.ca</a> Ph: 902-543-0225 Fax: 902-543-6171</td>
<td>1650 Argyle St. P.O. Box 610 Halifax, NS B3J 2T2 Bureau Chief: Beverley Ware E-mail: <a href="mailto:bware@herald.ca">bware@herald.ca</a> Ph: 902-543-0225 Fax: 902-543-6171</td>
</tr>
<tr>
<td>College of Registered Nurses of Nova Scotia</td>
<td>Emergency Preparedness Plan</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>Cape Breton Bureau</strong></td>
<td><strong>Truro Bureau</strong></td>
</tr>
<tr>
<td>58 Dorchester St. Suite 201</td>
<td>1650 Argyle St.</td>
</tr>
<tr>
<td>Sydney, NS B1P 5Z1</td>
<td>P.O. Box 610</td>
</tr>
<tr>
<td>Bureau Chief: Tera Camus</td>
<td>Halifax, NS B3J 2T2</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:tcamus@herald.ca">tcamus@herald.ca</a></td>
<td>Bureau Chief: Mary Ellen MacIntyre</td>
</tr>
<tr>
<td>Ph: 902-564-1214</td>
<td>E-mail: <a href="mailto:mmacintyre@herald.ca">mmacintyre@herald.ca</a></td>
</tr>
<tr>
<td>Fax: 902-564-6211</td>
<td>Correspondent: Cathy von Kintzel</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:sydney@herald.ca">sydney@herald.ca</a></td>
<td>E-mail: <a href="mailto:cvonkintzel@herald.ca">cvonkintzel@herald.ca</a></td>
</tr>
<tr>
<td>Deadline: 5:30 p.m.</td>
<td>Ph: 902-897-3000</td>
</tr>
<tr>
<td></td>
<td>Fax: 902-897-3016</td>
</tr>
<tr>
<td><strong>New Glasgow Evening News</strong></td>
<td><strong>Truro Daily News</strong></td>
</tr>
<tr>
<td>352 East River Rd.</td>
<td>6 Louise St.</td>
</tr>
<tr>
<td>P.O. Box 159</td>
<td>P.O. Box 220</td>
</tr>
<tr>
<td>New Glasgow, NS B2H 5E2</td>
<td>Truro, NS B2N 5C3</td>
</tr>
<tr>
<td>Publisher: Richard Russell</td>
<td>Managing Editor: Carl Sleming</td>
</tr>
<tr>
<td>Managing Editor: Dave Glenen</td>
<td>E-mail: <a href="mailto:news@trurodaily.com">news@trurodaily.com</a></td>
</tr>
<tr>
<td>Assignment Editor: Jackie Jardine</td>
<td>Assignment Editor: Harry Sullivan</td>
</tr>
<tr>
<td>Ph: 902-752-3000</td>
<td>Ph: 902-893-9405</td>
</tr>
<tr>
<td>Fax: 902-752-1945</td>
<td>Fax: 902-893-0518</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:news@ngnews.ca">news@ngnews.ca</a></td>
<td>Deadline: 5 p.m.</td>
</tr>
<tr>
<td>Op-Ed: <a href="mailto:news@ngnews.ca">news@ngnews.ca</a></td>
<td></td>
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<tr>
<td>Website: <a href="http://www.newglasgownews.com">www.newglasgownews.com</a></td>
<td></td>
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<tr>
<td>Deadline: 7 p.m.</td>
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<tr>
<td><strong>RADIO STATIONS</strong></td>
<td><strong>Radio Canada (Moncton)</strong></td>
</tr>
<tr>
<td><strong>Radio Canada (French)</strong></td>
<td>250 University Ave.</td>
</tr>
<tr>
<td>5600 Sackville St.</td>
<td>Moncton, NB E1C 8N8</td>
</tr>
<tr>
<td>Halifax, NS B3G 1L2</td>
<td>News Director: Elisabeth Crener</td>
</tr>
<tr>
<td>News Editor (Halifax): Fernande Devost</td>
<td>Radio Assignment Editor (Moncton): Louis Mills</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:fernande_devost@radio-canada.ca">fernande_devost@radio-canada.ca</a></td>
<td>E-mail: <a href="mailto:louis.mills@radio-canada.ca">louis.mills@radio-canada.ca</a></td>
</tr>
<tr>
<td>Ph: 902-420-4341</td>
<td>Ph: 506-853-6876</td>
</tr>
<tr>
<td>Fax: 902-420-4357</td>
<td>Fax: 506-867-8000</td>
</tr>
<tr>
<td>Reporter/Editor: Fernande Devost</td>
<td><a href="http://www.cbc.ca/ns">www.cbc.ca/ns</a></td>
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<tr>
<td>Ph: 902-420-4349</td>
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</tr>
<tr>
<td>Website: <a href="http://www.radio-canada.ca">www.radio-canada.ca</a></td>
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<tr>
<td><strong>CBH Radio (CBC Halifax)</strong></td>
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</tr>
<tr>
<td>5600 Sackville St., P.O. Box 3000</td>
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</tr>
<tr>
<td>Halifax, NS B3J 3E9</td>
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</tr>
<tr>
<td>News Director: Sandy Smith</td>
<td></td>
</tr>
<tr>
<td>Program Manager: Janet Irwin</td>
<td></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:janet.irwin@cbc.ca">janet.irwin@cbc.ca</a></td>
<td></td>
</tr>
<tr>
<td>Phone: 902-420-4448</td>
<td></td>
</tr>
<tr>
<td>National Reporter: Steve Puddicombe</td>
<td></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:puddicos@halifax.cbc.ca">puddicos@halifax.cbc.ca</a></td>
<td></td>
</tr>
<tr>
<td>News Ph: 902-420-4350</td>
<td></td>
</tr>
<tr>
<td>Fax: 902-420-4357</td>
<td></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:radionews@halifax.cbc.ca">radionews@halifax.cbc.ca</a></td>
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</tr>
<tr>
<td>Website: <a href="http://www.cbc.ca/ns">www.cbc.ca/ns</a></td>
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<tr>
<td>College of Registered Nurses of Nova Scotia</td>
<td>Emergency Preparedness Plan</td>
</tr>
<tr>
<td>-------------------------------------------</td>
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</table>

| CBI Radio (CBC Cape Breton)               | 101.5 The Hawk FM            | 780 KIXX AM                     |
| 285 Alexandra St.                        | 609 Chruch St., Suite 201    | 2900 Agricola St.               |
| Sydney, NS B1S 2E8                       | Port Hawkesbury, NS B9A 2X4 | P.O. Box 9316, Station A        |
| News Director/Program Manager: Kathy Large | Ph: 902-625-1220            | Halifax, NS B3K 6B2             |
| E-mail: kathy.large@cbc.ca                | Fax: 902-625-2664            | News Director: Rich Horner      |
| Ph: 902-563-4138                          | E-mail: news@1015thehawk.com | News Ph: 902-453-2524 or 902- |
| Morning Show Producer: Don Munro          | Website: www.1015thehawk.com | 453-4004                        |
| E-mail: don.munro@cbc.ca                  |                            | Main switchboard (CHUM): 902   |
| Ph: 902-563-4115                          |                            | 453-2524                        |
| Information Morning Host: Steve Sutherland|                            | Fax: 902-453-3132               |
| News: 902-563-4100                        |                            | E-mail: news@newcap.ca          |
| Fax: 902-539-1562                         |                            |                                 |
| E-mail: radionews@sydney.cbc.ca           |                            |                                 |
| Website: www.acbc.ca/informationmorningcb/|                            |                                 |

| 920 CJCH/C100-FM                         | CFAB AM                     | CHFX FM                        |
| 2900 Agricola St.                        | P.O. Box 278                | 5121 Sackville St.,           |
| P.O. Box 9316, Station A                 | 169-A Water St.            | P.O. Box 400                   |
| Halifax, NS B3K 6B2                      | Windsor, NS BON 2TO        | Halifax, NS B3J 2R2           |
| News Director: Debra Smith               | News Director: Brian Mumford| News Director: Mike Cranston   |
| Main Switchboard: 902-453-2524           | Ph: 902-678-2111           | E-mail: mike.cranston@chfxradio.com |
| Newsroom: 902-453-1000                   | Fax: 902-678-9894          | Assignment Editor: Daryl Good |
| Programming: 902-453-3120                | E-mail: newsroom@avrnetwork.com |
| News Fax: 902-453-3132                   |                            | E-mail: chfxnews@chfxradio.com |
| E-mail: c100fm@mrg.ca                    |                            | News Ph: 902-422-2424         |
| Website: www.c100fm.com                  |                            | News Fax: 902-422-2754        |
|                                          |                            | Website: www.mbsradio.com     |

| CIFA Radio Clare                         | CKRH FM Radio (French)     | CKDY AM                        |
| P.O. Box 8                               | Cooperative Radio – Halifax – Metro Lite | 53 Sydney St.                   |
| Saulnierville, NS B0W 2Z0                | 5527 Cogswell St.          | Digby, NS BOV 1AO              |
| Station Manager: Ghislain Boudreau       | Halifax, NS B3J 1R2        | News Director: Brian Mumford   |
| Ph: 902-769-2432                         | General Manager: Nay Saade | Ph: 902-678-2111               |
| Fax: 902-769-3101                        | Main Host: Jean-Francois Dufour | Fax: 902-678-9720              |
| E-mail: info@cifafm.ca                   | Ph: 902-490-2574           | E-mail: newsroom@avrnetwork.com|
| E-mail: ghislain@cifafm.ca               | Fax: 902-429-2574          | Website: www.avrnetwork.com    |
| Website: www.cifafm.ca                   | E-mail: info@CKRHFM.ca     |                                 |

<p>| CJCB AM/CKPE FM Radio/CHER FM            | CJFX Radio AM               | CJLS Radio FM                  |
| 318 Charlotte St.                        | 85 Kirk St.                 | 328 Main St., Suite 201        |
| Sydney, NS B1P 1C8                       | P.O. Box 5800               | Yarmouth, NS B5A 1E4           |
| News Editor: Greg MacLean                | Antigonish, NS B2G 2R9      | News Director: Gary Nickerson  |
| News Fax: 902-564-1873                   | News Ph: 902-863-4000       | Fax: 902-742-3143              |
| E-mail: <a href="mailto:news@capebretonradio.com">news@capebretonradio.com</a>         | Fax: 902-863-6300           | E-mail: <a href="mailto:news@cjls.com">news@cjls.com</a>          |
| Website: <a href="http://www.capebretonradio.com">www.capebretonradio.com</a>         | E-mail: <a href="mailto:cjfx@cjfx.ca">cjfx@cjfx.ca</a>        | Website: <a href="http://www.cjls.com">www.cjls.com</a>          |
|                                          | <a href="mailto:news@cjfx.ca">news@cjfx.ca</a>               |                                 |
|                                          | Website: <a href="http://www.cjfx.ca">www.cjfx.ca</a>        |                                 |</p>
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<tr>
<th>College of Registered Nurses of Nova Scotia</th>
<th>Emergency Preparedness Plan</th>
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<tr>
<th><strong>CJNI-FM News 95.7</strong></th>
<th><strong>CKAD AM</strong></th>
<th><strong>CKBW Radio FM</strong></th>
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<tbody>
<tr>
<td>6080 Young St., Suite 911</td>
<td>P.O. Box 10</td>
<td>215 Dominion St.</td>
</tr>
<tr>
<td>Halifax, NS B3K 5L2</td>
<td>Middleton, NS BOS 1PO</td>
<td>Bridgewater, NS B4V 2G8</td>
</tr>
<tr>
<td>News Director: Mark Campbell</td>
<td>News Director: Brian Mumford</td>
<td>News Director: Sheldon</td>
</tr>
<tr>
<td>News Editor: Ruth Davenport</td>
<td>Ph: 902-825-3429</td>
<td>MacLeod</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:ruth.davenport@rci.rogers.com">ruth.davenport@rci.rogers.com</a></td>
<td>Fax: 902-825-6009</td>
<td>Ph: 902-543-2401</td>
</tr>
<tr>
<td>News E-mail: <a href="mailto:news957@rogers.com">news957@rogers.com</a></td>
<td>E-mail: <a href="mailto:newsroom@avrn.com">newsroom@avrn.com</a></td>
<td>Fax: 902-543-1208</td>
</tr>
<tr>
<td>Ph: 902-405-6397</td>
<td>Website: <a href="http://www.avrnetwork.com">www.avrnetwork.com</a></td>
<td>E-mail: <a href="mailto:news@ckbw.com">news@ckbw.com</a></td>
</tr>
<tr>
<td>Fax: 902-493-7177</td>
<td><strong>CKDK Radio</strong></td>
<td><strong>CKFM Radio</strong></td>
</tr>
<tr>
<td>Advertising Contact: Shannon Tilley</td>
<td><strong>Edifice des Trois Pignons</strong></td>
<td><strong>Q104 FM/Sun FM</strong></td>
</tr>
<tr>
<td>Ph: 493-7198</td>
<td>P.O. Box 699</td>
<td>2900 Agricola St.</td>
</tr>
<tr>
<td>Website: <a href="http://www.news957.com">www.news957.com</a></td>
<td>15584 Cabot Trail</td>
<td>P.O. Box 9316, Station A</td>
</tr>
<tr>
<td></td>
<td>Cheticamp, NS BOE 1HO</td>
<td>Halifax, NS B3K 6B2</td>
</tr>
<tr>
<td></td>
<td>Manager: Angus Lefort</td>
<td>News Director: Rich Horner</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:angus@ckjm.ca">angus@ckjm.ca</a></td>
<td>E-mail: <a href="mailto:news@mrg.ca">news@mrg.ca</a></td>
</tr>
<tr>
<td></td>
<td>Ph: 902-224-1242</td>
<td>Ph: 902-453-4004</td>
</tr>
<tr>
<td></td>
<td>Fax: 902-224-1770</td>
<td>Fax: 902-453-1239</td>
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<td>Website: <a href="http://www.q104.ca">www.q104.ca</a></td>
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<tr>
<td>38 Highway #6</td>
<td>84 Provost St.</td>
<td>Annapolis Valley Radio</td>
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<tr>
<td>Amherst, NS B4H 4B8</td>
<td>P.O. Box 519</td>
<td>P.O. Box 310</td>
</tr>
<tr>
<td>News Director: Bob Richardson</td>
<td>New Glasgow, NS B2H 5E7</td>
<td>29 Oakdene Ave.</td>
</tr>
<tr>
<td>Ph: 902-667-3875</td>
<td>News Director: Carlton Munroe</td>
<td>Kentville, NS B4N 1H5</td>
</tr>
<tr>
<td>Fax: 902-667-4490</td>
<td>News Ph: 902-755-1320</td>
<td>News Director: Brian Mumford</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:news@ckdh.net">news@ckdh.net</a></td>
<td>News Fax: 902-928-1320</td>
<td>General Manager: Di Best</td>
</tr>
<tr>
<td>Website: <a href="http://www.ckdh.net">www.ckdh.net</a></td>
<td>E-mail: <a href="mailto:ckec@ckecradio.com">ckec@ckecradio.com</a></td>
<td>E-mail: <a href="mailto:dibest@magic949.ca">dibest@magic949.ca</a></td>
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<td>Website: <a href="http://www.ckec.com">www.ckec.com</a></td>
<td>Ph: 902-678-2111</td>
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<td></td>
<td></td>
<td>Fax: 902-678-9894</td>
</tr>
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<td></td>
<td>E-mail: <a href="mailto:newsroom@avrn.com">newsroom@avrn.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>HAL-FM (89.9 FM)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5121 Sa0ckville St.</td>
</tr>
<tr>
<td></td>
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<td>P.O. Box 400</td>
</tr>
<tr>
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<td>Halifax, NS B3J 2R2</td>
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<tr>
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<td>News Director: Mike Cranston</td>
</tr>
<tr>
<td></td>
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<td>E-mail: <a href="mailto:mike.cranston@chfxradio.com">mike.cranston@chfxradio.com</a></td>
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<tr>
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<td>Assignment Editor: Daryl Good</td>
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<td>E-mail: <a href="mailto:daryl.good@chfxradio.com">daryl.good@chfxradio.com</a></td>
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<td>News Ph: 902-422-2424</td>
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<tbody>
<tr>
<td>P.O. Box 196</td>
<td>170 Thompson Run</td>
</tr>
<tr>
<td>Eastern Passage, NS B3G 1M5</td>
<td>Halifax, NS B4B 1T7</td>
</tr>
<tr>
<td>News Director: Wayne Harrett</td>
<td>Manager/News Director: Jack McGaw</td>
</tr>
<tr>
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<td>Fax: 902-463-1935</td>
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<td>Website: <a href="http://www.seasidefm.com">www.seasidefm.com</a></td>
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<tr>
<td>Radio-Halifax-Métro</td>
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<tr>
<td>Z103.5 5527 Cogswell St. Halifax, NS B3J 1R2 News Director: Shane Wilson Ph: 902-429-1035 Fax: 902-425-8637 E-mail: <a href="mailto:news@z103halifax.com">news@z103halifax.com</a> <a href="mailto:shane@z103halifax.com">shane@z103halifax.com</a> Website: <a href="http://www.z103halifax.com">www.z103halifax.com</a></td>
<td>Radio-Halifax-Métro CKRH-FM 98.5 5527 Cogswell St. Halifax, NS B3J 1R2 Directeur général / General Manager: Nay Saade Ph: 902-490-2574 Fax: 902-429-2574 E-mail: <a href="mailto:dg@ckrhfm.ca">dg@ckrhfm.ca</a> Website: <a href="http://www.ckrhfm.ca">www.ckrhfm.ca</a></td>
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<td>CIJK (K-Rock) FM 8794 Commercial St., Suite 3 New Minas, N.S. B4N 3C5 General Manager: Ken Geddes Ph: 902-354-8390, Ext. 3343 E-mail: <a href="mailto:kgeddes@newcap.ca">kgeddes@newcap.ca</a> News Director: Dave Chaulk E-mail: <a href="mailto:dchaulk@newcap.ca">dchaulk@newcap.ca</a> Newsroom Ph: 902-365-6397 Fax: 902-365-3566 Newsroom E-mail: <a href="mailto:news@k-rock893.com">news@k-rock893.com</a> Website: <a href="http://www.k-rock893.com">www.k-rock893.com</a></td>
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<td>UNIVERSITY RADIO STATIONS:</td>
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<td>CKDU Radio FM Dalhousie University 6136 University Ave. Halifax, NS B3H 4J2 News Director: Candace Mooers Station Coordinator: Michael Catano Ph: 902-494-6479 E-mail: <a href="mailto:cfd@ckdu.ca">cfd@ckdu.ca</a> Website: <a href="http://www.ckdu.ca">www.ckdu.ca</a></td>
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<td>TELEVISION STATIONS:</td>
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<td>Aboriginal Peoples Television Network 6080 Young St., Suite 207 Halifax, NS B3K 5L2 Correspondent: Jodie Barnaby E-mail: <a href="mailto:JBarnaby@aptn.ca">JBarnaby@aptn.ca</a> Correspondent: James Hopkin E-mail: <a href="mailto:jhopkin@aptn.ca">jhopkin@aptn.ca</a> Ph: 902-422-5857 Fax: 902-422-7635 Website: <a href="http://www.aptn.ca">www.aptn.ca</a></td>
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<tr>
<td>College of Registered Nurses of Nova Scotia</td>
<td>Emergency Preparedness Plan</td>
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<tr>
<td><strong>CBC TV / Halifax</strong></td>
<td><strong>CBC TV / Cape Breton Bureau</strong></td>
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<tr>
<td>1840 Bell Rd.</td>
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<td>P.O. Box 3000</td>
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<td>Website: <a href="http://www.cbc.ca/television">www.cbc.ca/television</a></td>
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<tr>
<td><strong>CBC Newsworld Toronto (no longer in Halifax)</strong></td>
<td><strong>CTV</strong></td>
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<td>Fax: 902-562-8902</td>
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<tr>
<td>Website: <a href="http://www.canada.com/globaltv">www.canada.com/globaltv</a></td>
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<td><strong>CABLE STATIONS</strong></td>
<td><strong>Cross Country TV Ltd.</strong></td>
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<td>Acadian Communications Ltd.</td>
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<td>15336 Cabot Trail</td>
<td>P.O. Box 310</td>
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<td>Website: <a href="http://www.xcountry.tv">www.xcountry.tv</a></td>
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<td>Fax: 902-224-2772</td>
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<td><strong>Eastlink Television</strong></td>
<td><strong>Eastlink News Division</strong></td>
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<td><strong>Main Office - Community Programming</strong></td>
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<td>367 Sackville Dr.</td>
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<td>General Manager: Brett Smith</td>
<td>Assignment Editor: Barb Anderson</td>
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<td><strong>Eastlink Bridgewater</strong></td>
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<tr>
<td><strong>Eastlink Aylesford, Berwick &amp; Middleton</strong></td>
<td>140 Cornwall Rd.</td>
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<td>1257 Victoria Rd.</td>
<td>P.O. Box 62</td>
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<td>P.O. Box 217</td>
<td>Blockhouse, NS B0J 1E0</td>
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<td>Aylesford, NS B0P 1C0</td>
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<td><strong>Eastlink New Minas</strong></td>
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<td>111 Park St.</td>
<td>P.O. Box 4000</td>
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<td>New Glasgow, NS B2H 5B7</td>
<td>1001 Howe Ave.</td>
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<td>Producer: Doug Walsh &amp; Ted Manning</td>
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<td>E-mail: <a href="mailto:doug.walsh@corp.eastlink.ca">doug.walsh@corp.eastlink.ca</a></td>
<td>Producer: Mark Blinkhorn</td>
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<td><strong>Eastlink Sydney</strong></td>
<td><strong>Eastlink Truro</strong></td>
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<tr>
<td>61 Melody Lane</td>
<td>69 Walker St.</td>
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<tr>
<td>Sydney, NS B1P 3K4</td>
<td>Truro, NS B2N 4A8</td>
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<td>Producer: Paul Power</td>
<td>Producer: Perry Cheverie</td>
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<td><strong>Eastlink Windsor:</strong></td>
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<td>69 Walker St.</td>
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<td></td>
<td>Truro, NS B2N 4A8</td>
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<tr>
<td><strong>Eastlink Yarmouth &amp; Pubnico</strong></td>
<td><strong>SAERC TV</strong></td>
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<td>77C Starrs Rd., Suite 116</td>
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Revised: July 13, 2009
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Tel: 902-867-4262
Fax: 902-867-1059

Donalda MacGillivary
dmgillivary@gasha.nshealth.ca
Executive Assistant
Public Relations
Guysborough Antigonish Strait
Tel (902) 867-4273
Fax (902) 863-1176

Pat Lee
pat.lee@pcha.nshealth.ca
Chief Executive Officer
Pictou County Health Authority
New Glasgow, NS
Tel 902-752-7600, Ext. 4400
Fax 902-752-6231
Janice Kaffer
janice.kaffer@pcha.nshealth.ca
Vice President, Clinical Services
Pictou County Health Authority
New Glasgow, NS
Tel 902-752-7600, Ext. 2240
Fax 902-752-6231

Eileen MaIsaac
emacisaac@pcha.nshealth.ca
Director of Public Relations
Pictou County Health Authority
Tel 902-752-7600, Ext 1124
Fax 902-752-6231

Peter MacKinnon
peter.mackinnon@cehha.nshealth.ca
Chief Executive Officer
Colchester East Hants District Health Authority
Truro, NS
Tel 902-893-5554, Ext. 2119
Fax 902-893-0040

Sue MacEachern
sue.maceachern@cehha.nshealth.ca
Vice President of Patient Care
Colchester East Hants District Health Authority
Truro, NS
Tel 902-893-5554, Ext. 2126
Fax 902-893-5559

Karen Theriault
karen.theriault@cehha.nshealth.ca
Director of Public Relations
Colchester East Hants Health Authority
Tel 902-893-5554 ext. 2409
Fax 902-893-0040

Mary Lee
sandi@nsaho.ns.ca
President/CEO
Nova Scotia Association of Health Organizations
Bedford, NS  B4A 2K7
Tel 832-8514
Fax  902-832-8505 (main fax)

Mary Baldwin
mary.Baldwin@nsaho.ns.ca
Communications Officer
Nova Scotia Association of Health Organizations
Bedford, NS B4A 2K7
Tel 832-8513
Fax  902-832-8505 (main fax)
Appendix E-3: Press Release Template

Press Release

(title: focus of message)

Halifax, (mm/dd/year): Begin copy here

- get your message out ‘up front’
- be clear and concise, yet comprehensive
- use multiple short paragraphs rather than several long ones
- try to limit content to one page
- use a quote from key spokesperson, if possible or appropriate
- include specific directions if required (e.g., where to call, who to contact)
- -30- at the bottom of the page denotes the end of the release

Contact: (name)
(position)
(tel #, with extension)
# Appendix E-4: Canadian Jurisdictions Contact Information

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td><a href="http://www.crnbc.ca">www.crnbc.ca</a></td>
</tr>
<tr>
<td></td>
<td>604-736-7331</td>
</tr>
<tr>
<td>Alberta</td>
<td><a href="http://www.nurses.ab.ca">www.nurses.ab.ca</a></td>
</tr>
<tr>
<td></td>
<td>780-451-0043</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>306 359-4200</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.srna.org">www.srna.org</a></td>
</tr>
<tr>
<td>Manitoba</td>
<td><a href="http://www.crnm.mb.ca">www.crnm.mb.ca</a></td>
</tr>
<tr>
<td></td>
<td>774-3477</td>
</tr>
<tr>
<td>Ontario</td>
<td><a href="http://www.cno.org">www.cno.org</a></td>
</tr>
<tr>
<td></td>
<td>416-928-0900</td>
</tr>
<tr>
<td>Quebec</td>
<td><a href="http://www.oiiq.org">www.oiiq.org</a></td>
</tr>
<tr>
<td></td>
<td>514-935-2505</td>
</tr>
<tr>
<td>Newfoundland</td>
<td><a href="http://www.arnnl.nf.ca">www.arnnl.nf.ca</a></td>
</tr>
<tr>
<td></td>
<td>709-753-6040</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td><a href="http://www.arnpei.ca">www.arnpei.ca</a></td>
</tr>
<tr>
<td></td>
<td>902-368-3764</td>
</tr>
<tr>
<td>New Brunswick</td>
<td><a href="http://www.nanb.nb.ca">www.nanb.nb.ca</a></td>
</tr>
<tr>
<td></td>
<td>506-458-8731</td>
</tr>
<tr>
<td>Yukon</td>
<td><a href="http://www.yrna.ca">www.yrna.ca</a></td>
</tr>
<tr>
<td></td>
<td>867-667-4062</td>
</tr>
<tr>
<td>Northwest Territories/Nunavut</td>
<td><a href="http://www.rnantnu.ca">www.rnantnu.ca</a></td>
</tr>
<tr>
<td></td>
<td>867-873-2745</td>
</tr>
</tbody>
</table>
Appendix F-1: Remote Workspace Plan

Remote desktop installation

In order to access the remote workspace (Terminal server) you must have Remote Desktop Connection installed on your PC. Windows XP and Windows Vista have this program pre-installed. You can access this program by following these instructions:

a) Click Start (bottom left)
b) Click All Programs
c) Click Accessories
d) Click Remote Desktop Connection

If you do not see Remote Desktop Connections as an option you will have to install the program, to do this please follow the link below:


Click the download button
Click Run

![File Download - Security Warning]

The setup wizard will step you through the rest of the setup process, once is has completed you will be able to find the Remote Desktop Connection program as per the instructions above.

**A. Connecting to the CRNNS remote workspace**

1. In this line, enter “ts.crnns.ca” and click the “Connect” button. This will connect you to the Terminal Server in the office.

2. Your screen should now look like your computer. Log into your computer as you normally would and proceed to operate as normal.
Appendix F-2: Office Phone Redirection Plan

The purpose of this plan is that in an event that our office phone systems are not functional, a representative from the College can call an emergency call center for Aliant which will activate a plan which will redirect all incoming calls to (902) 491-9744 to the Executive Directors cell phone.

The Executive Director’s cell phone was chosen because it is a mobile telephone line, which is paid for by the college, and EMO (Emergency Measures Organization) has identified cellular phone communication as their initial restoration focus in the event of an emergency.

By having our main phone number redirected to a mobile cellular phone, the college could set up operations anywhere there would be cellular reception.

Plan Activation Procedures

- The College calls the Surveillance Center at 1-800-462-5388 to inform of the disaster. Provide EIN (Emergency Identification number): <Text Intentionally Hidden>
  For those with access to this document as an MS word document, there is hidden text in this document to prevent printed copies of this document from exposing proprietary information such as passwords. To unhide this text, highlight the hidden text area, press and hold “ctrl” on your keyboard then D, uncheck the box next to “Hidden Text”.

- Aliant Surveillance Center verifies EIN and activates phone number redirection.

To Set Up Executive Directors Blackberry to “Call Forward”

You follow the steps below to forward the call to another number:

On the Home screen, type *72 followed by the 10-digit number to which you are forwarding calls (for example: *72 902 555 1212), and press Enter.
A tone will confirm that your calls are being forwarded.

To deactivate call forwarding:

On the Home screen, type *73, and press Enter.
When you hear the confirmation tone, your calls will no longer be forwarded

AFTER DISASTER IS OVER .......... TO DEACTIVATE PLAN

Plan Deactivation Procedures

- The College calls the Surveillance Center at 1-888-658-7444 to inform the disaster is OVER. Provide EIN (Emergency Identification number): <Text Intentionally Hidden>
• For those with access to this document as an MS word document, there is hidden text in this document to prevent printed copies of this document from exposing proprietary information such as passwords. To unhide this text, highlight the hidden text area, press and hold “ctrl” on your keyboard then D, uncheck the box next to “Hidden Text”.

• Aliant Surveillance Center verifies EIN and Deactivates phone number redirection.
Appendix F-3: Remote Administration of Phones

*Performed by Each Staff Member under the direction of the IER Team

Opening Your Mailbox Remotely
Call (902) 491-9744

1. Press * [* during the greeting to open your mailbox.
2. At the voice prompt, enter your mailbox number (extension) then#, password and press#.

Record Your Mailbox Greeting
5. Press 1.
7. Press 1 and record your greeting at the tone.
8. Press # to end your recording or press 1 to re-record.

Once this is completed, you can hang up.

Changing a Company Greeting from a Remote Telephone
To change a greeting that has been assigned to a Greeting Table, start from the Remote Administration Menu.

THIS NEW GREETING WILL BE ONE CREATED BY THE IERT TEAM.

Dial 491-9744 then:

1. As soon as you hear the greeting Press <Text Intentionally Hidden>
2. To record a new greeting press 2
3. After the tone start speaking, when finished press 2
4. To hear the greeting press 1
5. To change the greeting press 2
6. To save press 3
Appendix F-4: Dial-Up Intranet Plan

This Plan is intended a generic instruction as to how to obtain a “dial-up” internet connection in the event that a high speed internet connection is not available.

Requirements of this plan:
- Computer with a modem. You will be able to distinguish if the computer has a modem in it if you can find an outlet on the computer that will accept a telephone cable.
- Telephone cable
- Standard Telephone outlet (In a staff members home, most, if not all, outlets would be standard. Within the office, the only outlets that are “standard” are the ones plugged into the fax machines and the outlet in meeting room A which is used for conference calling.)

Hook up the connection from the computer to the telephone outlet using a telephone cable.

Computer using “XP Professional” or “XP Home”

1. Click the START button, place your mouse over “All Programs”, then over “Accessories”, then “Communications”, and click on “Network connections”.
2. In the network connections window, click on “create a new connection” found in the top left part of the window. You will now see the following dialog box.

3. Next you will see the “Network Connection Type” dialog box. Leave “Connect to the Internet” selected and choose “Next”.
4. Next you will see the “Getting Ready” dialog box. Choose “Set up my connection manually” selected and choose “Next”.

5. Next you will see the “Internet Connection” dialog box. Choose “Connect using a dial-up modem” selected and choose “Next”.
6. Next you will see the “Connection Name” dialog box. Type in “CRNNS Dial-up Internet” and choose “Next”.

7. Next you will see the “Phone Number to Dial” dialog box. Type in the phone number that is local calling for your physical location (Refer to “Listing of Dial up Numbers” at the end of this appendix) and choose “Next”.
8. Next you will see the “Connection Availability” dialog box. Leave “Anyone’s use” selected and choose “Next”.

9. Next you will see the “Internet Account Information” dialog box. Type in “*” *<Text Intentionally Hidden> for the username, “*” *<Text Intentionally Hidden> for the Password, and “*” *<Text Intentionally Hidden> for the Confirm password. Also, deselect “Make this the default Internet connection”. Now choose “Next”.

For those with access to this document as an MS word document, there is hidden text in this document to prevent printed copies of this document from exposing proprietary information such as passwords. To unhide this text, highlight the hidden text area, press and hold “ctrl” on your keyboard then D, uncheck the box next to “Hidden Text”.
10. Next, select the “Add a shortcut to this connection to my desktop” and click “Finish”.
11. You should now be prompted to dial this dial-up connection. If you are successful, you should be able to connect to Internet web pages.

If you experience difficulty with the setup, The following is “24/7 Technical Support” from Aliant;
   Toll Free:    **1-877-725-4268**
# Listing of Dial up Numbers

## Local Dial in Numbers

### Within Nova Scotia

<table>
<thead>
<tr>
<th>Town</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amherst, NS</td>
<td>902 661-4980</td>
</tr>
<tr>
<td>Antigonish, NS</td>
<td>902 863-2977</td>
</tr>
<tr>
<td>Baddeck, NS</td>
<td>902 295-1823</td>
</tr>
<tr>
<td>Barrington, NS</td>
<td>902 637-2831</td>
</tr>
<tr>
<td>Bridgewater, NS</td>
<td>902 527-0120</td>
</tr>
<tr>
<td>Canso, NS</td>
<td>902 366-2519</td>
</tr>
<tr>
<td>Chester, NS</td>
<td>902 275-5467</td>
</tr>
<tr>
<td>Cheticamp, NS</td>
<td>902 224-1920</td>
</tr>
<tr>
<td>Digby, NS</td>
<td>902 245-6513</td>
</tr>
<tr>
<td>Goldboro, NS</td>
<td>902 387-2447</td>
</tr>
<tr>
<td>Guysborough, NS</td>
<td>902 533-2776</td>
</tr>
<tr>
<td>Halifax, NS</td>
<td>902 455-1088</td>
</tr>
<tr>
<td>Ingonish, NS</td>
<td>902 285-2846</td>
</tr>
<tr>
<td>Inverness, NS</td>
<td>902 258-2998</td>
</tr>
<tr>
<td>Kentville, NS</td>
<td>902 678-1074</td>
</tr>
<tr>
<td>Lake Charlotte, NS</td>
<td>902 845-1058</td>
</tr>
<tr>
<td>Liverpool, NS</td>
<td>902 354-2674</td>
</tr>
<tr>
<td>Middle Musquodoboit, NS</td>
<td>902 384-2869</td>
</tr>
<tr>
<td>Middleton, NS</td>
<td>902 825-2751</td>
</tr>
<tr>
<td>New Glasgow, NS</td>
<td>902 755-0292</td>
</tr>
<tr>
<td>Noel, NS</td>
<td>902 369-2610</td>
</tr>
<tr>
<td>Parrsboro, NS</td>
<td>902 254-2813</td>
</tr>
<tr>
<td>Port Hawkebury, NS</td>
<td>902 625-0167</td>
</tr>
<tr>
<td>Saulnierville, NS</td>
<td>902 769-0788</td>
</tr>
<tr>
<td>Sheet Harbour, NS</td>
<td>902 885-2738</td>
</tr>
<tr>
<td>Shelburne, NS</td>
<td>902 875-2160</td>
</tr>
<tr>
<td>Sherbrooke, NS</td>
<td>902 522-2660</td>
</tr>
<tr>
<td>Shubenacadie, NS</td>
<td>902 758-1895</td>
</tr>
<tr>
<td>Sydney, NS</td>
<td>902 567-6762</td>
</tr>
<tr>
<td>Truro, NS</td>
<td>902 893-0100</td>
</tr>
<tr>
<td>Wallace, NS</td>
<td>902 257-2758</td>
</tr>
<tr>
<td>Windsor, NS</td>
<td>902 798-0246</td>
</tr>
<tr>
<td>Yarmouth, NS</td>
<td>902 742-1046</td>
</tr>
</tbody>
</table>
Appendix F-5: IT Remote Operations Plan

Background

Based on the essential services previously determined, the following is an identification of core staff that would need to operate in a long-term outage. These services are ones that would focus on our external customer-based services.

Registration

Service(s) Provided
✔ Licensing (Full active-practicing and Temporary Licences)
✔ Licence Status Verification
✔ RN availability reports

Material/Supplies Required
- *Computer with standard peripherals (Supplied By College)
- Printer (Supplied By College)
- Printer Paper (Supplied By College)
- High Speed Internet Connection (Required during normal operation, preferred, but optional during Emergency Response)
- Phone Service

Core Staff Identified
Ann Marie Cameron – Registration Officer

Communication

Service(s) Provided
✔ Website updating

Material/Supplies Required
- *Computer with standard peripherals (Supplied By College)
- Internet Connection (High Speed preferably, Dial-up adequate)
- Phone Service

Core Staff Identified
Colleen Burke – Communications Assistant

Service(s) Provided
✔ Publishing Announcements (via Radio, Newspaper, etc)

Material/Supplies Required
- Phone Service
Core Staff Identified
Marie Dauphinee-Booth – Communications Consultant

Professional Practice

Service(s) Provided
✓ Professional Practice Consultations

Material/Supplies Required
✓ Phone Service

Core Staff Identified
Ann Fraser – Nursing Practice Advisor
Diana Smith – Nursing Practice Advisor

In addition to our external customer, we would need to support our internal customer (Staff). The following operational services would be required:

Information Technology

Service(s) Provided
✓ Technology infrastructure support.
✓ Data access support
✓ Support of core staff providing essential services

Material/Supplies Required
✓ *Computer with standard peripherals (Supplied By College)
✓ Internet Connection (High Speed preferably, Dial-up adequate)
✓ Phone Service

Core Staff Identified
Lee Whynot – Technology & Information Systems Officer

* Each Computer provided by the college will contain the following: Computer CPU, Monitor, keyboard, mouse, MS Office software, SQL MSDE (database) software, Aliant PC Backup Software (used to restore information)

Enacting the Remote Operations Plan

The registration officer will need to perform a series of actions in order to retrieve the most up-to-date version of our database that is electronically stored.
The process involves:

- Retrieving Electronic backup data from an Internet connection.
- Loading and starting the backed up databases onto the local computer.

*Note – If Aliant PC Backup is not installed on the computer that you are using, You can follow the instructions in the section at the end of this appendix named “How to install and setup PC Backup”

How to install and set up PC Backup

1. Open your web browser and go to the following URL: http://forbusiness.aliant.net/portal/page?_pageid=1540,88370&_dad=portal&_schema=PORTAL

2. Locate the PC Backup download button on the right of the screen. Click Download.

3. Review the PC Backup Terms and Conditions. Scroll to the bottom of the screen. Select Agree. If you select Disagree, the installation process ends.

4. Click Save. Select the directory on your PC where you would like the file to be saved.

5. Double-click on Setup.exe.

6. Click Install. The default installation directory is shown on-screen. Click Browse if you want to choose a different location.
7 Click **Run**. You can learn more about PC Backup if you click **Read Me** or **Overview**.

8 Enter the following:
   - **Account Number**: &lt;Text Intentionally Hidden&gt;
   - **Encryption Key**: &lt;Text Intentionally Hidden&gt;
   - **Registration Code**: &lt;Text Intentionally Hidden&gt;

9 Enter the password.
   - **Password**: &lt;Text Intentionally Hidden&gt;

---

For those with access to this document as an MS word document, there is hidden text in this document to prevent printed copies of this document from exposing proprietary information such as passwords. To unhide this text, highlight the hidden text area, press and hold “ctrl” on your keyboard then D, uncheck the box next to “Hidden Text”.
10 Select your firewall settings. For more information on which selection to choose, see the Firewall FAQ. For most users with off-the-shelf firewall software, the correct selection is **Do not use a firewall**. Click **Next**.

11 Click **Finish** to complete the installation.
### Appendix F-6: IT Services Vendor List

<table>
<thead>
<tr>
<th>Service Supplied</th>
<th>Display name</th>
<th>Company</th>
<th>Phone</th>
<th>Mobile Phone</th>
<th>Fax</th>
<th>Email Address</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardware / Software</td>
<td>Ed Grant</td>
<td>ABM Integrated Solutions</td>
<td>1 800 561-9680</td>
<td></td>
<td></td>
<td><a href="mailto:egrant@abmis.ca">egrant@abmis.ca</a></td>
<td></td>
</tr>
<tr>
<td>Internet Connection</td>
<td>Internet</td>
<td>Aliant</td>
<td>1 800 561-9680</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone System</td>
<td>Mike Gillespie</td>
<td>CABCO</td>
<td>497-4692</td>
<td></td>
<td></td>
<td><a href="mailto:mike@cabco.ca">mike@cabco.ca</a></td>
<td></td>
</tr>
<tr>
<td>All Aliant Services</td>
<td>Todd MacDougall</td>
<td>Aliant</td>
<td>902 487-3338</td>
<td>902 497-6497</td>
<td>902 484-7923</td>
<td><a href="mailto:todd.macdougall@alian.co">todd.macdougall@alian.co</a></td>
<td>1505 Barrington Street Halifax, NS B3J2W3Canada</td>
</tr>
<tr>
<td>Audio/Visual Hardware</td>
<td>Steve O’Rourke</td>
<td>Backman Vidcom</td>
<td>1 450-5005 ext 21</td>
<td>1 483-3333</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCPAC Support</td>
<td>Blake Barkhouse</td>
<td>BarkhouseBritten Ltd.</td>
<td>902 229-8754</td>
<td></td>
<td></td>
<td><a href="mailto:blake@barkhousebritten.co">blake@barkhousebritten.co</a></td>
<td></td>
</tr>
<tr>
<td>ACCPAC Support</td>
<td>Kim Dixon</td>
<td>BarkhouseBritten Ltd.</td>
<td>443-8602</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio/Visual Hardware</td>
<td>Peter Mason</td>
<td>Basil AV</td>
<td>902 471-1338</td>
<td>1 902 221-2244</td>
<td></td>
<td><a href="mailto:petermason@basilav.com">petermason@basilav.com</a></td>
<td></td>
</tr>
<tr>
<td>Audio/Visual Hardware</td>
<td>Mike Langille</td>
<td>Basil AV</td>
<td>902 471-1338</td>
<td></td>
<td></td>
<td><a href="mailto:mikelangille@basilav.com">mikelangille@basilav.com</a></td>
<td></td>
</tr>
<tr>
<td>Audio/Visual Hardware</td>
<td>Doug MacNutt</td>
<td>Basil AV</td>
<td>902 471-1338</td>
<td></td>
<td></td>
<td><a href="mailto:dmacnutt@basilav.com">dmacnutt@basilav.com</a></td>
<td></td>
</tr>
<tr>
<td>Hardware / Software</td>
<td>Mike Arnold</td>
<td>Compugen</td>
<td>902 468-0383</td>
<td>902 209-9288</td>
<td></td>
<td><a href="mailto:marnold@compugen.com">marnold@compugen.com</a></td>
<td></td>
</tr>
<tr>
<td>Hardware / Software</td>
<td>Wade McCullum</td>
<td>Compugen</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Dal Steaming Video</td>
<td>Vivien Hannon</td>
<td>Dalhousie Computing Services</td>
<td>494-1860</td>
<td></td>
<td></td>
<td><a href="mailto:vivien.hannon@dal.ca">vivien.hannon@dal.ca</a></td>
<td></td>
</tr>
<tr>
<td>IT Service Hardware /</td>
<td>Barry Marvel</td>
<td>Dymaxion</td>
<td>1 902 422-1973 ext 173</td>
<td></td>
<td></td>
<td><a href="mailto:BMMarvel@dymaxion.ca">BMMarvel@dymaxion.ca</a></td>
<td>Dymaxion Research Limited 5515 Cogswell Street Halifax, NS B3J 1R2</td>
</tr>
<tr>
<td>IT Service Hardware /</td>
<td>Mike Greenough</td>
<td>Dymaxion</td>
<td>1 902 422-1973 ext 138</td>
<td></td>
<td></td>
<td><a href="mailto:mgreenough@dymaxion.ca">mgreenough@dymaxion.ca</a></td>
<td>Dymaxion Research Limited 5515 Cogswell Street Halifax, NS B3J 1R2</td>
</tr>
<tr>
<td>IT Service Hardware /</td>
<td>Kayla Wells</td>
<td>Dymaxion</td>
<td>1 902 422-1973 ext 120</td>
<td></td>
<td></td>
<td><a href="mailto:kwells@dymaxion.ca">kwells@dymaxion.ca</a></td>
<td>Dymaxion Research Limited 5515 Cogswell Street Halifax, NS B3J 1R2</td>
</tr>
<tr>
<td>IT Service Hardware / Software</td>
<td>Scott Skidmore</td>
<td>Dymaxion</td>
<td>1 902 422-1973 Ext 142</td>
<td>1 902 497-7711</td>
<td><a href="mailto:SSkidmore@dymaxion.ca">SSkidmore@dymaxion.ca</a></td>
<td>Dymaxion Research Limited 5515 Cogswell Street Halifax, NS B3J 1R2</td>
<td></td>
</tr>
<tr>
<td>IT Service Hardware / Software</td>
<td>Wade Rafuse</td>
<td>Dymaxion</td>
<td>1 902 422-1973 Ext.116</td>
<td></td>
<td><a href="mailto:wrafuse@dymaxion.com">wrafuse@dymaxion.com</a></td>
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<tr>
<td>IT Service Hardware / Software</td>
<td>Sheila Murphy</td>
<td>Dymaxion</td>
<td>1 422-1973 ext 136</td>
<td></td>
<td><a href="mailto:SMurphy@dymaxion.ca">SMurphy@dymaxion.ca</a></td>
<td>Dymaxion Research Limited 5515 Cogswell Street Halifax, NS B3J 1R2</td>
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<td>IT Service Hardware / Software</td>
<td>Robyn Little</td>
<td>Ergoworks</td>
<td>902 429-1511</td>
<td>902 830-1528</td>
<td>902 429-1478</td>
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<tr>
<td>Website</td>
<td>Sherry Graham</td>
<td>Hewlett Packard</td>
<td>1-800-567-1616 Ext. 5025</td>
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<tr>
<td>Website</td>
<td>Faron Dawe</td>
<td>ImmediaC</td>
<td>1 902 491-4485 Ext 11</td>
<td></td>
<td><a href="mailto:fdawe@immediac.com">fdawe@immediac.com</a></td>
<td></td>
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<tr>
<td>Website / Database</td>
<td>Glenn Euloth</td>
<td>ImmediaC</td>
<td>1 902 491-4485 Ext 18</td>
<td></td>
<td><a href="mailto:geuloth@immediac.com">geuloth@immediac.com</a></td>
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<tr>
<td>Print Material</td>
<td>John Leahy</td>
<td>ImmediaC</td>
<td>1 902 491-4485 Ext 14</td>
<td>1 902 830-2032 14</td>
<td>1 902 484-7628</td>
<td><a href="mailto:jleahy@ImmediaC.com">jleahy@ImmediaC.com</a></td>
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<td>Print Material</td>
<td>Al Currie</td>
<td>Meridian Communications Group</td>
<td>902 444-3232 401-9299</td>
<td></td>
<td><a href="mailto:athol@meridiancomm.ca">athol@meridiancomm.ca</a></td>
<td>2750 Robie Street Halifax, Nova Scotia B3K 4P2 Canada</td>
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<tr>
<td>Print Material</td>
<td>Hugh Woolnough</td>
<td>Meridian Communications Group</td>
<td>902 444-3232</td>
<td>902 444-3233</td>
<td><a href="mailto:hugh@meridiancomm.ca">hugh@meridiancomm.ca</a></td>
<td>2750 Robie St. Halifax, Nova Scotia B3K 4P2 Canada</td>
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<td>Hardware / Software</td>
<td>Tim Westhaver</td>
<td>Meridian Communications Group</td>
<td>902 444-3232</td>
<td></td>
<td><a href="mailto:tim@meridiancomm.ca">tim@meridiancomm.ca</a></td>
<td>2750 Robie Street Halifax, Nova Scotia B3K 4P2 Canada</td>
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<tr>
<td>Electrical</td>
<td>Glen Vye</td>
<td>MetaFore</td>
<td>1 902 482-0398</td>
<td></td>
<td><a href="mailto:GVye@metafore.ca">GVye@metafore.ca</a></td>
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<td>Electrical</td>
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<td>Metro Electric</td>
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<td>IT Training Customer Service - Help Desk</td>
<td>Dan Beals</td>
<td>PaymenTech</td>
<td>1-800-256-5158</td>
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<td>Service</td>
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<tr>
<td>SkipJack (Online Credit Card)</td>
<td>Scotia Direct</td>
<td>1-800-265-5613, Press 1, 3, 4</td>
<td><a href="mailto:valcorp@industrialpackaging.ca">valcorp@industrialpackaging.ca</a></td>
<td>200 Bluewater Road Suite 100B Bedford, NS B4B 1G9 Canada</td>
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<td>Printing Service</td>
<td>Raj Sodhi SkipJack</td>
<td>902-420-1532</td>
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<td>Software Support</td>
<td>Valcorp</td>
<td>902-835-1847</td>
<td>902-835-9044</td>
<td>Valcorp, 902-835-1847, 902-835-9044, <a href="mailto:valcorp@industrialpackaging.ca">valcorp@industrialpackaging.ca</a>, 200 Bluewater Road Suite 100B Bedford, NS B4B 1G9 Canada</td>
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<tr>
<td>Xerox Supplies</td>
<td>DocuShare</td>
<td>1-888-286-4488</td>
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<tr>
<td>Xerox Tech Support</td>
<td>Jamie Frees Xerox</td>
<td>902-446-4146</td>
<td>902-446-4148</td>
<td><a href="mailto:Jamie.Frees@xtradoc.ca">Jamie.Frees@xtradoc.ca</a></td>
<td></td>
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<tr>
<td>Xerox Sales Rep</td>
<td>Ian Healey Xerox</td>
<td>1-456-5872, 902-470-3081</td>
<td><a href="mailto:Ian.Healey@xerox.com">Ian.Healey@xerox.com</a></td>
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<tr>
<td>Xerox Sales Rep</td>
<td>Jim Beckingham Xerox</td>
<td>902-446-4152, 902-489-3326</td>
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<td></td>
<td>Derek Foley Xerox</td>
<td>902-446-4146 ext 729, 1-830-9802</td>
<td><a href="mailto:dfoley@xtradoc.ca">dfoley@xtradoc.ca</a></td>
<td>Xtra Document Solutions Suite 100, 30 Oland Court Dartmouth, Nova Scotia B3B 1V2 Canada</td>
<td></td>
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</table>

Colleague of Registered Nurses of Nova Scotia

Emergency Preparedness Plan
APPENDIX G: STAFF CONTACT LIST

Note:  
For those with access to this document as an MS word document, there is hidden text in this document to prevent printed copies of this document from exposing proprietary information such as passwords. To unhide this text, highlight the hidden text area, press and hold “ctrl” on your keyboard then D, uncheck the box next to “Hidden Text”.

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>ARNOLD, Colleen</td>
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<td>BOUTILIER, Karen</td>
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<td>CAMERON, Ann Marie</td>
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<td>CRAWFORD, Teri</td>
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<td>DAUPHINEE-BOOTH, Marie</td>
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<td>DENNEY, Donna</td>
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<td>DUNCAN, Ann</td>
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<td>FAROUSE, Shelley</td>
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<td>FRASER, Anne</td>
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<td>GREGG, Julie</td>
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<td>MORGAN, Crystal</td>
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<td>MOSHER, Edith</td>
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<td>SMITH, Diana</td>
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<td>SPEARS, Shelly</td>
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<td>TELFER, Leona</td>
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<td>WHYNOT, Lee</td>
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<td>LAMARCHE, Kimberley</td>
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# APPENDIX H: COLLEGE ORGANIZATIONAL CHART BY STAFF MEMBER

<table>
<thead>
<tr>
<th>Category</th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td><strong>Executive Office</strong></td>
<td>Donna Denney</td>
<td>Executive Director</td>
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<tr>
<td></td>
<td>Shelley Farouse</td>
<td>Executive Assistant</td>
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<tr>
<td></td>
<td>Karen Boutilier</td>
<td>Admin. Assistant</td>
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<tr>
<td></td>
<td>Suzanne Kennedy</td>
<td>Professional Conduct Consultant</td>
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<tr>
<td></td>
<td>Ann Rose</td>
<td>Investigations Consultant</td>
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<tr>
<td><strong>Professional Conduct Services</strong></td>
<td>Leona Telfer</td>
<td>Director</td>
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<td></td>
<td>Colleen Burke</td>
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<td></td>
<td>Ann Marie Cameron</td>
<td>Registration Officer</td>
</tr>
<tr>
<td></td>
<td>Maria Dauphinee-Booth</td>
<td>Communications Consultant</td>
</tr>
<tr>
<td></td>
<td>Roger Gillis</td>
<td>Records Management Clerk</td>
</tr>
<tr>
<td></td>
<td>Sheri MacLellan</td>
<td>Corporate Services Clerk</td>
</tr>
<tr>
<td></td>
<td>Karen Mahoney</td>
<td>Multimedia Design Assistant (.5 FTE)</td>
</tr>
<tr>
<td></td>
<td>Crystal Morgan</td>
<td>Admin. Assistant</td>
</tr>
<tr>
<td></td>
<td>Edith Mosher</td>
<td>Corporate Services Assistant</td>
</tr>
<tr>
<td></td>
<td>Paula Prendergast</td>
<td>Policy Consultant, Registration</td>
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<tr>
<td></td>
<td>Cathy Rose</td>
<td>Policy Advisor, Registration</td>
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<tr>
<td></td>
<td>Shelly Spears</td>
<td>Customer Service Representative</td>
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<td></td>
<td>Lee Whynot</td>
<td>Information and Technology Systems Officer</td>
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<tr>
<td><strong>Corporate Services</strong></td>
<td>Colleen Arnold</td>
<td>Director</td>
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<tr>
<td></td>
<td>Colleen Burke</td>
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<td>Ann Marie Cameron</td>
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<td>Lee Whynot</td>
<td>Information and Technology Systems Officer</td>
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<td><strong>Professional Practice &amp; Policy Services</strong></td>
<td>Michele Brennan</td>
<td>Director</td>
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<td>Terri Crawford</td>
<td>Policy Consultant, Professional Practice</td>
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<td></td>
<td>Ann Duncan</td>
<td>Coordinator, CNE, Telehealth</td>
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<td></td>
<td>Anne Fraser</td>
<td>Nursing Practice Consultant</td>
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<td></td>
<td>Julie Gregg</td>
<td>Coordinator</td>
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<tr>
<td></td>
<td>Karen Mahoney</td>
<td>Multimedia Design Assistant (.5 FTE)</td>
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<td>Darlene Martin</td>
<td>Admin. Assistant</td>
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<tr>
<td></td>
<td>Diana Smith</td>
<td>Nursing Practice Advisor</td>
</tr>
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</table>
APPENDIX I: INTELLECTUAL PROPERTY AND CONFIDENTIALITY AGREEMENT

Issued: January 2002
Reviewed: June 2005
Revised: June 2005
Next Review Date: June 2008

All staff of the College shall implement the following procedure to protect the intellectual property of the College.

Procedure:

All employees of the College shall implement the following:

1. Staff shall familiarize themselves with the definition of intellectual property and confidentiality as set forth in the Intellectual Property and Confidentiality Agreement (Attachment “A”) to be signed by all employees.

2. The Service Area Managers are designated to respond to queries from staff for clarification about whether something is intellectual property or whether it is confidential information.

3. The College staff shall ensure that all copyright material contains an appropriate copyright notice. The copyright notice consists of the international copyright symbol ©, together with the date of first publication, and the name of the organization, College of Registered Nurses of Nova Scotia. This copyright notice should appear on each piece of copyright material. If something is a booklet then the copyright notice should appear at the beginning of the booklet. For example:

   © 2005, College of Registered Nurses of Nova Scotia
   Suite 600, 1894 Barrington Street, Halifax, NS  B3J 2A8
   All rights reserved. No portion of this publication may be reproduced in any form or by any means without the written permission of the copyright owner.

   If overhead sheets or PowerPoint slides are being used, then the copyright notice may be appropriately included on each of the separate sheets or slides, typically somewhere at the bottom in one of the corners of each sheet or slide. (Examples of documents and other items identified for copyright and trademark are attached as Attachment “B”).

4. All references to trademarks should be noted using the superscript ™ if it is an unregistered trademark, or the registered trademark symbol ®. If a trade-mark is registered in Canada but we are sending materials out of country where the
trade-mark may not be registered, then the superscript ™ symbol should be used only because as representing that a trade-mark is registered in a country where it is not may be a contravention of the local jurisdiction’s laws; and

5. When dealing with third party organizations or individuals and a disclosure of confidential information or intellectual property is being requested, at least three things should become automatic:

a) a determination of what is intellectual property and what is confidential should be made by the employee. If there is any question about this, then a designated person within the organization should be consulted;

b) the disclosure shall be in writing so that there is a record for the organization of what was disclosed. This is not to say that people cannot have conversations. However, conversations should be followed up with letters or e-mails confirming what was disclosed, providing notice to the recipient that the information or property consisted of confidential information or intellectual property of the College; and

c) appropriate terms for the transfer or license of intellectual property should be considered prior to that transfer or license. Similarly, with respect to confidential information, the appropriate notice should be given to the recipient of the confidential information. That notice shall inform the recipient of confidential information that:

i. is private and confidential information;
ii. has been provided for a specific purpose;
iii. may be not be used for any other purpose without the consent of the College;
iv. may not be released in whole or in part to any other person without the consent of the College; and
v. may not be copied again without the consent of the College.

If there are any doubts about the terms that should accompany the release of intellectual property or the disclosure of confidential information, a designated person within the College should be consulted on the matter.
ATTACHMENT “A”

Dated: ________________, 20__.  

INTELLECTUAL PROPERTY and CONFIDENTIALITY AGREEMENT

This Agreement is between COLLEGE OF REGISTERED NURSES OF NOVA SCOTIA, with offices at Suite 600, Barrington Tower, Scotia Square, 1894 Barrington Street, Halifax, Nova Scotia, B3J 2A8 (“the College”) and __________________________, of __________________________ (“Employee”).

A. The Employee is employed by the College; and

B. In consideration of that employment, the Employee has agreed to the terms and conditions contained in this Intellectual Property and Confidentiality Agreement.

The College AND the Employee Agree as follows:

Intellectual Property

1. “Intellectual Property” means all documents, written material, rights to inventions, patents (whether granted or pending), copyright material, trade secrets, know-how, trade-marks, Confidential Information (as later defined in this Agreement), improvements to Intellectual Property, contributed, created or communicated by the Employee while employed by the College.

All Intellectual Property shall be the exclusive property of the College throughout the world and in perpetuity, except that “know-how” of the Employee may be used by the Employee after the Employee ceases to be employed by the College.

2. If the Intellectual Property is the subject of, or is part of or significantly contributes to, a professional publication, the College agrees to appropriately credit the Employee in respect of his or her contribution to the Intellectual Property.

Confidentiality

3. The Employee acknowledges that as an employee, he/she will acquire information about certain matters and things which are confidential to the College, including, information in relation to nurses, applicants, complainants, respondents and other persons, supply and service information, marketing information, personnel information, technical information, and trade secrets (in this Agreement referred to as the “Confidential Information”), which information is the exclusive property of the College. The College and the Employee consider their relation one of confidence with respect to the Confidential Information.

4. The Employee undertakes to treat confidentially all Confidential Information and agrees not to disclose it to any third party, during and after employment is terminated. In particular (but without limiting the general statement above), the Employee shall:
(a) hold all Confidential Information in confidence and not discuss, communicate or transmit to others, or make any unauthorized copy of or use the Confidential Information in any capacity, position or business related to the College;

(b) take all reasonable action, that the College deems necessary and appropriate, to prevent unauthorized use or disclosure of or to protect the interest of the College in the Confidential Information;

(c) not use the Confidential Information, or any part thereof, at any time, either individually, in partnership or jointly with, while engaged in or employed by, or while furnishing services to, or otherwise, directly or indirectly, associating with any business, person, firm or corporation, whose operations are carried on anywhere in the world, except with the prior express written consent of the College in respect of any specific intended use or disclosure of Confidential Information, which consent may be withheld by the College for any reason it deems appropriate.

5. The Employee shall not be obliged to keep in confidence or nor shall incur any liability for disclosure of information which:

(a) was already in the public domain or comes into the public domain without any breach of this Agreement;

(b) is required to be disclosed pursuant to applicable laws or pursuant to policies or regulation of any regulatory authority or public body having jurisdiction;

(c) is required to be disclosed in any legal proceeding;

(d) is made to a professional adviser to the Employee, in which event the Employee shall, so far as reasonably possible, cause the recipient to comply with the terms of this Agreement as if it were a party to this Agreement.

6. The obligations set forth in this Agreement shall continue in perpetuity, throughout the world. Upon written request, the Employee shall return the Confidential Information, without delay, and any copies (including, any electronic duplication which shall be downloaded to disc format, the disc returned to the College and any remaining electronic files of the Employee shall be deleted) or any part of the Confidential Information, to the College by courier following such termination, to the address for the College set forth at the beginning of this Agreement.

7. The College may suffer irreparable injury if the Employee should breach the provisions of this Agreement. In addition to any other legal remedy that may be available to the College, the College shall be entitled to obtain a court order to restrain the Employee to prevent a breach (actual or threatened) of any of the provisions of this Agreement.

8. This Agreement shall be construed in accordance with the laws of the Province of Nova Scotia and the federal laws of Canada in force in Nova Scotia.
9. If any provision of this Agreement shall be held invalid, illegal or unenforceable, such provision shall be modified to reflect the fullest legal and enforceable expression of the intent of the parties, or if not possible, severed, and the remainder of this Agreement shall not be affected.

10. The failure of either party to assert a right under this Agreement or to insist upon compliance with any term or condition shall not constitute a waiver of that right or excuse the subsequent non-performance of any such term or condition by the other party.

11. This Agreement constitutes the entire agreement between the parties and supersedes all previous representations, discussions and writings between the parties regarding the subject matter hereof. Any amendments to this agreement must be in writing and signed by the party against whom enforcement is sought.

**THE COLLEGE AND THE EMPLOYEE SIGN THIS AGREEMENT** so as to be bound by its terms as of the day and year written at the beginning of the Agreement.

Witness to the Employee’s signature

_________________________________________

Employee

________________________

Witness to the Employee’s signature

COLLEGE OF REGISTERED NURSES OF NOVA SCOTIA

By: _________________________
CONTRACTOR INTELLECTUAL PROPERTY and CONFIDENTIALITY AGREEMENT

This Agreement is between COLLEGE OF REGISTERED NURSES OF NOVA SCOTIA, hereinafter referred to as “the College) with offices at Suite 600, Barrington Tower, Scotia Square, 1894 Barrington Street, Halifax, Nova Scotia, B3J 2A8 and “_____________”.

A. The contractor is contracted by the College; and

B. In consideration of that contract, “________________________” (hereinafter referred to as “____________”) has agreed to the terms and conditions contained in this Intellectual Property and Confidentiality Agreement.

the College AND “____________” AGREE AS FOLLOWS:

Intellectual Property

1. “Intellectual Property” means all documents, written material, rights to inventions, patents (whether granted or pending), copyright material, trade secrets, know-how, trade-marks, Confidential Information (as later defined in this Agreement), improvements to Intellectual Property, contributed, created or communicated by the contractor while contracted by the College.

2. If the Intellectual Property is the subject of, or is part of or significantly contributes to, a professional publication, the College agrees to appropriately credit __________ in respect of their contribution to the Intellectual Property.

Confidentiality

3. ________________ acknowledges that they will acquire information about certain matters and things which are confidential to the College, including, registrant and personnel information, technical information, and trade secrets (in this Agreement referred to as the "Confidential Information"), which information is the exclusive property of the College. The College and ________________ consider their relation one of confidence with respect to the Confidential Information.

4. ________________ undertakes to treat confidentially all Confidential Information and agrees not to disclose it to any third party, during and after employment is terminated. In particular (but without limiting the general statement above), they shall:
(a) hold all Confidential Information in confidence and not discuss, communicate or transmit to others, or make any unauthorized copy of or use the Confidential Information in any capacity, position or business related to the College;

(b) take all reasonable action, that the College deems necessary and appropriate, to prevent unauthorized use or disclosure of or to protect the interest of the College in the Confidential Information;

(c) not use the Confidential Information, or any part thereof, at any time, either individually, in partnership or jointly with, while engaged in or employed by, or while furnishing services to, or otherwise, directly or indirectly, associating with any business, person, firm or corporation, whose operations are carried on anywhere in the world, except with the prior express written consent of the College in respect of any specific intended use or disclosure of Confidential Information, which consent may be withheld by the College for any reason it deems appropriate.

5. ________________ shall not be obliged to keep in confidence or nor shall incur any liability for disclosure of information which:

(a) was already in the public domain or comes into the public domain without any breach of this Agreement;

(b) is required to be disclosed pursuant to applicable laws or pursuant to policies or regulation of any regulatory authority or public body having jurisdiction;

(c) is required to be disclosed in any legal proceeding.

6. The obligations set forth in this Agreement shall continue in perpetuity, throughout the world. Upon written request, ________________ shall return the Confidential Information, without delay, and any copies (including, any electronic duplication which shall be downloaded to disc format, the disc returned to the College and any remaining electronic files shall be deleted) or any part of the Confidential Information, to the College by courier following such termination, to the address for the College set forth at the beginning of this Agreement.

7. Irreparable injury may be suffered by the College if ________________ should breach the provisions of this Agreement. In addition to any other legal remedy that may be available to the College, the College shall be entitled to obtain a court order to restrain the ________________ to prevent a breach (actual or threatened) of any of the provisions of this Agreement.

8. This Agreement shall be construed in accordance with the laws of the Province of Nova Scotia and the federal laws of Canada in force in Nova Scotia.

9. If any provision of this Agreement shall be held invalid, illegal or unenforceable, such provision shall be modified to reflect the fullest legal and enforceable expression of the intent of then parties, or if not possible, severed, and the remainder of this Agreement shall not be affected.
10. The failure of either party to assert a right under this Agreement or to insist upon compliance with any term or condition shall not constitute a waiver of that right or excuse the subsequent non-performance of any such term or condition by the other party.

11. This Agreement constitutes the entire agreement between the parties and supersedes all previous representations, discussions and writings between the parties regarding the subject matter hereof. Any amendments to this agreement must be in writing and signed by the party against whom enforcement is sought.

The College AND “_______________” SIGN THIS AGREEMENT so as to be bound by its terms as of the day and year written at the beginning of the Agreement.

________________________   _______________________________
Witness

COLLEGE OF REGISTERED NURSES
OF NOVA SCOTIA

By: _____________________________
   Director -
# APPENDIX J: COUNCIL CONTACT LIST

Note:  
*Text Intentionally Hidden*  
For those with access to this document as an MS word document, there is hidden text in this document to prevent printed copies of this document from exposing proprietary information such as passwords. To unhide this text, highlight the hidden text area, press and hold “ctrl” on your keyboard then D, uncheck the box next to “Hidden Text”.

## COLLEGE COUNCIL DIRECTORY  
**2009-2010**  
*(Effective July 1, 2009)*

<table>
<thead>
<tr>
<th>Member</th>
<th>Home Address</th>
<th>Work Address</th>
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<tbody>
<tr>
<td><strong>PRESIDENT</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| KIMBERLEY LAMARCHE | 70 Lanceleve Crescent  
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### STUDENT NURSE COUNCIL MEMBER

<table>
<thead>
<tr>
<th>Name</th>
<th>District</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>COURTNEY BREEN</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### DISTRICT COUNCILLORS

<table>
<thead>
<tr>
<th>Member Name</th>
<th>District</th>
<th>Home Address</th>
<th>Work Address</th>
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</thead>
<tbody>
<tr>
<td>DEBORAH (DEBBEE) MISNER</td>
<td>ANnapolis</td>
<td>Valley Regional Hospital, AVDHA Critical Care Clinical Resource</td>
<td>150 Exhibition Street Kentville, NS B4N 5E3</td>
</tr>
<tr>
<td>BARBARA BROOM</td>
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<td>Health Canada</td>
<td>Suite 1525, Maritime Centre 1505 Barrington Street</td>
</tr>
<tr>
<td>ELIZABETH (BUFFY) COOPER</td>
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<td>Room 608, 6 Link In patient Unit 5850/5980 University Avenue</td>
</tr>
<tr>
<td>CATHERINE (KATHY) MACNEIL</td>
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<td>716 King Street New Waterford, NS B1H 3Z5</td>
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<tr>
<td>KIMBERLY LAKE</td>
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<td>Clinical Associate Cape Breton University</td>
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<td>Springhill</td>
<td>n/a</td>
</tr>
</tbody>
</table>
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PUBLIC REPRESENTATIVES

<table>
<thead>
<tr>
<th>Member</th>
<th>Home Address</th>
<th>Work Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>REID HARRISON</td>
<td>1629 New Ross Road</td>
<td>n/a</td>
</tr>
<tr>
<td>PUBLIC REP.</td>
<td>RR#3 Windsor</td>
<td></td>
</tr>
<tr>
<td>Effective February 2004</td>
<td>Vaughan, NS B0N 2T0</td>
<td></td>
</tr>
<tr>
<td>Reappt: September 2007</td>
<td>Tel: 798-3644</td>
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</tr>
<tr>
<td></td>
<td>Tel: 420-0384 (Hfx)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:mare@ns.sympatico.ca">mare@ns.sympatico.ca</a></td>
<td></td>
</tr>
</tbody>
</table>

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| PUBLIC REP           | Halifax, NS B3M 1T2     |                    |
| Effective February 2004 | Tel: 443-9654          |                    |
| Reappt: September 2007 | Fax: 443-4795          |                    |
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| REV. DAVID LEBLANC   | 68 Kitchener Street     | Stewiacke Pastoral Charge |
| PUBLIC REP          | PO Box 287              |                                |
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|                      | E-mail: stewiackepc@eastlink.ca |

| IDY FASHORANTI       | Black Business Initiative |                                |
| PUBLIC REP          | Centennial Building, Suite 1201 |                                |
| Effective April 2004 | 1660 Hollis Street       |                                |
| (electronic)        | Halifax, NS B3J 1V7      |                                |
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|                      | Fax: 426-8699            |                                |
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Note: Bolded areas indicate preferred phone/mailing address to be provided to nurses or the public upon request. Please advise Shelley Farouse, 491-9744 Ext. 223, of any errors, omissions or change of address.

FOR INTERNAL COUNCIL AND OFFICE USE ONLY

Effective: July 1, 2009 Revised: October 27, 2009
APPENDIX K: DUTY TO PROVIDE CARE GUIDELINES

The College’s Professional Practice Guidelines: Duty to Provide Care are maintained in their entirety on the College’s website at http://www.crnns.ca/documents/DutytoProvideCare2007.pdf. The content of the document is provided below for reference.

Professional Practice Guidelines: Duty to Provide Care

©2007, College of Registered Nurses of Nova Scotia
Suite 4005-7071 Bayers Road, Halifax, NS  B3L 2C2
Copies of Professional Practice Guidelines: Duty to Provide Care can be obtained by contacting the College of Registered Nurses of Nova Scotia at 902-491-9744, ext 230 or toll-free in NS at 1-800-565-9744. This document can also be downloaded from the College’s website at www.crnns.ca.

Introduction

Registered nurses have a professional obligation to provide clients with safe, competent and ethical care, including during an emergency or disaster. This requirement is defined in the College of Registered Nurses of Nova Scotia’s (the College: CRNNS) Standards for Nursing Practice, Code of Ethics, and related legislation. These professional obligations can have limits as the duty to provide care is not absolute and may be constrained by several factors.

By virtue of their education and competencies, nurses hold themselves out to the public as having specialized knowledge, training and skills. As such, society has expectations of nurses to meet specific professional standards when providing care. “In a publicly-funded health care system, there is a strong claim for a social contract between the healthcare professional and society. It is a reasonable and legitimate expectation by the public that healthcare professionals will respond in an infectious disease emergency. Society has granted and permits professions to be self-regulating on the understanding that such a response would occur” (Ruderman, et al., 2006).

Professional practice guidelines, such as those outlined in this document, offer in-depth information and direction to assist registered nurses in making informed decisions regarding their accountabilities in specific practice situations. These guidelines support professional judgment and permit flexible decision-making in practice. Ongoing discussions with employers and other key stakeholders are essential to further define issues and make appropriate policy decisions in both everyday and exceptional situations, such as pandemic planning. This document is intended to be used as a guide and does not provide all the answers or foresee every possible situation.
Duty of Care vs. Duty to Provide Care

Although the terms are often used interchangeably in the literature there is a difference between duty of care and duty to provide care. ‘Duty of care’ is a legal term used to describe the obligation imposed on individuals requiring that they exercise a reasonable standard of care while providing nursing services (Morris, Ferguson, and Dykeman, 1999, p. 153). In order for a duty of care to arise there must be a sufficient relationship between a nurse and client. For example, a nurse-client relationship is established the moment a nurse engages in the provision of care with a client. Once this relationship is established, the nurse is held to a standard of care of a reasonable, prudent nurse with similar experience, education, and qualifications. Duty of care is an important prerequisite in negligence cases, as the duty of care must exist and must have been breached for negligence to occur (CNPS infoLAW: Negligence, November 2004). As a result, breach of the duty of care, if resulting in an injury, may subject a nurse to legal liability.

A ‘duty to provide care’ is defined as the requirement for a nurse to provide care to patients to whom s/he is assigned or has agreed to cover for breaks. It starts when the assignment is accepted and therefore can arise before any interaction with clients. Once accepted, the nurse has a duty to commence care, continue care, and be available for care until this duty is assumed or shared with another nurse.

<table>
<thead>
<tr>
<th>Duty of care</th>
<th>meeting standards of practice when providing care</th>
</tr>
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<tbody>
<tr>
<td>Duty to provide care</td>
<td>providing care for patients to whom you are assigned or for whom you have accepted responsibility</td>
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Duty to Provide Care in Emergency Situations

The new CNA Code of Ethics (approved by CNA Board, Nov. 2007*) states:

*During a natural or human made disaster, including a communicable disease outbreak, registered nurses have a duty to provide care using appropriate safety precautions* (Code A8).

While there is an expectation that registered nurses will provide care to the sick and absorb a certain amount of risk in doing so, there is not an expectation that registered nurses will place themselves at unnecessary risk during a public health emergency. There are situations in which it may be acceptable for registered nurses to withdraw or refuse care. ‘Unreasonable burden’ is a concept raised in relation to the duty to provide care and
withdrawing from providing or refusing to provide care (CNA Code of Ethics, 2007). An unreasonable burden may exist when a nurse’s ability to provide safe care and meet professional standards of practice is compromised by unreasonable expectations, lack of resources, or ongoing threats to personal well being (CRNBC, 2007). The American Nurses Association (2006) has identified the following criteria for registered nurses to consider in regards to their obligations to provide care in a disaster or emergency situation:

- the significance of the risk to the person in care if the nurse does not assist
- whether the nurse’s intervention is directly relevant to preventing harm
- whether the nurse’s care will probably prevent harm
- whether the benefit of the nurse’s intervention outweighs harms the nurse might incur and does not present more than an acceptable risk to the nurse (ANA, 2006).

If registered nurses determine they do not have the necessary competencies or physical, psychological or emotional well-being to provide safe and competent care, they may withdraw from the provision of care or refuse to provide care if they have given reasonable notice to their employer and appropriate action has been taken to replace them or resolve the issue.

* NOTE: The 2007 CNA Code of Ethics will be formally launched at the CNA Biennial in June 2008. Subsequently, the College Council will vote to adopt it.

The provision of professional nursing care does not, however, include working in situations where a caregiver’s health is at risk because an employer has not provided adequate protective resources. Refusals to work should be handled by an employer in accordance with the Occupational Health and Safety Act. Employers should explore the reasons for an employee’s refusal to work and respond appropriately to legitimate concerns. The College will help its members identify factors which contribute to safe work environments and advocate for change if shortcomings in safety persist.

In emergency circumstances, limits of care may need to be clearly defined. Resources that provide guidance to registered nurses and employers about the duty of care and duty to provide care include the Standards for Nursing Practice and Code of Ethics, general ethical principles, the Registered Nurses Act and other relevant legislation, contractual obligations, employers’ policies and public expectations. In addition, the College has developed an Emergency Preparedness Plan (EPP) that provides further information on duty to provide care in the event of a disaster or emergency. The College plan provides direction in terms of the registering and licensing of registered nurses, professional practice support for registered nurses, and critical information for other key stakeholders. The College’s EPP also provides an ethical decision-making framework to assist registered nurses in emergency and disaster situations.
Abandonment

Registered nurses have a professional obligation, as well as a legal requirement, to provide clients with safe, competent and ethical care. According to the CNA Code of Ethics (2007), nurses must maintain their fitness to practise. “If they are aware that they do not have the necessary physical, mental or emotional capacity to practise safely and competently, they withdraw from the provision of care after consulting with their employer or, if they are self-employed, arranging that someone else attend to their clients’ healthcare needs.”

Nurses cannot abandon clients. Abandonment occurs when a nurse has engaged with a client or has accepted an assignment and then discontinues care without:

- arranging for suitable alternative for replacement services; or
- allowing the employer a reasonable opportunity for alternative or replacement services to be provided (CRNBC, 2007); and
- providing an appropriate report and/or ensuring that necessary documentation is completed and communicated

The RN Act stipulates that abandonment of a client may constitute professional misconduct.

Once care of a client has been accepted, all nurses have an ethical and legal responsibility to continue to provide care for the assigned period of time. A self-employed registered nurse is required to give reasonable notice to a client and take reasonable action to ensure that replacement services are in place before discontinuing services.

For example, if registered nurses are called at home to work overtime and they believe that they are too fatigued to provide safe, competent and ethical care, they must notify their employer that they are not able to provide care. However if they are at work and are asked to work overtime, they may determine, in collaboration with the employer, that they are able to accept part of an overtime shift or specified responsibilities for a specific period of time (CRNM, 2005). Registered nurses should report occurrences of staffing shortages to their employer so that appropriate action can be taken.

Assignments in Relation to Competence

Nurses are not obligated to provide care beyond their level of competence. However, rather than refusing an assignment related to perceived lack of competence, a nurse should negotiate the work assignment with her/his manager, based on the nurse’s individual scope of practice and competencies. It is worth remembering that every nurse has basic entry-level competencies that are to be applied in any practice setting.
Nurses have an obligation to inform employers when they are asked to deliver care beyond their level of competence or personal scope of nursing practice. It is important for nurses to recognize when they have passed the limits of their knowledge, skills and/or judgment, and to know when and where to request assistance or additional education or training. The refusal of an assignment in an unfamiliar practice setting is only justified when the risk of harm to a client is greater by accepting the assignment than by refusing it (RNABC, 2002). If a nurse chooses to refuse an assignment for any reason, s/he must inform her/his employer of the reason for refusal, document the decision-making process, and provide the employer with enough time to find a suitable replacement.

In emergency situations, registered nurses are ethically obligated to provide the best care they can, given the circumstances and their level of competence (CRNBC, 2007). If registered nurses are providing professional nursing services in emergency situations, such as in a pandemic, they would be eligible for protection from the Canadian Nurses Protective Society (CNPS), even if practising outside their usual scope of nursing practice or area of expertise (A. Tapp, CNPS, personal communication, August 24, 2007).

**Delegation**

‘Delegation’ refers to the transferring to a competent individual the authority to perform a selected nursing task in a selected situation. Delegation occurs when a task is within the scope of practice of a registered nurse (delegator) and outside the scope of practice and/or scope of employment of another healthcare team member (delegatee). Registered nurses retain accountability for the decision to delegate. While specific tasks or procedures may be appropriately delegated, registered nurses cannot delegate nursing activities that include the core of the nursing process (i.e., assessment, diagnosis, planning, and evaluation) and require the specialized knowledge, judgment, and or skill of a registered nurse.

Delegation issues become more challenging and complex in the event of a disaster or emergency and/or possible shortages of registered nurses, licensed practical nurses, and other health professionals. Registered nurses are accountable to their employers, their professional regulatory body and, most importantly, their patients, for the competent performance of care. The Standards for Nursing Practice (CRNNS, 2003) state that registered nurses are expected to demonstrate professional judgment and accountability when delegating or assigning tasks or functions to other members of the healthcare team.

To determine if delegation to another healthcare provider is appropriate, a registered nurse must assess the client’s health status, the practice environment, the competencies of other healthcare provider, and the amount of supervision required.
‘Assignment’ refers to designating activities to be performed by an individual that are within her/his licensed scope of practice and/or scope of employment

Employers/healthcare agencies are accountable to ensure mechanisms are in place to support delegation (e.g., written policies, procedures, guidelines and resources); provide adequate education, training and assessment of the competence of employed healthcare personnel; and to communicate the level of education of unregulated care workers to registered nurses involved in client care.

Did you know? ... Good Samaritan Laws

In Canada, there is no legal duty that forces registered nurses to help someone in an emergency outside of the workplace setting. While a registered nurse may feel a moral or ethical duty to do so, s/he cannot be held liable for failing to assist where there is no legal duty to do so. In Nova Scotia, there is an act called the Volunteer Services Act (‘Good Samaritan’) that protects a volunteer from liability for damages for injuries or the death of a person alleged to have been caused by an act or omission on the part of the volunteer while rendering services or assistance, unless it is established that the injuries or death were caused by gross negligence on the part of the volunteer. If you decide to assist in an emergency outside your workplace setting, you would not be expected to perform miracles — you would be expected to act in accordance with your knowledge, skills and standards to ensure that the person receives safe, competent care.

Employer Accountabilities

In order to fulfill their duty to provide care, nurses have a right to receive accurate and complete information. They must also be supported in meeting their own health needs. Nurses’ employers have a reciprocal duty to protect and support nurses as well as to provide necessary and sufficient protective equipment and supplies that will “maximally minimize risk” to nurses and other healthcare providers (CNA Code of Ethics, 2007).

Employers are ultimately responsible for adequate staffing and ensuring that available resources and competencies of personnel are used efficiently. Nurses and employers have a responsibility to work together to ensure processes are in place for nurses to acquire and maintain competence. If an
employee refuses to work for any reason, employers should explore this with the employee and respond appropriately to concerns.

Employers are accountable for providing:

- policies, procedures, and/or guidelines to assist employees in making decisions regarding duty to provide care
- sufficient staffing for safe, competent and ethical care
- orientation, education/training for nurses who are asked to work in unfamiliar areas
- nurses with accurate information that is needed for them to fulfill their accountabilities
- measures to protect the health and safety of employees, including adequate resources and protective devices.

**Conclusion and Next Steps**

The healthcare literature indicates that the issue of duty to provide care has emerged as a significant concern among healthcare professionals, employers, regulators, public policy makers, and ethicists. There is no current consensus as to how explicitly and stringently the requirements for the duty to provide care should be stated (Singer, et al., 2003).

There is a need for ongoing discussion and dialogue among all stakeholders in relation to emergency and disaster planning. All regulatory bodies must develop guidelines for their members regarding professional rights and responsibilities, and should consider the development of joint position statements where appropriate. Registered nurses should anticipate that disasters might occur and start planning how they would respond in situations in which there may be a conflict between their personal and professional obligations.

**Questions & Answers**

The following scenarios may are intended to assist registered nurses in applying the principles and accountabilities regarding duty to provide care discussed in these Guidelines. These scenarios will not always provide definitive answers, but are designed to help registered nurses make decisions relative to their own unique practice situations.

**Scenario 1**
Q: Due to an outbreak of influenza in our long-term care facility, we are very short-staffed. The RN on the upcoming shift has called in sick one hour before her shift is scheduled to start. The long-term care facility requires one registered nurse to be present in the facility at all times. As the only RN on the 12-hour day shift, am I obligated to work the next shift?

A: You have an obligation to remain until another registered nurse replaces you. At the same time, you should recognize that your ability to provide safe and competent care might be compromised by fatigue. It is important that you get in touch with your supervisor/director and notify her/him of the situation so that a replacement can be found. In discussions with your supervisor, you can negotiate what is a reasonable time frame for you to stay to cover until a replacement can be found. It is the employer’s responsibility to provide appropriate staff coverage given a reasonable period of notification.

Scenario 2

Q: I work as a registered nurse in ambulatory care in an acute care hospital. Due to a flood, the ambulatory care clinics have been closed and there is a possibility that I may have to float to the neurosurgical unit, as they are very short staffed at the moment. I have never worked there and do not feel competent to provide safe care on that unit. Can I refuse the assignment?

A: As a registered nurse, you are obligated to provide safe, competent and ethical nursing care. If you believe that you do not have the knowledge, skills and judgment to practise in a certain environment, you must inform your employer of the competencies that you possess and those areas in which you feel deficient. Rather than refusing to go to the neurosurgical unit it would be best to negotiate with the manager for a work assignment based on the competencies that you do possess. If you are asked to be part of a nursing team with other RNs, you can negotiate a patient assignment appropriate to your individual scope of practice. If you are asked to be the sole registered nurse on the neurosurgical unit it is likely that you do not have all the necessary competencies required in this specialty area. If you accept this assignment you may be putting clients at risk. If an adequate solution cannot be reached you should put your concerns in writing and follow your agency policy with regards to unsafe work assignment.

Scenario 3

Q: I am a registered nurse in the emergency department of a large tertiary care hospital. A client arrived the other night by taxi, after returning from a trip abroad. He had a productive cough and looked very sick. At the time, there were no beds in the isolation unit so he stayed in our ER. He is still there and is now being investigated for a potentially serious disease. I’m concerned as to whether
the protective equipment in our ER is adequate in this case. I’m worried that I’ll catch something and pass it onto my family. Can I refuse to look after this patient?

A: You have a duty to provide care to clients to whom you are assigned. Registered nurses assume a certain level of risk in choosing to work in an unpredictable environment, such as an emergency department. At the same time, you are not expected to expose yourself to unnecessary risks that result from a lack of appropriate resources, equipment or clearly defined policies and procedures. You should discuss your concerns with your manager and find out what information and support are being provided for staff. You may also wish to contact infection control to consult on appropriate measures to manage the risk, and review your unit/agency policies and procedures regarding care of potentially infectious clients. Registered nurses are accountable to ensure that their own personal immunizations are up-to-date, to use protective devices appropriately, and to keep current as to infection control policies and procedures.

Scenario 4

Q: I am a single mother, of two young children, working in a small 12-bed local hospital. If I am scheduled to work during an influenza outbreak, when my children get sick along with the majority of nursing staff and others in the community, how do I manage my obligations to both my employer and my children?

A: There is no easy answer to this dilemma. Registered nurses should give advance consideration to these types of situations; discussing options with their family, employer, colleagues, and/or other members of the community. It would be helpful to have a plan in place as to how to share identified resources.

Registered nurses need to carefully consider their professional role, their duty to provide care and other competing obligations to their own health, family, and friends. In doing so, they should be clear about steps they might take both in advance of and during an emergency or pandemic situation, so they are prepared to make ethical decisions. Value and responsibility statements in the Code should support nurses’ reflections and actions (CNA Code of Ethics, 2007).

* For a comprehensive ethical decision-making framework, please refer to the College’s Emergency Preparedness Plan, available on the College website at [www.crnns.ca](http://www.crnns.ca).
References


Ruderman, C., Tracy, S.C., Bensimon, C.M., Bernstein, M., Hawryluck, L., Zlotnik Shaul, R.,
gov/articlerender.fcgi?artid=1459179

APPENDIX L: MAIL REDIRECTION

This service allows the College to have its mail redirected to either a new or a temporary address upon completion of a Change of Address Notification form and payment of the appropriate fee. This is done by visiting https://ssl.postescanada-canadapost.ca/tools/mmm/ssl/bin/SelectService.asp to access the service.

A permanent change of address would occur if the College had no intention of returning to its previous address.

A temporary change of address would be initiated if the mail is redirected to an address if it is operating on a temporary basis.

Although the Temporary Mail Redirection Service can be purchased for a shorter period, a three-month minimum fee will be calculated. The service can be renewed, providing the renewal is requested before the expiry date of the service. There are no limitations on the additional periods of renewals applied for, although the renewal price will be the current price at the time the application is filed. When a Change of Address is submitted on-line a renewal can also be submitted on-line.

Customers can renew, amend or cancel this service by presenting their receipt copy to any postal outlet. The appropriate fee must be paid for requests for temporary mail redirection to addresses that are different from the ones indicated on the original Change of Address Notification form. When a Change of Address is submitted on-line a renewal, amendment and/or cancellation can also be submitted on-line.

**Expiry**

When the Temporary Mail Redirection Service expires, mail delivery to the old address is resumed.