



Western Australia

Nurses Code of Practice 2000

Compare between:

[19 Sep 2007, 00-b0-03] and [30 Aug 2010, 00-c0-01]

Nurses Code of Practice 2000

Introduction

- A. Guidelines for the standards expected of nurses should be considered in the context of the profession's role in the community.
- B. The community and the nursing profession have the right to expect that nurses —
 - (i) can function in diverse settings, respond to changing needs and provide quality service; and
 - (ii) contribute to and encourage community involvement in policy-making, planning, services and allocation of resources in relation to health care.
- C. A nurse's work should be approached from the position that nursing care is client focussed, paying particular attention to the client's level of independence and approval. The nurse should be responsive to the wishes and requirements of the individuals and groups with whom the nurse works and the community in which the nurse works.
- D. The nurse is one of the members of a multi-disciplinary health care team. Matters not within a nurse's control may affect the care provided by the nurse and the circumstances of each case must be taken into account when considering whether the conduct of a nurse was acceptable in that case.

1. Citation

This code may be cited as the *Nurses Code of Practice 2000*.

2. Interpretation

client includes patient.

3. Application to bodies corporate

Where a body corporate is registered as a nurse, this Code applies to the body corporate and to each member of the body corporate who is a nurse.

4. Nursing care for clients' individual needs

- (1) A nurse should provide the client with the opportunity to be involved in the assessment, planning and provision of nursing care by, where practicable —
 - (a) informing the client of the client's right to participate in decisions affecting the client's nursing care;
 - (b) providing to the client relevant information about the client's nursing care or proposed care; and
 - (c) taking into account the client's beliefs and customs.
- (2) A nurse should abide by the client's wishes in relation to nursing care or proposed care where it is reasonable and practicable to do so.
- (3) A nurse who is caring for a client who is in a vulnerable physical or emotional state should ensure, to the extent practicable, that no unfair advantage is taken of the client.
- (4) *A reference in subclause (1) or (2) to a client includes a reference to one or more persons who the client has nominated to act on the client's behalf.*

5. Records

- (1) Any record made by a nurse in relation to the nursing care of a client should be accurate, legible and comprehensive and should contain current information that is relevant to the ongoing care of the client.

- (2) Any record made by a nurse for any other nursing purpose should be accurate, legible, comprehensive, current and relevant to the matter for which the record is being made.

6. Confidentiality

- (1) A nurse should respect the privacy of clients and treat as confidential information obtained in a professional capacity.
- (2) Confidential or private information about a client should not be disclosed by a nurse to any other person without the client's consent, unless permitted or required by law to do so.
- (3) When communicating confidential or private information to a person who is authorised to receive the information, a nurse should do so in a manner and place that minimises the risk of the information also being communicated to other persons.

7. Avoiding and reporting below standard nursing care

- (1) A nurse should ensure that the client's health and safety is not adversely affected by a matter relating to the nurse's personal health and which is known to the nurse.
- (2) If a nurse becomes aware that nursing care being provided, or about to be provided, to a client —
 - (a) is inadequate or inappropriate; or
 - (b) may adversely affect the rights, health or safety of the client,

the nurse should make the situation known to a person who has the authority to make a further assessment of the care provided or to be provided and who can take steps to rectify the situation.

8. Conscientious objection

- (1) If a nurse —
 - (a) has a conscientious objection to, and is unwilling to perform or participate in, a nursing procedure; and

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- (b) would be expected to perform or participate in the procedure were it not for the conscientious objection,

the nurse should notify the nurse's client, employer, or principal, as the case may be, of the objection and the unwillingness to perform or participate in the procedure.

- (2) The nurse should give the notice as soon as is reasonably practicable after the likelihood of the nurse's being required to perform or participate in such a procedure becomes known to the nurse.

9. Working within competence

- (1) A nurse should ensure that the nurse's competence is commensurate with the practice requirements for the nurse's current nursing role.
- (2) A nurse should not undertake the provision of nursing services beyond the nurse's competence.
- (3) When delegating tasks to other carers, a nurse should ensure that the carers are competent for the delegated tasks.

10. Gifts

A nurse who provides nursing services to a client should not accept for those services any thing other than remuneration in the usual manner but if, in the opinion of the nurse, the thing is a token gift with a nominal value then the nurse may accept it.

11. Promotion of goods and services

A nurse who promotes any goods or any nursing services should not, in relation to the promotion of the goods or services —

- (a) make a statement that the nurse knows, or should reasonably know, is false in a material particular; or
- (b) make a statement or act in a manner that the nurse knows, or should reasonably know, is misleading or deceptive or is likely to mislead or deceive.

12. Dealings with nursing colleagues

A nurse should —

- (a) treat colleagues with courtesy;
- (b) take opportunities to assist in the professional development and education of colleagues; and
- (c) where relevant, provide guidance and support to nursing students.

13. Awareness of laws relating to nurses

A nurse should ensure that she or he is informed in relation to Commonwealth and State laws affecting nurses and the practice of nursing, including subsidiary legislation, common law and professional codes of practice and ethics that may be in force from time to time.

14. Conflicts of interest

- (1) A nurse should disclose to the client, employer or principal, as the case may be, any conflict of interest that the nurse has or may have if the nurse provides a nursing service to a person.
- (2) A nurse should not provide or continue to provide a nursing service if to do so would or may give rise to a conflict of interest adverse to the interests of any client unless the client has been fully informed of the nature and implications of the conflict and consents to the nurse providing or continuing to provide the service.
- (3) A reference in subclause (1) or (2) to a client includes a reference to one or more persons who the client has nominated to act on the client's behalf.

15. Conduct generally

A nurse should conduct herself or himself —

- (a) in a way which will maintain public trust and confidence in the nursing profession;

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- (b) so as to show respect and care for people and property;
- (c) so as not to discredit the reputation of the nursing profession; and
- (d) in a way that is in the best interests of the client's health and welfare.

16. *Nurses Code of Practice 1995* revoked

The *Nurses Code of Practice 1995* is revoked.

Notes

- ¹ This is a compilation of the *Nurses Code of Practice 2000*. The following table contains information about that code ^{1a}.

Compilation table

Citation	Gazettal	Commencement
<i>Nurses Code of Practice 2000</i>	1 Aug 2000 p. 4149-56	1 Aug 2000

- ^{1a} [On the date as at which this compilation was prepared, provisions referred to in the following table had not come into operation and were therefore not included in this compilation. For the text of the provisions see the endnotes referred to in the table.](#)

Provisions that have not come into operation

<u>Short title</u>	<u>Number and year</u>	<u>Assent</u>	<u>Commencement</u>
Health Practitioner Regulation National Law (WA) Act 2010 s. 15(1)(b) ³	35 of 2010	30 Aug 2010	To be proclaimed (see s. 2(b))

- ² The *Nurses Code of Practice 2000* formerly made under the *Nurses Act 1992* s. 9 now continues under the *Nurses and Midwives Act 2006* as if they had been issued under s. 100 of that Act.
- ³ [On the date as at which this compilation was prepared, the Health Practitioner Regulation National Law \(WA\) Act 2010 s. 15\(1\)\(b\) had not come into operation. It reads as follows:](#)

15. Codes of practice, regulations and rules repealed

- (1) These Codes of Practice are repealed:
- (b) the *Nurses Code of Practice 2000*;