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STAFFING and PATIENT SAFETY
Position Statement for RN and LPN Practice

Introduction:
Licensed nurses (RN or LPN) engaged in direct client care and RN managers/administrators in direct client care settings are accountable for the provision of safe nursing care to their clients. Nursing law and rules mandate that licensees accept only those assignments that the licensee is safe and competent to perform. During periods of under-staffing or limited numbers of well-qualified staff, it is essential that RN managers and nursing staff work together to provide safe care to all clients in a manner consistent with nursing law. Short Staffing and Extended Work Hours pose considerable challenges for licensees and managers. In addition, concerns about client Abandonment are often related to these challenges.

Issue: Extended Work Hours
The Board receives frequent inquiries concerning the number of hours a licensed nurse (RN or LPN) may work during a 24-hour period and still maintain client safety. Although the Board regulates only the practice of the individual licensee and has no jurisdiction over employer/employee issues such as work hours, it is appropriate that the Board provide guidance to licensees in addressing this concern through the following interpretation of nursing law.

RN & LPN Role:
1. Inherent in the mandate to accept only those assignments that the licensee is safe and competent to perform is the expectation that the licensee will not accept an assignment for which she/he may be unsafe due to lack of sleep or prolonged work hours.
2. Nursing law and rules mandate that the RN nurse manager is accountable for assessing the capabilities of personnel in relation to client need and plan of nursing care prior to assigning nursing activities to others.
3. It is imperative that nurses and nurse managers give thoughtful consideration to the implication that extended work hours may adversely impact client safety and carefully consider safety to practice prior to giving or accepting an assignment.
4. Based on existing evidence, caution should be exercised whenever an assignment is expected to exceed 12 hours in a 24 hour time period or 60 hours in a 7-day time period.

NOTE: The NC Board of Nursing and the Division of Health Service Regulation have issued a Joint Position Statement on Nursing Work Environments that may provide additional guidance.

Origin: 9-90
Revised: 1-91; 12-96; 3-20-02; 4-07; 9-07; 5-09; 3-10
Reviewed: 2-2013
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Issue: Short Staffing

When a licensed nurse comes on duty to find that the mix or number of staff is not adequate to meet the nursing care needs of the clients, the nurse should contact the immediate supervisor before accepting the assignment to report the unsafe situation and ask for assistance in planning care based on the available resources within the agency. Such assistance may include:

a. acquiring more staff,
b. negotiating "periodic" assistance from the immediate supervisor for delivery of specific care activities,
c. prioritizing the care activities that will be delivered during that shift or tour of duty, and
d. notifying other health care providers regarding the limitations in providing optimal care during periods of understaffing.

RN & LPN Role:

1. The licensed nurse is accountable for the care that he/she provides to the client, as well as all nursing care delegated or assigned to other staff members.
2. Although it may be impossible to deliver the type of nursing care that would be provided with a full complement of staff, there are certain activities that must be carried out regardless of staffing. These activities include:
   a. accurately administering medications and implementing critical medical treatment regimens;
   b. protecting clients at risk from harming themselves;
   c. monitoring client's response to medical and nursing interventions consistent with each client's health care problem;
   d. notifying the physician of deteriorating or unexpected change in a client's status; and,
   e. accurately documenting the care delivered to the clients.

Issue: RN Manager/Administrator Role in Extended Work Hours and Short Staffing

During periods of understaffing, the RN manager/administrator may have to reassign staff to different client care areas as well as approve extended tours of duty (e.g., double shifts) for nurses who volunteer or agree to work extra.

1. If a nurse has agreed to extend his/her hours of duty due to short staffing, but has informed the RN manager of a limit to the extra hours they will work, the RN manager is responsible to provide a nurse who can accept the report and responsibility for the clients from the over-time nurse.
2. If a replacement nurse cannot be found, the RN manager is responsible for providing the coverage.
3. Failure of the RN manager to respond to calls from the nurse on duty does not alleviate her/him of responsibility for providing coverage or of the accountability for the care of the clients.
4. Nurse managers should not make an assignment of extended tours of duty or mandate overtime when the manager has reason to believe that the licensee is sleep deprived or

otherwise impaired. If a nurse manager has knowledge that a licensed nurse may be impaired due to illness or fatigue, and they assign client care responsibilities to this nurse, the nurse manager may be subject to disciplinary action by the Board. For example, the staff nurse who accepts a "double shift" and then must return for the next regularly scheduled shift with only a few hours off duty may be significantly sleep deprived, and thereby, not competent to provide safe care. The RN manager must carefully assess the capabilities of this nurse before assigning nursing care activities/responsibilities to him/her.

5. It is important for RN managers to remember that they could be liable for disciplinary action by the Board for assigning responsibilities to a staff nurse when the manager knows or has reason to know that the competency of the staff nurse is impaired by physical or psychological conditions. Physical impairment may include but not be limited to fatigue or sleep deprivation.

Issue: **Abandonment**
Abandonment can only occur after the licensed nurse (RN or LPN) has come on duty for the shift and accepted his/her assignment.

RN & LPN Role:
1. If the licensed nurse leaves the area of assignment during his/her tour of duty prior to the completion of the shift and without adequate notification to the immediate supervisor, it is possible that the Board would take disciplinary action.
2. Disciplinary action by the Board may result from abandoning or neglecting a client who is in need of nursing care, without making reasonable arrangements for the continuation of care.
3. However, when a nurse refuses to remain on duty for an extra shift or partial shift beyond his/her established schedule, it is not considered abandonment when the nurse leaves at the end of the regular shift, providing she/he has appropriately reported off to another nurse and has given management notice that the nurse is leaving.

NOTE: If a nurse is "no call, no show" or resigns and does not fulfill the remaining posted work schedule, this is not considered abandonment under Board of Nursing regulations.

References:
G.S. 90-171.20 (7) & (8) – Nursing Practice Act
21 NCAC 36.0224 (a)(i) & (j) - RN Rule
21 NCAC 36.0225 (a) - LPN Rule
21 NCAC 36.0217 (c)(5) & (9) - Revocation, Suspension, or Denial of License Rule
NCBON Position Statement – www.ncbon.com - Practice - Position Statements - Joint Statement on Nursing Work Environments