

*A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.*

---

**Introduction:**

RNs, LPNs and RN managers/administrators are accountable for the provision of safe nursing care to their clients. Nursing law and rules mandate that RNs and LPNs accept only those assignments that the nurse is safe and competent to perform. Nursing law and rules also mandate that RN managers/administrators remain available for direct participation in nursing care; delegate responsibility or assign nursing care functions to qualified personnel; and retain accountability for nursing care given by all personnel to whom that care is assigned and delegated. During periods of under-staffing or limited numbers of well-qualified staff, it is essential that RN managers/administrators and nursing staff work together to provide safe care to all clients in a manner consistent with nursing law and rules. Clear communication is essential to arrive at solutions that best focus on client care needs without compromising either client safety or a nurse's license. Short Staffing and Extended Work Hours pose considerable challenges for RNs and LPNs and managers/administrators. Concerns about client Abandonment and Neglect are often related to these challenges and to situations of Emergency Preparedness and Workplace Violence.

---

**Issue: EXTENDED WORK HOURS**

The Board receives frequent inquiries concerning the number of hours an 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 RNs and LPNs and has no jurisdiction over employer/employee issues such as work hours, it is appropriate that the Board provide guidance to RNs and LPNs in addressing this concern through the following interpretation of nursing law and rules.

**RN and LPN Role:**

1. Inherent in the mandate to accept only those assignments that the RN or LPN is safe and competent to perform is the expectation that the RN or LPN will not accept any assignment for which she/he may be unsafe due to lack of sleep, fatigue, or prolonged work hours.
2. Nursing law and rules mandate that the RN manager/administrator is accountable for assessing the capabilities of personnel in relation to client need and plan of nursing care, prior to assigning nursing activities, to assure personnel are qualified to assume such responsibilities and to perform such functions.

3. It is imperative that RNs, LPNs and RN managers/administrators give thoughtful consideration to the evidence that extended work hours may adversely impact client safety and carefully consider safety to practice prior to giving or accepting an assignment.
4. Cumulative work hours resulting from multiple work commitments or from scheduled work hours in combination with actual hours worked while fulfilling “on-call” assignments must be considered carefully by RNs, LPNs and RN managers/administrators.
5. 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.

---

**Issue: SHORT STAFFING**

When an RN or LPN 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, but is not limited to:

- a. acquiring additional or a different mix of staff;
- b. negotiating “periodic” assistance from the immediate supervisor or another staff member for delivery of specific client care activities;
- c. prioritizing the client care activities that will be delivered during that shift or tour of duty; and/or,
- d. notifying other health care providers regarding the limitations in providing optimal care during periods of understaffing; and
- e. accurately documenting the care delivered to the clients.

**RN and LPN Role:**

1. The RN manager/administrator is responsible and accountable to assure adequate nursing care resources are available.
2. The RN or LPN 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.
3. Although it may be impossible to deliver the type of nursing care that would be provided with a full complement and appropriate mix 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 clients’ responses to medical and nursing interventions consistent with each client’s health

- care problem(s);
- d. notifying the physician, nurse practitioner, physician's assistant or other responsible healthcare provider of deteriorating or unexpected changes 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 RNs or LPNs who volunteer or agree to work extra hours/shifts.

1. If a nurse has agreed to extend his/her hours of duty due to short staffing, but has informed the RN manager/administrator of a limit to the extra hours they will work, the RN manager/administrator is responsible to provide a nurse who can accept the report and responsibility for the clients from the over-time nurse at the agreed-upon time.
2. If a replacement nurse cannot be found, the RN manager/administrator is responsible for providing the coverage.
3. Failure of the RN manager/administrator 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. Nursing laws and rules require that the RN manager/administrator assess the capabilities and competence of any nurse before assigning client care responsibilities to her/him. When the RN manager/administrator has or should have reason to believe that the RN or LPN is impaired due to physical (including illness, fatigue, and sleep deprivation) or psychological conditions, the assignment of extended tours of duty, mandated overtime, or scheduled work hours in combination with actual hours worked while fulfilling "on-call" assignments is not appropriate.

---

**Issue: ABANDONMENT**

Abandonment can only occur after the RN or LPN has come on duty for the shift, received a report including status/needs of assigned clients and other assigned responsibilities, and accepted his/her client care assignment. There is no routine answer to the question, "*When does the nurse's duty to a client begin?*" The focus in nursing law and rules is on the relationship and responsibility of the nurse to the client, not to the employer or employment setting. If the nurse does not accept the assignment, then the nurse's relationship and responsibility to and for the client is not established.

**RN and LPN Role:**

1. Once the RN or LPN has accepted an assignment, she/he remains responsible and accountable for client care and safety until another qualified RN or LPN or other qualified person has accepted responsibility for that client.
  - a. This transfer of responsibility includes a report of client status and may vary based on work setting and client care needs including, but not limited to: at the end of a scheduled acute care or skilled nursing shift; when a nurse leaves a work area for a limited purpose (e.g., to transport another client or take a break); or when a home care nurse is not making a scheduled visit.
  - b. In home care settings, this transfer of responsibility may include release to client self-care or transfer of care to an authorized/approved/trained caregiver as provided for in the client plan of care.
2. A violation of nursing law and rules may result from abandoning an assigned client who is in need of nursing care, without making arrangements for the continuation of equivalent care. It is advisable that adequate notification of the arrangements made for the equivalent client care and/ or negotiation for such continuation include the immediate supervisor/manager.
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 client status to another nurse or authorized/approved/trained caregiver and has given management notice that the nurse is leaving.
4. On-call assignments require availability and response of the nurse within agency guidelines. Failure of a nurse to respond and report for on-call client care responsibilities without adequate notification to the immediate supervisor, or failure of an on-call RN supervisor/manager/administrator to respond to a call from client care staff, may result in a violation of nursing law and rules for abandonment.
5. It is not considered abandonment under Board of Nursing regulations if a nurse is “no call, no show”; resigns without fulfilling a previously posted work schedule; or reports for work but then declines an assignment.

**Issue: NEGLECT**

Neglect occurs when an RN or LPN fails to provide client care as ordered and/or as indicated by client status. Neglect may include, but is not limited to, failure to assess/evaluate clients; failure to maintain standards of care; failure to administer ordered medication or treatments; failure to perform cardio-respiratory resuscitation (CPR) unless a do not resuscitate order is in place; failure to make scheduled home care visits; and, sleeping on duty.

**RN and LPN Role:**

1. Once the RN or LPN has accepted an assignment, she/he remains responsible and accountable for comprehensive (RN) or focused (LPN) client care and safety based on nursing scope of practice; standards of nursing care and practice; physician, nurse practitioner, or physician's assistant orders; and agency policies and procedures.
2. A violation of nursing law and rules may result from neglecting a client who is in need of nursing care.

---

**Issue: EMERGENCY PREPAREDNESS AND WORKPLACE VIOLENCE**

RNs and LPNs have a duty to care for clients and have a professional responsibility to not abandon or neglect them. It is possible, however, that a nurse may have to choose between the duty to provide safe client care and the responsibility to protect the nurse's own life during an emergency, including but not limited to, disasters, infectious disease outbreaks, bioterrorism events, and workplace violence. Workplace violence includes a broad spectrum of behaviors that include violent acts by strangers, clients, visitors, and/or coworkers that result in a concern for personal and client safety. Standards of nursing practice, nursing ethical guidelines, and agency policies and procedures approved by nursing management/administration should provide guidance for appropriate actions in such situations. These situations are challenging for all nurses and their employers, therefore the Board recommends policies and procedures be developed, and periodically reviewed to provide clear guidance and direction to nurses in order for clients to receive safe and effective care.

**References:**

[G.S. 90-171.20 \(7\) & \(8\) – Nursing Practice Act](#)

[21 NCAC 36.0224 \(a\) \(i\) & \(j\) - Components of Nursing Practice for the Registered Nurse](#)

[21 NCAC 36.0225 \(a\) - Components of Nursing Practice for the Licensed Practical Nurse](#)

[21 NCAC 36.0217 \(c\) \(5\) & \(9\) – Investigations; Disciplinary Hearings](#)

NCBON Position Statement – Accepting an Assignment - [www.ncbon.com](http://www.ncbon.com)

NCBON/NC DHSR Joint Statement on Nursing Work Environments – [www.ncbon.com](http://www.ncbon.com) – Practice – Position Statements

ANA Code of Ethics for Nurses (2015)

ANA Position Statement on "[Risk and Responsibility in Providing Nursing Care](#)" (June 2015)

Origin: 9-90

Revised: 1-91; 12-96; 3-20-02; 4-07; 9-07; 5-09; 3-10; 5-16; 9-2016; 9-2019

Reviewed: 2-2013