

FNIHB-OR Nursing Policy and Procedure

Section:	Administration	Policy Number:	II - 19
Subject:	Providing Care to Immediate Family Members	Issued:	March 31, 2015
		Revised:	
Distribution:	All Nursing Facilities		

1. POLICY:

- 1.1 Every effort must be made to ensure regulated health professionals are not the primary health care providers for immediate family members. If requested, he/she may participate in the health care of that family member through a supportive role.

2. PRINCIPLES:

- 2.1 Caring for family members is generally inadvisable as it may be difficult to maintain the necessary objectivity, particularly if complications arise or painful procedures are required (CRNBC).
- 2.2 Nurses working in small communities may have to provide direct care to a family member, but these situations should be limited to circumstances in which there are no other care providers available. Care should be transferred as soon as possible. (CNO, 2006)
- 2.3 The nurse-client relationship is the foundation of the therapeutic relationship. The quality of this relationship can be compromised where there is a personal, emotional relationship beyond that of the health care provider-client relationship. (CPSO, 2007)

3. DEFINITIONS:

- 3.1 **Nurse:** Refers to Registered Nurses, Nurse Practitioners, and Registered Practical Nurses.
- 3.2 **Immediate Family:** Refers to the nurse's spouse or partner, child, parent and sibling, grandparent, grandchild. It also includes a parent, child, sibling, grandparent or grandchild of the nurse's spouse or partner; or another individual in relation to whom the nurse has personal or emotional involvement (CPSO, 2007).
- 3.3 **Treating:** "Treating" encompasses the performance of any controlled act. It does not include the monitoring of a condition that may be done by anyone (CPSO, 2007).

4. PROCEDURE:

- 4.1 If the nurse's family member presents to the health facility with a health concern, every reasonable effort must be made to have another health care provider provide the required care for that client.
- 4.2 If another health care provider is not available (this may be an issue in smaller communities with limited nursing personnel), the client should be stabilized and, when possible, care transferred.
- 4.3 If it is not possible to transfer care, the CNO (2006) recommends that the nurse consider the following:
- 4.3.1 *Input from the Client:* A client may feel uncomfortable receiving nursing services from someone with whom he/she has a personal relationship.
 - 4.3.2 *Self Awareness/ Reflection:* Reflect on whether you can maintain professionalism and objectivity in caring for the client and whether your relationship interferes with meeting the needs of the client.
 - 4.3.3 *Maintaining Boundaries:* Be aware of the boundaries between your professional and personal roles; clarify that boundary for the client; and develop / follow a plan of care. (CNO, 2006)
 - 4.3.4 *Confidentiality:* Do not disclose information about a client to other family members and/or friends without the client's consent, even after nurse-client relationship has ended.
- 4.4 Consult the Zone Nursing Officer as required.

5. RELATED POLICIES:

FNIHB-OR Policy: Confidentiality
FNIHB-OR Policy: Working with Unregulated Care Providers
FNIHB-OR Policy: Release of Information

6. REFERENCES:

Canadian Nurses Association (2008). Code of Ethics for Registered Nurses.
College of Nurses of Ontario (2006). Practice Standard: Therapeutic Nurse-Client Relationship.
College of Registered Nurses of British Columbia (n.d.). Practice Support: Nurse Client Relationships.
The College of Physicians and Surgeons of Ontario (2007). Treating Self and Family Members.
Retrieved from <http://cpso.on.ca/policies-publications/policy/treating-self-and-family-members>

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