



*An Professional Growth Module:*

# **LEGAL ISSUES FOR NURSING ASSISTANTS**

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*Developing Top-Notch CNAs, One Inservice at a Time*



*A Professional Growth Module:*

## **LEGAL ISSUES FOR NURSING ASSISTANTS**

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

## **Instructions for the Learner**

*If you are studying the inservice on your own, please do the following:*

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask \_\_\_\_\_.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to \_\_\_\_\_ no later than \_\_\_\_\_.  
Show your Inservice Club Membership Card to \_\_\_\_\_ so that it can be initialed.
- Email In the Know at [feedback@knowingmore.com](mailto:feedback@knowingmore.com) with your comments and/or suggestions for improving this inservice.

**THANK YOU!**

**After finishing this inservice, you will be able to:**

*Discuss how your "scope of practice" and the "standard of care" govern your day-to-day job performance.*



*List at least eight signs of abuse and neglect.*



*Describe the difference between assault and battery.*



*Describe how a client can be falsely imprisoned.*



*Demonstrate your understanding of legal issues in your daily work.*



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## Legal Issues for Nursing Assistants

### WHAT HAPPENED TO PAUL?

When Paul was a young man, he worked hard and provided well for his family. His job was good, but the hours were long. He missed much of his kids' lives as they grew up.

Now at age 88, his wife is gone . . . and Paul barely knows his own children. So, when he falls down the front steps of his home, a neighbor calls 911, but Paul goes to the hospital alone.

When he begins to heal, he agrees to go into a nursing home for rehabilitation.

At the nursing home, Paul becomes **confused and agitated**. One night he gets completely naked and walks to the dining hall. None of the other residents notice, but a group of Aides, who are both shocked and amused, take out their cell phones and **snap pictures**. Later, one of the Aides posts the picture on her **Facebook** page.

As time goes by, Paul's nightly naked walk becomes a ritual. The Aides know they have to put an end to it. So, after a good laugh, they walk him back to his room. In the room, Paul becomes agitated and refuses to go back to bed.

One of the Aides rolls up two t-shirts and uses them to **tie his wrists** to the headboard. She returns later (after he is asleep) to untie him.

Paul dies that night from a medication overdose. Apparently, the confusion was a side effect of the medication . . . but the symptom was never documented in his chart.

When the coroner notices the bruising on Paul's wrists, he alerts the authorities and an investigation is started. Further probing uncovers the photos and the Facebook post.

The Aides were charged with:

- **Neglect** (for failing to report the confusion),
- **Invasion of privacy** (for taking and posting pictures), and
- **False imprisonment** (for tying Paul to the bed).

The Aides involved were all fired, and they lost their certification to practice as Nursing Assistants.

**Keep reading to learn more about the laws you are required to follow as a nursing assistant—and find out how you can protect someone like Paul from being a victim.**

# LAWS VS. ETHICS: WHAT'S DIFFERENT?

## LAWS

- Laws are rules that establish how people must behave within a society.
- Laws are created and enforced by the government to help a community run smoothly.
- When laws are broken, people are given some kind of penalty—such as a fine or a jail sentence.



## ETHICS

- Ethics are standards of behavior that develop because of ideas about right and wrong.
- Ethics are based on the moral values of individuals—and of a society in general.
- When people act in an unethical manner, they may or may not be penalized. It depends on each individual situation.

**An illegal act is always unethical . . .  
But an unethical act is not always illegal.**

- **For example:** It's against the law for one person to steal from another. Stealing is also against our society's code of ethics.
- **By comparison:** It's unethical to cheat on a test, but people who do are not likely to be arrested!



## The Facts

- In a recent survey, 36 percent of nursing home staff reported having **witnessed** at least one incident of physical abuse of an elderly patient in the previous year.
- Ten percent of nursing home employees admit they have committed at least one act of **physical abuse** themselves.
- Nearly 40 percent of the nursing home employees polled said that they had **psychologically abused** patients.

**These statistics sound shocking — but think of all the crime and abuse that people don't admit to doing.**

## PATIENT BILL OF RIGHTS

Some common legal issues are related to the basic human rights. For example:

The **right to information** means that it's illegal to perform medical procedures on clients without their consent.

The **right to respect** means that it's against the law to prevent clients from using their personal belongings.

The **right to participate** means that clients are legally able to refuse care

(as long as they understand what might happen if they do).

The **right to privacy** means that it's illegal to read clients' personal mail or screen their telephone calls.

The **right to quality care** means that it's against the law to perform client care tasks for which you have not been trained.

The **right to make a complaint** means it's illegal to discharge clients just because they complain frequently.

## WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!



**"When is the last time a Nursing Assistant who did a good job made headlines? Yet let one fall out of line, and you will hear it on the TV, radio, and the internet continuously."**

~ Author Unknown



## WHAT EXCITES YOU?

As you read through this inservice you will learn about all the “bad” things that can happen to get a CNA into legal trouble.

Hopefully, it will make you more careful—but it may also make you a little sad to learn that these “bad” things happen in your chosen profession.

It’s important to remember that the stories in this inservice are rare and uncommon events. The majority of nursing assistants work hard—with ethics and morals that keep clients and their families safe and healthy.

For a quick, feel-good fix, visit the website, [justfornursingassistants.com](http://justfornursingassistants.com) to read all about the unsung heroes in healthcare—Nursing Assistants!

***"From what I witnessed, CNAs are nothing short of angels on this earth."***

~ Mary Murphy, from *So You Think You Can Dance*

## KNOW YOUR SCOPE OF PRACTICE

Every state has a specific legal outline that describes exactly what you can and cannot do as a Nursing Assistant. This legal outline is called your "Scope of Practice."

To see your state's CNA "Scope of Practice," visit your state's Board of Nursing website.

Every member of the healthcare team, including doctors, nurses and therapists operate under a "Scope of Practice." This legal document describes what each professional can and cannot do and how to do tasks safely.

While laws may vary slightly from state to state, there are some procedures that are never performed by nursing assistants.

***The following procedures are considered outside your scope of practice:***

- Medication administration (unless specifically trained to do so).
- Any procedure that requires sterile technique, like changing a sterile dressing.
- Informing the resident or family of the diagnosis or treatment plan.
- Obtaining informed consent.

***If you are ever asked to do something that is outside your scope of practice, you have the legal right to refuse to perform the task. In fact, refusing to practice outside of your scope is both a right and a responsibility.***

## WHAT IS THE “STANDARD OF CARE?”

The "Standard of Care" describes what your average, **professional peer** would do in any given clinical situation.

The "Standard of Care" becomes important if you or a co-worker are ever accused of harming a client or acting in an unprofessional manner.

For example, John transferred his client with a mechanical lift. While the client was up in the sling, the latch failed and the client fell to the floor—breaking several bones and bumping her head.

When the family's lawyer looked at the Standard of Care for transferring a client

with a mechanical lift, he determined that the facility and the other Aides in the facility were perfectly clear on the policy to always use two Aides when operating a mechanical lift.

It was determined that John **did not** follow the Standard of Care and therefore did not do everything that every other trained nursing assistant would have done to protect the client.

It’s important to know your employer’s policy and procedure for all the common tasks you perform. In addition, you should always ask for training if you don’t know how to do something and ask for clarification if you are unclear about any procedure.



## FOCUS ON ABUSE AND NEGLECT

**Abuse and neglect are ongoing problems in our health care system that can have serious legal consequences. Actions can be considered abuse and neglect if they have a negative effect on a client's physical, mental and/or psychological well-being. EXAMPLES OF ABUSE AND NEGLECT INCLUDE:**

- Failing to provide proper nutrition and hydration.
  - Failing to assist with personal hygiene as needed.
  - Restraining clients when it's unnecessary or without a doctor's order.
  - Failing to protect clients against falls.
  - Ignoring a client's request to go to the bathroom.
  - Leaving clients in clothing or bed linens that are soiled with urine or feces.
  - Slapping or pinching a client.
  - Subjecting a client to verbal abuse.
  - Failing to turn a resident who is confined to bed.
  - Punishing a client for making a complaint.
  - Stealing a client's money or belongings.
  - Failing to report suspicions that a client is being abused.
- It's important for all health care workers to know the signs that a client is being abused or neglected. Watch carefully for a client who:**
- Has pressure sores and/or skin rashes.
  - Smells frequently like urine or feces.
  - Seems dirty and poorly groomed most of the time.
  - Has bruises, skin tears and/or broken bones.
  - Falls down frequently.
  - Loses a significant amount of weight.
  - Seems dehydrated frequently.
  - Appears depressed and/or isolated.
  - Acts afraid of someone (like a family member or health care worker).
  - Is being restrained on a regular basis.

## WHAT IS NEGLIGENCE?

**If you harm clients by failing to give proper care, you can be charged with negligence. For example:**

- After bathing Mr. Dunn, Bob settled him back in bed. However, Bob forgot to put the call button within Mr. Dunn's reach. When the patient tried to reach the call button, he fell out of bed and broke his arm. Bob was found negligent.

### IN THE NEWS

**A CNA in Virginia** got six months in jail for negligence while taking a client, who was paralyzed, to a dentist appointment. The two were dropped off at the wrong hospital . . . so the Aide pushed the **shoeless** client in a wheelchair **without footrests** over sidewalks and asphalt roads, severely injuring the woman's toe. The toe was later amputated.



# TALK ABOUT IT!

## OPEN THE DISCUSSION!

Sadly, elder abuse is more common than anyone wants to admit, and one of the main reasons it continues to happen is because no one wants to **talk about it**.

If you want to make a difference, **open the discussion** about elder abuse.

- Ask your co-workers, supervisor and your clients' family members what they are doing to protect elders in your community.
- Visit the website, [secretsinamerica.org](http://secretsinamerica.org) to order a DVD of a documentary called "Secrets in America."
- Learn the signs of Elder Abuse and what you can do about it.
- Teach your clients and their family members what to look for and how to report suspected abuse.



## CONNECT IT NOW!

### APPLY WHAT YOU KNOW!

Not all assault and battery in healthcare is done with criminal intent.

Sometimes, clients with dementia or Alzheimer's Disease (AD) can become violent and harm a nurse or aide without intending to cause harm . . . it's just a symptom of the disease.

When caring for clients with dementia or AD who become abusive, the best defense is a good offense!

There are ways you can protect yourself from physical harm while maintaining the rights and dignity of the client.

#### Here's how:

- Block blows but never hit back.
- Duck, bob and weave.
- Stay out of reach.
- Take a buddy with you.

## FOCUS ON ASSAULT & BATTERY

**ASSAULT** involves *threatening* another person with physical harm. Any threat made to a client could be considered assault. **For example:**

- Jim was guilty of assault when he said to his client, Mrs. Walker, "If you don't let me get you out of bed right now, I'm going to leave you lying there all day!" Jim didn't really mean it—he would never have left her in bed all day. But, he said it like he meant it in order to get Mrs. Walker to do what he wanted.
- Mary was having a frustrating day at work. Everything seemed to be going wrong and taking longer. She knew she'd never get all her work done on time. At one point, Mary's temper got the better of her. She shook her fist angrily in Mrs. Thompson's face because the client had wet her bed. This was assault.

#### IN THE NEWS:

**A nursing home worker was arrested for assault and battery** of a resident. The charges stated that he frequently threatened to shut up the resident by putting tape over her mouth. Some days, he followed through on his threats.



**BATTERY** involves touching someone with the intention of causing harm. Any rough treatment, including hitting, pinching or pushing, can be considered battery. Remember that clients have the right to refuse any treatment, so *forcing* them to do something could be called battery.

#### For example:

- Mr. Baker is confused and occasionally becomes combative. One day, he hits Betty, his home health aide. Without thinking, Betty hits him back. She is guilty of battery.
- Mrs. Fine tells Sue, her CNA, that she doesn't want to take a shower. But, Sue puts Mrs. Fine in a shower chair, takes her to the shower room and turns on the water. This could be considered battery.

#### AND, IN THE NEWS:

**A CNA in Wisconsin** was sentenced to 5 days in jail, one year probation and was ordered to write a letter of apology after she was heard forcefully grabbing a client and swearing at her while assisting her into a wheelchair. Then, as the CNA was leaving the woman's room, she "cuffed" the client on the head and pulled her hair.

#### DID YOU KNOW . . .

#### NURSING ASSISTANTS ARE MANDATED REPORTERS!

A Mandated Reporter is a professional who has regular contact with vulnerable people—and is **required** to report to the proper authorities if abuse is observed or suspected. You can make reports anonymously, but you can also be charged in both the civil and criminal courts for failing to make a report.

## FOCUS ON LIBEL VS. SLANDER

**SLANDER** is making statements that injure someone's reputation. **LIBEL** when these statements are put in writing. **For example:**

- In the elevator at work, James was telling a coworker about how he hated "grumpy old Mr. Wilson" because he was "an old queer with AIDS". Mr. Wilson's daughter was also in the elevator. She overheard James' terrible remarks and sued him for slander.
- Thelma wanted her supervisor to change her home health visit assignment, so she added a few "fibs" to several visit notes. She wrote that her client's son was a drug dealer and that he had threatened to kill her. Thelma was guilty of libel.

**Keep in mind:** It's just as important to watch what you say about your *coworkers* and other health care professionals. You should never say negative things about someone at your workplace or a client's physician.

**For example:**

While bathing Mr. Young, Sam saw his large appendectomy scar. Sam said, "Boy, your surgeon *must not have been very good to leave a scar that big!*" Mr. Young became alarmed. He called his surgeon and accused him of "botching" his surgery.



# GET OUT!

## THINK OUTSIDE OF THE BOX!

*Working with clients in the home often requires coming up with creative solutions to uncommon problems.*

- **THE PROBLEM:** You are caring for a woman in her home. While you are there, a neighbor comes to visit.
- The neighbor tells you that her sister gets home visits from your agency. You soon realize you know who she is talking about, and the woman begins to ask questions about her sister's health status.
- **WHAT YOU KNOW:** You know there are laws to protect patients' private health information. But, you feel this sister is just genuinely concerned.
- **GET CREATIVE:** Think of **3 creative replies** you could use to (kindly) let the woman know that you are not able to share her sister's personal information.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

## FOCUS ON INVASION OF PRIVACY

Every client has the right to privacy. This right is invaded by failing to keep personal information confidential or by not shielding the client's body.

**For example:**

- Kathy was rushing to get all her work done. She saw Mr. Bishop in the hall and noticed that he had soiled his trousers. To save time, Kathy brought clean underwear and slacks out into the hall and changed his clothes in full view of other people. Kathy is guilty of invading Mr. Bishop's privacy.
- Mrs. Smith asked Mark, her home health aide, to read her bank statement to her. Later, Mrs. Smith's neighbor asked Mark about his client. He told her that Mrs. Smith was running out of money. This invaded Mrs. Smith's privacy.

### PRIVACY & SOCIAL NETWORKING

**Social networking sites** like Facebook and Twitter have become part of our national language. In addition, **cell phones** that immediately post comments and photos are more common than ever.

**This combination of technology makes invasion of privacy possible on a whole new level.**

Cases are popping up all over of healthcare workers being suspended, fined and even fired for posting comments and photos of patients on the internet.

**Never** post ANY information about your clients—even if you are not using identifying information. This is an invasion of privacy and you will be caught and punished.





## THINK ABOUT IT!

In the past, it was common to use restraints to *prevent* falls, accidents or injuries.

Today, however, research has shown that **restraints have the potential to actually create more problems than they solve.**

For example, restraints have been shown to increase falls, make incontinence worse, lead to dehydration and malnutrition, promote loss of mobility, and lead to the development of pressure sores, muscle weakness, and poor circulation.

- **So, how do you keep your clients safe when you can't watch them every minute of every day?**
- **Get creative! Make a "Top Ten" list of things you can do to keep your clients safe without the use of restraints.**
- **Share your list with your co-workers and supervisor! Read their "Top Ten" lists!**

## FOCUS ON FALSE IMPRISONMENT

If you watched Denzel Washington in the movie, "The Hurricane", you saw the story of an innocent man who was falsely imprisoned for many years. But, false imprisonment doesn't have to be so dramatic. In health care settings, restraining clients (or parts of their bodies) for even a short time may be seen as false imprisonment. **For example:**

- Tim didn't want Mrs. Brown to get out of bed without his help. So, even though she begged him not to, he tied her in bed with a chest restraint. Because Mrs. Brown's doctor had *not* ordered the chest restraint, Tim could be charged with false imprisonment.

## FOCUS ON THEFT

Taking anything that does not belong to you, regardless of the value, is considered theft. Unfortunately, theft is one of the most common charges against nursing assistants.

People in need of health care are usually ill, elderly or both. They are often vulnerable and may be under a lot of stress. Judges don't look kindly on anyone they feel may be taking advantage of a client. **For example:**

- Bob has been Mr. Howard's aide for over a year. Bob tells Mr. Howard that he is having trouble paying his bills and he may have to look for a different job. To keep Bob from quitting, Mr. Howard gives him some money. When Mr. Howard's family members find out, they accuse Bob of *stealing* from Mr. Howard—and take him to court. Bob tries to defend himself by saying that the money was a *gift*. The judge does not agree...

### AND, IN THE NEWS:

In a New York nursing home, an aide was told to watch a particular resident carefully to make sure he didn't wander. During the evening, the aide caught the resident wandering on four different occasions. To avoid further episodes, the aide took the resident into his room, moved a bed in front of the door and left the resident alone in his room. The aide was found guilty of false imprisonment and mistreating a patient. She was fined \$1500.



### AND, IN THE NEWS:

**A nurse assistant in Mississippi** was arrested for stealing checks from a resident at the retirement home where she worked. In all, she took eight checks and stole a total of \$1750.00. Although the total theft seems small, the CNA faces up to 10 years per forged check—that's 80 years behind bars!

### **A nursing home employee is behind bars in New Orleans**

for stealing the wedding ring off the finger of a nursing home resident. The woman entered the room to give the resident a glass of water—then left with his ring and \$10 in cash. The woman is denying the charges, but security cameras provide proof of the theft.



## FOCUS ON DRUG ABUSE AND DIVERSION

Drug abuse and addiction to prescription medication is a widespread problem in the United States.

People addicted to prescription medications come from all walks of life—including healthcare professionals.

- **Drug abuse** is defined as the habitual use of drugs to alter one's mood, emotion, or state of consciousness.
- **Drug diversion** is when a healthcare worker "diverts" medication that is supposed to go to the client. In other words, the healthcare worker says the client took the medication, and may even chart it, but then takes all or a part of the medication for his or her own personal use.

Healthcare workers often have easy access to highly addictive controlled substances like pain medications, anti-anxiety drugs and sedatives.

Since federal regulations require medical facilities to store controlled drugs in locked cabinets, medications are often *stolen directly from clients*.

Additionally, there are no regulations for storing drugs in the home, and home health care workers are generally unsupervised—creating an ideal situation for drug abusers.

Healthcare workers may steal and use prescription drugs to relieve stress, reduce anxiety or improve work performance. Others may steal drugs to supply friends or family members or to sell them for a profit.

Drug abusers are usually pretty easy to spot. There are certain signs that most will have. For example, the person may volunteer to administer medications for others. Their clients may seem to request or even receive more pain medications, but report less effective pain relief.

There may be frequent reports of lost or wasted medications.

Drug abusers may request to work in an area of high pain medication administration or on a shift with minimal supervision.

Physical signs of drug abuse include hand tremors, mood swings, excessive sweating, irritability, or restlessness.

***Drug use and abuse on the job impairs judgment and puts clients at risk of injury or even death.***

### AND, IN THE NEWS

***A nursing assistant in Minnesota*** is charged with stealing pain patches from patients at a nursing home.

She took the patches off residents while she worked. She was caught when other staff members began noticing that when a new patch was applied, the old one was missing.

She faces five felonies and four gross misdemeanor charges.

***A 58 year old nursing assistant in Vermont*** is accused of stealing Oxycodone from an elderly man's pill bottle and substituting it with Tylenol.

She faces up to six years in prison and a \$12,000 fine.



## THE NEXT STEP!

### APPLY WHAT YOU'VE LEARNED

Whistleblowers are people who speaks out when they witness abuse, neglect or unethical behaviors in the workplace.

When you observe this behavior, do you tell the truth? Or, do you ignore the situation even though clients may suffer?

### WOULD YOU BLOW THE WHISTLE IF . . .

- One day, you witness a coworker slapping her client? *Would it make a difference if you saw that coworker slapping other clients previously?*
- You smell alcohol on a coworker's breath? *What if you see him taking sips from a small bottle of whiskey he keeps in his pocket?*
- You see a coworker take syringes and needles home with her? *Would it matter if you knew the syringes were for her diabetic mother?*



## FIVE KEY POINTS!

### REVIEW WHAT YOU LEARNED!

1. **Laws** are rules that establish how people must behave within a society.
2. The "Standard of Care" describes what your average, **professional peer** would do in any given clinical situation.
3. It's important for all health care workers to **know the signs** that a client is being abused or neglected—and to **report those signs** right away.
4. One of the best defenses against the charges of a lawsuit is **good charting**. Poor documentation can cause a number of legal problems—especially if a client's chart ends up in the hands of a lawyer.
5. It's important to know your employer's policy and procedure, and the standard of care for all the common tasks you perform, **before** you perform them.

## TIPS FOR KEEPING THINGS LEGAL

**One of the best defenses against the charges of a lawsuit is good charting. Good documentation should:**

- Be completed in a timely manner. (*It's too hard to try to remember complete details hours later.*)
- Contain only the facts!
- Be written neatly so that other people can read it.
- Be completed in only one color of ink.
- Identify the time and date on every note you write.
- Include information about any telephone calls you made to members of the health care team.

**Poor documentation can cause a number of legal problems—especially if a client's chart ends up in the hands of a lawyer. For example:**

- It may look like you gave *poor care*. For example, let's say you remember turning your client every two hours as ordered, but you didn't write it down *every time*. A lawyer might say that it's *your* fault the client developed an infected bed sore.
- It may also look like you neglected specific orders. For example, if you are ordered to take a client's pulse, but you forgot to write it down, you could be accused of neglecting an order and causing harm to the client.

### OTHER HELPFUL HINTS

- Never document in a client's record that you didn't have *time* to do something or that your facility was short staffed. Saying "*I was too busy*" when asked why you didn't complete a task for a client is not considered a good excuse—even if your workplace was short staffed at the time.
- Never "fill in the blanks" in a client's chart with false information—even if a supervisor or coworker tells you to do so.
- Any time that you or a client is injured, complete an incident report according to your workplace policy. Remember that some states allow lawyers to read incident reports, so make sure your reports contain only the facts. And, keep the details of any incidents confidential!
- Never abandon a client unless you fear for your own immediate safety. If you must leave your client, go to a safe place . . . and call your supervisor and/or 911 right away.
- Be sure you know all the policies and procedures for your workplace—and that you follow them every day on the job. (In the case of a lawsuit, a lawyer will investigate *carefully* to see if you have followed procedure.)



**Studies show that clients are less likely to be injured—and less likely to sue if they are injured—if they are treated with respect by their health care workers.**

## LEGAL ISSUES Q & A

### Q: What are Good Samaritan Laws?

A: People are rarely sued for helping out in an emergency. However, if they are, a Good Samaritan Law may come to the rescue. These laws protect health care workers who stop to help during an emergency (such as a car accident). The laws give them immunity—even if they end up injuring someone—as long as their actions were meant to help and were what the average person would have done in the same situation. *(TIP: Each state has its own version of the Good Samaritan Law. Your supervisor may be able to tell you about the Good Samaritan Law in your state.)*

### Q: What’s this I hear about safe staffing laws?

A: California was the first state to enact a safe staffing law, outlining the minimum number of health care workers needed to take care of the patients on each unit of an acute care hospital. The idea is to keep the patients safe, provide quality care and prevent health care workers from making mistakes because they are short staffed. Other states are considering a similar law. And many health care facilities / agencies have already adopted their own safe staffing ratios. *(TIP: If you ever have a concern that short staffing is affecting your client care, discuss the issue with your supervisor—especially if you believe patients are in danger. If the situation occurs regularly, you may need to fill out an incident report.)*

### Q: What is “delegation” and what does it have to do with the law?

A: An example of delegation is when your nurse supervisor assigns you some client care tasks. Nurses are allowed to delegate routine tasks such as taking vital signs, bathing and ambulating clients—if the client is in stable condition. However, if the client’s condition is unstable, it may be wiser for the nurse to assess the client’s vital signs personally. It’s up to each nurse to make sure that any delegated tasks are appropriate—and that they are completed as assigned. Improper delegation—that ends up harming the client—can be considered malpractice. *(TIP: When you perform delegated tasks, you are working under your supervisor’s nursing license. If you feel that you have not been trained for a specific task, don’t do it just because a nurse asks you to! Your first obligation is to your client’s safety.)*

### Q: What’s a “granny cam”?

A: A “granny cam” is a video camera installed in the room or home of an elderly person so that the actions of health care workers can be monitored. Some people feel that the use of “granny cams” decreases abuse of the elderly. Other people feel that these cameras are a serious invasion of a client’s privacy. Currently, “granny cams” are legal if the client wants one installed, but some states (like Florida) are pushing to require cameras in every room of a nursing home. *(TIP: Try to perform your job every day as if you were being recorded by a video camera or watched by a surveyor.)*



## WHAT I KNOW NOW!

Now that you’ve read this inservice on legal issues, jot down a couple of things you learned that you didn’t know before.

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***“The time is always right to do the right thing.”***

~ Martin Luther King, Jr.



*Developing Top-Notch CNAs, One Inservice at a Time*

*A Professional Growth Module:*  
**Legal Issues for Nursing Assistants**

***Are you "In the Know" about legal issues? Circle the best choice.  
Then check your answers with your supervisor!***

EMPLOYEE NAME  
*(Please print):*

DATE: \_\_\_\_\_

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

**Inservice Credit:**

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

***File completed test in employee's personnel file.***

- Your state's legal outline that describes exactly what you can and cannot do as a Nursing Assistant is known as your**
  - A. Standard of Care.
  - B. Job description.
  - C. Scope of practice.
  - D. Ethics and morals.
- If you ignore a client's request to go to the bathroom, you may be accused of, or even charged with**
  - A. Neglect.
  - B. Diversion.
  - C. False imprisonment.
  - D. Slander.
- Yelling at or threatening a client is considered**
  - A. Abuse.
  - B. Assault.
  - C. Battery.
  - D. Libel.
- If you suspect your client is being abused by a co-worker, you should**
  - A. Isolate the client.
  - B. Confront the abuser.
  - C. Report your suspicions right away.
  - D. Warn your co-worker and cover up the signs of abuse.
- True or False**  
It's okay to post funny stories about clients on Facebook, as long as you don't post their real names.
- True or False**  
Telling a client's family that her physical therapist has a drinking problem is considered slander (even if it's the truth).
- True or False**  
Stealing pain medication from a client can result in fines and jail time.
- True or False**  
You have a legal right and an ethical responsibility to refuse to perform a task that is outside your scope of practice.
- True or False**  
If you are ordered to check a client's blood pressure, but you forgot to write it down, you could be accused of neglecting an order and causing harm to the client.
- True or False**  
Locking a client in his room, even if it is for his own good, is considered false imprisonment.