



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

State-approved Curriculum Nurse Aide I Training Program

MODULE E Law and Ethics

Teaching Guide 2024 Version 1.1



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



North Carolina Department of Health and Human Services
Division of Health Service Regulation
North Carolina Education and Credentialing Section

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Module E – Law and Ethics Teaching Guide

Objectives

1. Describe ethical conduct
2. Describe a resident's rights in the nursing home
3. Give examples of abuse, neglect, and misappropriation of property
4. Explain the role of the Health Care Personnel Registry
5. Explain the role of the nurse aide in securing informed consent prior to providing care to the resident

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments to Notes Section
- Set up computer/projector
- Establish internet connection

Supplies – Optional

Handouts

- **#E22 North Carolina's Bill of Rights for Nursing Home Residents (Condensed Version)**

Instructional Resources/Guest Speakers - Optional

Advance Preparation – Teaching Tips

- **#E14 Role-play:** Role-play a situation between a nurse aide and a resident where a tip is offered for a service. Ask for volunteers, one to be resident, one to be nurse aide. Resident offers a monetary tip for something the nurse aide did while caring for the resident (examples: helping with a shower, straightening the resident's room) and continues to press nurse aide to accept tip at least once after offering tip. Nurse aide refuses the tip each time. After role-play, point out the following:
 - Residents are paying for service
 - Nurse aide is paid to provide service
 - Care is based on need, not race, creed, color, age or financial resources
 - Tact and courtesy are important when refusing tip
 - Nurse aide continues to be helpful
- **#E20 Website:** Review the following website: NC Division of Health Service Regulation [Complaint and Investigations](#)
 - Individuals with Allegations
 - File a Complaint

Advance Preparation – Activities

- **Activity #E11 Mistreatment of the Vulnerable Adult:** Distribute handout to class. Refer to the Mistreatment of the Vulnerable Adult Handout and for the next

eight (8) slides point out each particular part in the handout depicted on each slide and go over with students.

Module E – Laws and Ethics Definition List

Abuse – willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish

Assault – act of threatening to touch, or attempting to touch a person, without proper consent

Basic Human Rights – protected by the Constitution of the United States and state that a person has the right to be treated with respect, live in dignity, pursue a meaningful life and be free of fear

Battery – touching a person without consent

Civil Law – law that deals with relationships between people

Code of Ethics – rules of conduct for particular group, may differ from one facility to another, but revolves around idea that resident is valuable person who deserves ethical care

Confidentiality – not disclosing or telling information that is personal or private about a resident, except to authorized people

Consent – the right to decide what will be done to the body and who can touch the body, may be written consent, verbal consent, or implied consent

Criminal Law – offenses against the public and society

Defamation – false statement made to a third person that causes a person shame or ridicule, or ruins their reputation; written is called libel; verbal is called slander

Disclosure – making known to the public

Diversion of Drugs – unauthorized taking or use of any drug

Exploitation – Exploitation means taking advantage of a resident for personal gain using manipulation, intimidation, threats, or coercion.

False Imprisonment – unlawful restraining or restricting a person's movement

Fraud – an intentional deception or misrepresentation made by a person with knowledge that deception could result in some unauthorized benefit to self or some other person

Invasion of Privacy – violation of right to control personal information or the right to be left alone

Laws – rules made by government to help protect public

Malpractice – giving care for which you are not allowed legally to perform

Misappropriation of Property – deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent

Neglect – a failure to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress

Negligence – actions or failure to act or give proper care resulting in injury

Nondisclosure – not making known to the public

Privacy – the personal responsibility and activities done to prevent the intrusion of one person onto another

Resident's Rights – rights that have been written into Federal law (OBRA) that identify how a resident must be treated while living in a long-term care facility

Sexual abuse – non-consensual sexual contact of any type with a resident

Vulnerable Adults – adults who are at risk for abuse or mistreatment because they are not able to protect selves from harm due to mental, emotional, developmental disability; or brain damage; or changes from aging

Module E – Laws and Ethics	
<p>(S-1) Title Slide (S-2) Objectives</p> <ol style="list-style-type: none"> 1. Describe ethical conduct. 2. Describe a resident’s rights in the nursing home. 3. Give examples of abuse, neglect, and misappropriation of property. 4. Explain the role of the Health Care Personnel Registry. 5. Explain the role of the nurse aide in securing informed consent prior to providing care to the resident. 	
Content	Notes
<p>(S-3) Laws Are rules made by government to help protect public</p> <ul style="list-style-type: none"> • Person liable if laws not obeyed and may be fined or jailed • Two types <ul style="list-style-type: none"> – Criminal – offenses against the public – Civil – deal with relationships between people 	
<p>(S-4) Legal – Key Terms</p> <ul style="list-style-type: none"> • Tort – a wrong committed against a person or property <ul style="list-style-type: none"> – Unintentional – did not mean to cause harm – Intentional – did mean to cause harm • Malpractice <ul style="list-style-type: none"> – Giving care for which you are not allowed legally to perform – Example – nurse aide performing treatment only allowed by nurses, such as starting a blood transfusion • Negligence <ul style="list-style-type: none"> – Actions or failure to act or give proper care, resulting in injury – Examples – brakes on wheelchair not locked and resident falls, failure to provide water if permitted and resident requests 	
<p>(S-5) Assault and Battery</p> <ul style="list-style-type: none"> • Assault <ul style="list-style-type: none"> – Act of threatening to touch, or attempting to touch a person, without proper consent (key is consent) – Example – threatening to “tie a resident down” • Battery <ul style="list-style-type: none"> – Touching a person without consent – Example – hitting a resident – Example – performing a procedure or task that resident refused 	
<p>(S-6) Consent</p>	

Module E – Laws and Ethics	
<p>The right to decide what will be done to the body and who can touch the body</p> <ul style="list-style-type: none"> • Example of written consent – signs a form (nurse aide does not obtain this) • Example of verbal consent – a verbal “yes” or “ok” (nurse aide can obtain this) • Example of implied consent – resident extends arm after nurse aide asks to check blood pressure (nurse aide can obtain this) • Which of the 3 can a nurse aide obtain? 	
<p>(S-7) Invasion of Privacy Violation of right to control personal information or the right to be left alone</p> <ul style="list-style-type: none"> • Example – gossiping in the hall about a resident’s medical condition and others hear the conversation • Example – picture taken of resident and put on a social network, without consent 	
<p>(S-8) Legal – Key Terms</p> <ul style="list-style-type: none"> • False imprisonment <ul style="list-style-type: none"> – Unlawful restraining or restricting a person’s movement – Example – restraining a person, without authorization or justification – Example – not allowing a person to leave a facility • Defamation <ul style="list-style-type: none"> – False statement made to a third person that causes a person shame or ridicule, or ruins a person’s reputation – Written is libel – Verbal is slander – Example – saying or writing that a resident is insane 	
<p>(S-9) Legal – Key Terms</p> <ul style="list-style-type: none"> • Diversion of drugs – unauthorized taking or use of any drug • Fraud – an intentional deception or misrepresentation made by a person with knowledge that deception could result in some unauthorized benefit to self or some other person 	
<p>(S-10) Importance of Laws</p> <ul style="list-style-type: none"> • Informs people of what they can and cannot do • Laws are written to protect the public and society from harm 	
<p>(S-11) Legal – Nurse Aide’s Role</p>	

Module E – Laws and Ethics	
<ul style="list-style-type: none"> • Understand range of function and know what the nurse aide can legally perform, while on duty • Keep skills and knowledge current • Maintain resident’s safety and well-being • Understand directions for use when using equipment, materials, supplies • Follow long-term care facility’s policy and procedures, regarding care of resident • Do no harm to resident or belongings • Report questionable practices by others to the nurse • Know legal key terms and understand examples of each 	
<p>Activity #E11: Mistreatment of the Vulnerable Adult Distribute handout to class. Refer to the Mistreatment of the Vulnerable Adult Handout and for the next eight slides (thru slide 19) point out each particular part in the handout depicted on each slide and go over with students.</p>	
<p>(S-12) Who Are Vulnerable Adults? Adults who are at risk for abuse or mistreatment because they are not able to protect selves from harm due to mental, emotional, developmental disability; or brain damage; or changes from aging</p>	
<p>(S-13) We Must Protect Vulnerable Adults From...</p> <ul style="list-style-type: none"> • Neglect – a failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness • Misappropriation of property – illegal or improper use of resident’s money, property, assets by another, without consent, for personal gain • Abuse – willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish • Exploitation – taking advantage of a resident for personal gain by manipulation, intimidation, threats, or coercion 	
<p>(S-14) Preventing Mistreatment of Vulnerable Adults</p> <ul style="list-style-type: none"> • Care of personal property <ul style="list-style-type: none"> – Handle possessions carefully – Report observed theft – Add any new possessions to list of resident belongings, per facility policy – Mark items with resident’s name – Do not accept tips or ask for tips • Review key terms and understand what must be reported to the nurse 	

Module E – Laws and Ethics	
<ul style="list-style-type: none"> • Recognize signs/symptoms of various types of abuse, neglect, and misappropriation of funds • If abuse is observed by another health care provider, stop abuse and report immediately to the nurse • Report questionable practices by others to the nurse 	
<p>TEACHING TIP #E14: Role-play Role-play a situation between a nurse aide and a resident where a tip is offered for a service.</p> <p><i>Ask for volunteers, one to be resident, one to be nurse aide. Resident offers a monetary tip for something the nurse aide did while caring for the resident (examples: helping with a shower, straightening the resident’s room) and continues to press nurse aide to accept tip at least once after offering tip. Nurse aide refuses the tip each time.</i></p> <p>After role-play, point out the following:</p> <ul style="list-style-type: none"> – Residents are paying for service – Nurse aide is paid to provide service – Care is based on need, not race, creed, color, age or financial resources – Tact and courtesy are important when refusing tip – Nurse aide continues to be helpful 	
<p>(S-15) Signs, Symptoms, and Examples of Neglect</p> <ul style="list-style-type: none"> • Dehydration, malnutrition, untreated pressure ulcers, and poor personal hygiene • Unsanitary and unclean conditions, such as being dirty, having to lie in feces or urine, inadequate clothing • Resident’s report of neglect 	
<p>(S-16) Misappropriation of Property</p> <ul style="list-style-type: none"> • Indicators <ul style="list-style-type: none"> – The sudden appearance of a staff member’s name on a bank signature card – The discovery of a forged version of the resident’s name – The sudden and unauthorized withdrawal of money using an ATM card or other means – Unexplained disappearance of the resident’s personal property or money from the resident’s room – Resident’s report of missing personal property, assets, or money • Examples <ul style="list-style-type: none"> – Cashing a resident’s checks without permission – Forging a resident’s name on documents – Misusing or stealing a resident’s money or personal property 	

Module E – Laws and Ethics

(S-17) Physical Abuse

- Signs and Symptoms
 - Sprains, dislocations, broken bones, skull fractures
 - Bruises of face, upper arms, upper thighs, abdomen
 - Fearfulness
 - Withdrawn, paranoid behavior
 - Bruises, black eyes, welts, lacerations
 - Rope marks, restraint marks
 - Open wounds, cuts, punctures
 - Internal injuries/bleeding
 - Repeated “unexplained” injuries
 - Sudden change in resident’s behavior
 - Resident’s report of physical abuse
- Examples
 - Hitting, beating, pushing, kicking, slapping, pinching, shaking
 - Burning
 - Handling or moving the resident roughly
 - Withholding personal or medical care
 - Inappropriate use of drugs and physical restraints
 - Force-feeding

(S-18) Emotional or Psychological Abuse

- Signs and Symptoms
 - Emotionally upset or agitated
 - Extremely withdrawn, will not talk, or is non-responsive
 - Deferent, passive, acting shamed
 - Depressed, voices feelings of helplessness and hopelessness
 - Trembling, clinging, cowering, minimal eye contact
 - Unusual behavior (sucking, biting, rocking) that may be mistakenly attributed to dementia
 - Resident’s report of emotional or psychological abuse
- Examples
 - Instilling fear through intimidation
 - Not answering call signal
 - Mocking or making mean remarks to resident
 - Sexual harassment
 - Demands to perform demeaning acts
 - Verbal threats of harm, insults, threats
 - Humiliation
 - Harassment
 - Treating resident like a baby
 - Enforced social isolation

Module E – Laws and Ethics

(S-19) Exploitation

- Signs and symptoms
 - Resident inconsistent with longstanding values/beliefs
 - Wills, living wills, trusts, income flow altered with new caretaker or friend as beneficiary/executor
 - Begins using new bankers, physician, attorneys
 - Increasingly helpless, frightened, despondent, feeling only caretaker or friend can prevent further decline
 - Resident is unaware of caretaker or friend’s actions that may lead to exploitation
- Examples
 - New friend or caretaker appears to have restrictive control and dominance over resident
 - Visitors are denied access to resident
 - New friend or caretakers makes all decisions for resident
 - Resident mistrusts family members and long-time friends

(S-20) Health Care Personnel Registry (HCPR)

Lists pending allegations and substantiated findings of nurse aides and other unlicensed personnel

- HCPR listings can lead to negative consequences for the nurse aide
- Substantiated finding of abuse, neglect and misappropriation of resident property will cause a finding on the HCPR
- Nurse aides cannot be employed in a nursing home with a substantiated finding on the HCPR

TEACHING TIP #E20: Web site

Remind the student about the Health Care Personnel Investigations’ web page located at the Web site: [Complaint and Investigations](#)

You may want to navigate back to the Web site as a review

- Reportable Allegations and Types
- How to Report Allegations (click and scroll down through the process)

(S-21) Mistreatment of Vulnerable Adult – Points to Remember

- Abuse is cause for immediate dismissal of the perpetrator and posted on Nurse Aide Registry, if substantiated
- Not reporting abuse is aiding and abetting

Module E – Laws and Ethics

(S-22) Ethics and Code of Ethics

- Ethics
 - Is knowledge of what is right conduct and wrong conduct, or knowing right from wrong
 - Inner knowledge that assists us in making choices or judgments
- Code of Ethics
 - Rules of conduct for particular group
 - May differ from one facility to another, but revolves around idea that resident is valuable person who deserves ethical care
 - Helps employees deal with issues of right and wrong
- Confidentiality – not disclosing or telling information that is personal or private about a resident, except to authorized people
- Privacy
 - The personal responsibility and activities that prevent the intrusion of one person onto another
 - Example – pulling suspended curtains completely around a resident's bed during care provides physical barrier from others
 - Example – lowering one's voice when talking in the hall about a resident's condition

HANDOUT #E22: North Carolina's Bill of Rights for Nursing Home Residents (Condensed Version)

- Point out rights #1, 5, 6, 8, 10, and 11 where nurse aide plays a distinct role
- Point out posted federal Resident Rights when in clinical
- If instructor wants to review the latest federal regulations for Resident Rights in nursing homes – located at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.10>

(S-23) Basic Human Rights

- Are protected by the Constitution of the United States
- Right to be treated with respect, live in dignity, pursue a meaningful life and be free of fear
- Examples of infringement of these rights – addressing residents as children, using demeaning nicknames for residents, leaving door open during bath, threatening a resident with harm

Module E – Laws and Ethics

(S-24) Resident’s Rights

- Defined
 - Residents have same legal rights as all citizens of the United States plus legally protected Resident’s Rights
 - Rights that have been written into federal law (OBRA) that identify how a resident must be treated while living in a long-term care facility
 - Provides a code of ethics for health care providers
 - Posted in long-term care facility and given to resident/legal representative on admission
- Ombudsman – every resident living in a North Carolina long-term care facility has access to a person assigned to their district who supports or promotes their interests
- District assignments of NC long-term care ombudsman – located at NCDHHS. (2024, January 12).
<https://www.ncdhhs.gov/aging>

(S-25) Ethics – Importance

- Knowledge of right and wrong guides sense of duty and conduct of all health care providers
- Guides all health care providers in providing quality care
- Governs actions of health care providers
- Vital to safety and well-being of residents

(S-26) Ethics – Nurse Aide’s Role

- Use good judgment
- Keep staff and resident information confidential
- Document accurately
- Follow plan of care as outlined
- Be honest and trustworthy at all times
- Report abuse or suspected abuse
- Understand and respect Resident’s Rights

(S-27) Ethics – Nurse Aide’s Role

- Report all resident observations and incidents
- Show empathy for residents
- Respect all residents equally
- Provide high quality of resident care
- Protect residents’ privacy
- Treat all residents professionally
- Avoid stereotyping due to resident’s beliefs or culture
- Safeguard the resident’s property
- Respect values and beliefs that differ from your own

(S-28) Ethics – Points to Remember

- Ethical behavior – always being accountable for actions
- When do nurse aides use ethical behavior? Always!

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<ul style="list-style-type: none"> • Ethical behavior can vary with different cultures and social backgrounds • We are all individuals who think differently 	
<p>(S-29) Ethics – End of Life Care End of life decision making usually follow resident’s individual ethical principles</p> <ul style="list-style-type: none"> • Nurse aides must respect fact that resident has right to make own self-determination regarding end of life decisions and may differ from nurse aide’s own personal ethics • Resident has <ul style="list-style-type: none"> – Right to refuse medical intervention at end of life – Right to request everything possible in order to prolong life 	

Handout #E11: Mistreatment of the Vulnerable Adult

Who Are Vulnerable Adults?

Adults who are at risk for abuse or mistreatment because they are not able to protect selves from harm due to mental, emotional, developmental disability; or brain damage; or changes from aging.

We Must Protect Them From...

- Abuse – willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish.
- Neglect – a failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
- Misappropriation – illegal or improper use of resident’s money, property, assets by another, without consent, for personal gain.
- Exploitation – taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.

What is the Role of the Nurse Aide in Regards to Prevention of the Mistreatment of Vulnerable Adult?

- Personal property
 - Handle possessions carefully;
 - Report observed theft;
 - Add any new possessions to list of resident belongings, per facility policy;
 - Mark items with resident’s name;
 - Do not accept tips or ask for tips.
- Report questionable practices by others to nurse.
- If abuse is observed by another health care provider, stop abuse and report immediately to nurse.
- Review key terms and understand what must be reported to nurse.
- Recognize signs/symptoms of various types of abuse, neglect, misappropriation and exploitation.

Signs, Symptoms, and Examples of Neglect

- Dehydration, malnutrition, untreated pressure ulcers, and poor personal hygiene;
- Unsanitary and unclean conditions, such as being dirty, having to lie in feces or urine, inadequate clothing;
- Resident’s report of neglect.

Chart of Abuse

Misappropriation of Property	
Signs/Symptoms	Examples
<ul style="list-style-type: none"> • Sudden appearance of staff member’s name on a bank signature card • Discovery of forged version of the resident’s name • Sudden and unauthorized withdrawal of money using an ATM card or other means • Unexplained disappearance of the resident’s personal property or money from the resident’s room • Resident’s report of missing personal property, assets, or money 	<ul style="list-style-type: none"> • Cashing a resident’s checks without permission • Forging a resident’s name on documents • Misusing or stealing a resident’s money or personal property
Physical Abuse	
Signs/Symptoms	Examples
<ul style="list-style-type: none"> • Repeated “unexplained” injuries • Internal injuries/bleeding • Sprains, dislocations, broken bones, skull fractures • Bruises of face, upper arms, upper thighs, abdomen • Black eyes, welts, lacerations • Rope marks, restraint marks • Open wounds, cuts, punctures • Sudden change in resident’s behavior • Fearfulness, withdrawn, paranoid behavior • Resident’s report of physical abuse 	<ul style="list-style-type: none"> • Hitting, beating, pushing, kicking, slapping, pinching, shaking • Burning • Handling or moving the resident roughly • Withholding personal or medical care • Inappropriate use of drugs and physical restraints • Force-feeding
Emotional or Psychological Abuse	
Signs/Symptoms	Examples
<ul style="list-style-type: none"> • Emotionally upset or agitated • Extremely withdrawn, will not talk, or is non-responsive • Deferent, passive, acting shamed • Depressed, voices feelings of helplessness and hopelessness • Trembling, clinging, cowering, minimal eye contact • Unusual behavior (sucking, biting, rocking) that may be mistakenly attributed to dementia • Resident’s report of emotional or psychological abuse 	<ul style="list-style-type: none"> • Instilling fear through intimidation • Not answering call signal • Mocking or making mean remarks to resident • Sexual harassment • Demands to perform demeaning acts • Verbal threats of harm, insults • Humiliation • Harassment • Treating resident like a baby • Enforced social isolation
Exploitation	
Signs/Symptoms	Examples
<ul style="list-style-type: none"> • Inconsistent with longstanding values/beliefs • Wills, living wills, trusts, income flow altered with new caretaker or friend as beneficiary/executor • Begins using new bankers, physician, attorneys • Increasingly helpless, frightened, despondent, feeling only caretaker or friend can prevent further decline • Resident does not see true nature of the caretaker or friend 	<ul style="list-style-type: none"> • New friend or caretaker appears to have restrictive control and dominance over resident • Visitors are denied access to resident • New friend or caretakers makes all decisions for resident • Resident mistrusts family members and long-time friends

Handout #E22: North Carolina's Bill of Rights for Nursing Home Residents (Condensed Version)

EVERY RESIDENT SHALL HAVE THE FOLLOWING RIGHTS:

- (1) To be treated with consideration, respect, and full recognition of personal dignity and individuality.
- (2) To receive care, treatment, and services that are adequate and appropriate, and in compliance with relevant federal and State statutes and rules.
- (3) To receive at the time of admission and during stay, a written statement of services provided by the facility, including those required to be offered on an as needed basis, and of related charges. Charges for services not covered under Medicare and Medicaid shall be specified. The patient will sign a written receipt upon receiving the above information.
- (4) To have on file physician's orders with proposed schedule of medical treatment. Written, signed evidence of prior informed consent to participation in experimental research shall be in patient's file.
- (5) To receive respect and privacy in his medical care program. All personal and medical records are confidential.
- (6) To be free of mental and physical abuse. Except in emergencies, to be free of chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
- (7) To receive from the administration or staff of the facility a reasonable response to all requests.
- (8) To associate and communicate privately and without restriction with persons and groups of the patient's choice at any reasonable hour. To send and receive mail promptly and unopened. To have access to a telephone where the patient may speak privately. To have access to writing instruments, stationery and postage.
- (9) To manage his/her own financial affairs unless other legal arrangements have been implemented. The facility may also assist the patient but is required to follow stringent guidelines.
- (10) To have privacy in visits by the patient's spouse, and if both are patients in the same facility, they shall be given the opportunity, where feasible, to share a room.
- (11) To enjoy privacy in his/her room.
- (12) To present grievances and recommend changes in policies and services personally, through other persons or in combination with others, without fear of reprisal, restraint, interference, coercion, or discrimination.
- (13) To not be required to perform services for the facility without personal consent and the written approval of the attending physician.
- (14) To retain, to secure storage for, and to use his personal clothing and possessions, where reasonable.
- (15) To not be transferred or discharged from a facility except for medical, financial, or their own or other patient's welfare, nonpayment for the stay or when mandated by Medicare or Medicaid. Any such transfer shall require at least five days' notice, unless the attending physician orders immediate transfer, which shall be documented in the patient's medical record.
- (16) To be notified within ten days after the facility's license is revoked or made provisional. The responsible party or guardian must be notified as well.