

**Statutory Instrument No. 83 of 1969.**

**THE NURSES AND MIDWIVES LAW, 1964**

**THE REGISTERED NURSES DISCIPLINARY AND ETHICAL  
RULES, 1969**

(Published on 29th August, 1969)

In accordance with section 12(2) of the Nurses and Midwives Law, 1964 (No. 43 of 1964), the following rules, made by the Nursing Council for Botswana in the exercise of the powers vested in it by section 12(1) of the said Law and approved by the Minister of Education, Health and Labour, are published —

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## **PART I**

### **PRELIMINARY**

#### **Citation**

1. These rules may be cited as the Registered Nurses Disciplinary and Ethical Rules, 1969.

#### **Interpretation**

2. In these rules —

“Director” means the Director of Medical Services

“nurse” means a person of either sex registered in the register of nurses referred to in section 13 of the Law.

## **PART II**

### **BREACHES OF DISCIPLINE OR PROFESSIONAL ETHICS**

#### **Breaches of Discipline or Professional Ethics**

3. A nurse shall be guilty of a breach of discipline or professional ethics and may be dealt with in accordance with the provisions of Part IV of these rules if she —

- (a) not being registered as a medical practitioner, practises as a medical practitioner (where or not purporting to be registered) or performs any act specially pertaining to the calling of a medical practitioner (whether or not purporting to be registered) or uses any name, title, description or symbol indicating or calculated to lead persons

- to infer, that she possesses a degree, diploma or other qualification as a medical practitioner, doctor of medicine, physician or surgeon accoucheur, or that she is registered as a medical practitioner;
- (b) advertises herself for professional gain or permits such advertisement, otherwise than by stating her name, address, telephone number, hours of attendance and registered qualifications on or in a board, plate or notice displayed at her place of work or in a simple entry in a telephone directory or other directory;
  - (c) advertises any other person (whether or not such person is registered or enrolled under the Law or under the Medical, Dental and Pharmacy Proclamation (Chapter 147)) or, save with the written permission of the Council, advertises any project, business, institution or organisation of any nature whatsoever or any product thereof, for any purpose whatsoever or in any manner whatsoever, or permits her name or photograph (whether in uniform or not) to be used in such advertisement;
  - (d) wilfully breaks any contract of service into which she may have entered if such break shall conduce to the detriment of the patient whom she has contracted to attend;
  - (e) wilfully, and otherwise than in a report or communication to an appropriate authority or official body, reflects adversely by word or implication upon the probity, professional reputation or professional skill of any person registered or enrolled under the Law or under the Medical, Dental and Pharmacy Proclamation (Chapter 147);
  - (f) wilfully does or omits to do anything, which act or omission is calculated to bring the Council or any of its members into contempt or disrepute or to hamper the work of the Council;
  - (g) misappropriates drugs, however small the quantity, for use by herself or by others or for any other purpose, or misappropriates a prescription for drugs;
  - (h) contravenes or fails to comply with any of the rules of professional practice for nurses set out in Part III of these rules;
  - (i) having been suspended by the Council from practice as a nurse, during the period of such suspension practises as such;
  - (j) fails to use or apply due skill, care or attention in the course of her professional duties;
  - (k) commits an act, or conducts herself in a manner, unbecoming a nurse, whether such act or conduct constitutes or involves the commission of a criminal offence or not.

### **PART III**

#### **RULES OF PROFESSIONAL PRACTICE FOR NURSES**

##### **Professional Secrecy**

4. A nurse shall at all times observe the following rules of professional secrecy —

- (1) Nurses shall hold in confidence all personal information entrusted to them in the course of their duties.

(2) Information regarding a patient's condition, treatment and diagnosis shall not be disclosed to anyone without prior permission from the patient or the medical officer in charge of the patient.

(3) No information of any kind regarding a patient shall be disclosed to the press, any member of the public, or any other person without prior permission from the patient, the medical officer or the hospital authorities.

(4) No person, other than those directly responsible for the patient shall have access to the patient's case notes, unless prior permission is granted by the medical officer in charge of the patient.

(5) No information regarding a patient's condition shall be conveyed to relatives or friends either by telephone or by word of mouth by any nurse unless that nurse has had prior permission or has been authorised to disclose such information.

(6) It is a breach of confidence to discuss any personal information given to a nurse by a patient, unless it has some bearing on the patient's condition, and this information can only be given to the doctor or to the senior nurse.

(7) No member of the nursing staff of a hospital shall discuss with or relay to any member of the public any gossip pertaining to any patient, or any other member of the staff so as to bring into disrepute the good name of the hospital.

#### **Limitation of Practice**

5. A nurse shall not attend a patient where the required attention falls outside the scope of such nurse's registration, except in an emergency or when a correctly qualified person is not available from any source. In such event the nurse shall forthwith report the facts of the case to the Council, in writing.

#### **Administration of Anaesthetics**

6. Should a medical practitioner decide that it is in the interests of the patient, a nurse may, on the written or verbal order of the medical practitioner, and in his presence and under his direction and on his responsibility, administer an anaesthetic. Save as aforesaid, a nurse shall not administer an anaesthetic.

#### **Dangerous or Habit Forming Drugs**

7. In the case of dangerous or habit forming drugs, a nurse shall —

- (a) keep a register of all such drugs supplied to her and record the name and address of the supplier, the date received and the strength of the drug supplied as well as the total amount received. A separate page shall be used for each drug and strength of such drug;
- (b) record the date, time, dosage and name of the drug given to any person and record the name of such person;
- (c) keep such drugs under lock and key or by such other method of safekeeping as may from time to time be laid down by the Council;
- (d) make her register and stock of drugs available for inspection at any time by the Director or his authorised representative or a Police Officer;

- (e) at once report any loss or theft of drugs to the Police, the Director and the Council, giving a written statement of the circumstances of such loss ;
- (f) when giving any such drugs, have the drug and the dosage checked by a medical practitioner or a registered nurse or a registered midwife, or in the absence of such persons, have the drug and dosage checked by an Enrolled Nurse or Medical Aide or any other suitable person and ensure that all such persons sign in her register that they have carried out such check.

**Administration of Injections and Intravenous Infusions, the taking of Blood from Veins and Blood Transfusions**

8. (1) *Hypodermic and Intramuscular Injections* – A nurse may administer a hypodermic or intramuscular injection —

- (a) on the written order of a medical practitioner or a dentist ;
- (b) on the verbal order of a medical practitioner or a dentist, given by the medical practitioner or the dentist personally, and wherever possible in the presence of a responsible witness. Written confirmation of such order shall be obtained from the medical practitioner or the dentist as the case may be, within a reasonable time. Should such written confirmation not be obtained within a reasonable time, the nurse shall forthwith report the facts of the case to her immediate superior, or the Council, in writing ;
- (c) in the absence of a medical practitioner, if her position implies that she is running a clinic, or if she is in charge of a clinic in a government or mission hospital organisation and her duties are supervised at regular intervals. In these cases she may give injections of drugs laid down in a schedule approved by the Council, and no others. The onus is on her to ensure that she gives them in the correct dosage;
- (d) in an acute emergency, when she considers the life of the patient to be endangered. In such a case she shall make appropriate arrangements for the patient to be referred to a medical practitioner at the earliest opportunity if, in her opinion, the patient's life will not be jeopardised by travelling, and she shall submit a written report to her immediate superiors or the Council stating the circumstances under which she gave the injection and the preparation that she used. If she considers that it would be dangerous to move the patient she should, as soon as possible, send a message to the nearest medical practitioner explaining the circumstances of the case, giving the details as aforesaid, and asking for further instructions.

(2) *Intradermal Injections* – A nurse may administer and read the results of an intradermal injection only on the written order and on the responsibility of a medical practitioner. In the absence of a medical practitioner, if her position implies that she is running a clinic or if she is in charge of a clinic in a government or mission hospital organisation and her duties are supervised at regular intervals, she may give injections of drugs laid down in a schedule approved by the Council, and no others. The onus is on her to ensure that she gives them in the correct dosage.

(3) *Intravenous Injections, Intravenous Infusions and the taking of Blood from Veins*

A nurse —

- (a) may, subject to paragraphs (c) and (d), administer an intravenous injection or an intravenous infusion or take blood from a vein only on the written order and on the responsibility of a medical practitioner;
- (b) shall not under any circumstances employ the "cut down" method in the administration of an intravenous injection or an intravenous infusion, or in the taking of blood from veins;
- (c) may, in the absence of a medical practitioner, take blood from a vein either for the purpose of doing investigations that she considers to be necessary or for the purpose of supplying blood for grouping or cross-matching;
- (d) in an acute emergency, where she considers the life of the patient to be endangered, may administer an intravenous injection otherwise than on the written order or on the responsibility of a medical practitioner. In such a case she shall make appropriate arrangements for the patient to be referred to a medical practitioner at the earliest opportunity if, in her opinion, the patient's life will not be jeopardised by travelling, and she shall submit a written report to her immediate superiors or the Council stating the circumstances under which she gave the injection, the time and dosage of the injection, and the preparation that she used. If she considers that it would be dangerous to move the patient she shall as soon as possible send a message to the nearest medical practitioner explaining the circumstances of the case, giving the details as aforesaid, and asking for further instructions.

(4) *Blood Transfusions, Changing of Intravenous Infusions to Blood Transfusions and vice versa*

- (a) A nurse shall not, under any circumstances, insert a needle into a vein for the purpose of a blood transfusion, except on the order and in the presence and on the responsibility of the medical practitioner:

Provided that even under these circumstances a nurse shall not employ the "cut-down" method.

- (b) Except as provided in paragraphs (a) and (c), a nurse shall not, under any circumstances, start a blood transfusion except on the order and in the presence and under the direction and on the responsibility of a medical practitioner.
- (c) A nurse may change an intravenous infusion to a blood transfusion only —
  - (i) on the written order and on the responsibility of a medical practitioner, and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner; or
  - (ii) on the verbal order of a medical practitioner, given by the medical practitioner personally, and on his responsibility and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner. Written confirmation of such verbal order shall be obtained from the medical practitioner within a reasonable time. Should such written confirmation not be obtained within

a reasonable time, the nurse shall forthwith report the facts, in writing, to her immediate superior (if any) or to the Council.

- (d) A nurse may change a blood transfusion to an intravenous transfusion only when the container has been checked by a medical practitioner, a registered nurse or a registered midwife and the actual procedure must be checked by a responsible and qualified person.
- (e) A nurse may connect up a second or subsequent container only —
  - (i) on the written order and on the responsibility of a medical practitioner and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner ; or
  - (ii) on the verbal order of a medical practitioner, given by the medical practitioner personally, and on his responsibility and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner. Written confirmation of such order shall be obtained from the medical practitioner within a reasonable time. Should such written confirmation not be obtained within a reasonable time, the nurse shall forthwith report the facts, in writing, to her immediate superior (if any) or to the Council.
- (f) A nurse may connect up a second or subsequent container of blood only when the container has been checked by a medical practitioner, a registered nurse or a registered midwife and the actual procedure must be checked by a responsible and qualified person.

(5) *Drugs to be used in the event of Anaphalactoid or other Severe Reactions* – A nurse shall ensure that at all times she shall have available a fresh solution of adrenalin and, if possible, injectable hydrocortisone as well as an injectable anti-histamine for use in the event of anaphalactoid or other severe reactions. When giving injections of sera or drugs known to cause such reactions the nurse shall —

- (a) enquire from the patient if she is sensitive to such drugs or sera and, if she is, shall ascertain from the Medical Officer if the drug shall be given ;
- (b) ensure that the patient does not leave the immediate vicinity for at least half an hour and shall check the condition of the patient before she leaves. In the event of the patient's refusing to comply with her request she shall record the fact in writing, giving the patient's name and address and, if possible, obtain the patient's signature.

### **Records**

- 9. (1) A nurse shall keep a record of each case attended by her.
- (2) A nurse shall retain the record referred to in sub-rule (1) for at least three years and shall produce such record to the Council when required to do so in writing.

**PART IV**  
**TRIAL OF NURSES ACCUSED OF BREACH OF**  
**DISCIPLINE OR PROFESSIONAL ETHICS**

**Charge**

10. When a nurse is accused of a breach of discipline or professional ethics, the Director may charge her in writing under his hand with that breach and may at any time withdraw such charge.

**Service of Charge**

11. The Director shall cause the charge to be served upon the nurse concerned.

**Directive to Accompany Charge**

12. The charge shall be accompanied by a directive calling upon the nurse charged to transmit or deliver within a reasonable period specified in the directive to a person likewise specified, a written admission or denial of the charge and, if she so desires, a written explanation of the breach with which she is charged.

**Effect of Admission**

13. If a nurse charged as aforesaid admits the charge, she shall be deemed to be guilty of the breach of discipline or professional ethics with which she has been charged.

**Trial by Council**

14. If the nurse charged denies the charge or fails to comply with the directive mentioned in rule 12, the Council shall try her on the charge:

Provided that —

- (a) five members of whom three shall be registered nurses, shall form a quorum for the purpose of such trial;
- (b) in the absence of the Director, a member nominated by him shall act as chairman of the Council for the purpose of such trial.

**Summoning of Witnesses etc.**

15. The Council may —

- (a) summon to attend the trial any person whose evidence appears to be material to the determination of the charge;
- (b) administer an oath or affirmation to any person so summoned or who appears to give evidence at the trial;
- (c) order the production at such trial, by any person, of any book or document in his possession or under his control which is relevant to the subject of the trial.

**Default or Misbehaviour**

16. A person who without reasonable excuse fails to attend in response to a summons or who refuses to be sworn or to affirm or who fails to answer fully to the best of his knowledge and belief any question put to him which is relevant to the trial or who, when required, refuses or fails to produce any such book or document as aforesaid, or who

hinders, obstructs or intimidates any person in the giving of such evidence as may be required of him shall be guilty of an offence and liable on conviction to a fine not exceeding fifty rand or, in default of payment, to imprisonment for a period not exceeding three months or to both such fine and imprisonment.

Provided that no person shall be compelled to answer any question which may render him liable to a criminal charge.

#### **Notice of Time and Place of Trial**

17. The Director shall fix the date, time and place of the trial and shall give the nurse charged reasonable notice in writing of the date, time and place so fixed.

#### **Presentation of Case in Support of Charge**

18. The Director may authorise a person to attend the trial and to adduce evidence and argument in support of the charge and to cross-examine any person called as a witness for the defence.

#### **Council may be Legally Advised**

19. At the request of the Director, the Attorney-General or a legally qualified member of his staff may attend the trial to advise the Council on questions of law and procedure but shall have no voice in the decisions of the Council.

#### **Proceedings on Trial**

20. (1) At the trial the nurse charged shall have the right to be present and to be heard, either personally or through a representative, to cross-examine any person called as a witness in support of the charge, to inspect any book or document produced in evidence, to give evidence herself and to call any person as a witness.

(2) The Chairman shall record or cause to be recorded the proceedings at the trial and all evidence given thereat.

(3) The failure of the nurse charged to attend the trial, either personally or by a representative, shall not invalidate the proceedings.

#### **Acquittal or Conviction by a Court of Law not a Bar to Proceedings**

21. The acquittal or the conviction of a nurse by a court of law upon a charge of a criminal offence shall not be a bar to proceedings against her in terms of this Part on a charge of breach of discipline or professional ethics, notwithstanding the fact that the facts set forth in the last-mentioned charge would, if proved, constitute the offence set forth in the criminal charge on which she was so acquitted or convicted or another offence of which she might have been convicted at her trial on the said criminal charge.

#### **Proof of Commission of Criminal Offence**

22. If the breach of discipline or professional ethics with which the nurse is charged amounts to or involves an offence of which she has been convicted by a court of law, a certified copy of the record of her trial and conviction shall, upon the identification of such nurse as the person referred to in such record, be sufficient proof of the commission by her of such offence, unless the conviction has been set aside by a superior court:

Provided that it shall be competent for the nurse charged to adduce evidence that she was in fact wrongly convicted.

**Finding**

23. At the conclusion of the trial the Council shall find whether the nurse charged is guilty or not guilty of the breach of discipline or professional ethics with which she has been charged and shall inform her of its finding and shall state the reasons for such finding.

**Voting**

24. (1) Subject to the provisions of this rule, every question to be determined at a trial under these rules shall be determined by a majority of the votes of the members present.

(2) In the event of an equality of votes on the question of finding, the nurse charged shall be deemed to be found not guilty.

(3) In the event of an equality of votes on the punishment, or on any question arising after the commencement of a trial, except the finding, the chairman shall have a second or casting vote.

**Punishment**

25. If the Council shall find the nurse charged to be guilty it shall proceed forthwith, after hearing any statement or evidence she may wish to make, give or adduce in mitigation —

- (a) to reprimand her; or
- (b) to suspend her from practice as a nurse for a specified period; or
- (c) to remove her name from the register;

and it shall inform her accordingly and state its reasons for the punishment imposed.

**Copy of Record may be applied for**

26. If found guilty, the nurse concerned may, within seven days of being informed thereof, apply to the Director for a copy of the record of the proceedings at the trial including any documentary evidence admitted thereat and the statement of the finding and the punishment imposed and the reasons therefor.

**Appeal**

27. The nurse concerned may within fourteen days from the date on which she received the copy of the record of the proceedings, or if she did not apply for a copy of the record, within twenty-one days from the date on which she was informed of the Council's finding and the punishment imposed on her, appeal against the finding or the punishment or both to the Minister by giving the Director a written notice of appeal wherein she shall set forth fully the grounds upon which her appeal is based.

**Record to be Forwarded to Minister**

28. Within ten days of receipt of the said notice of appeal the Director shall forward to the Minister the record of the proceedings at the trial together with the notice of appeal.

**Director may Submit Representations**

29. If the nurse concerned has appealed in terms of rule 27 the Director may at any time before the Minister has given a decision in terms of rule 31 submit to the Minister

any representations which he desires to make in support of the finding or punishment appealed against and shall furnish a copy of such representations to the nurse concerned.

**Nurse may Submit Reply**

30. The nurse concerned may within ten days after the date on which she received a copy of the representations referred to in rule 29 submit to the Minister through the Director any reply she may wish to make to such representations.

**Minister's Powers on Appeal**

31. After consideration of the aforesaid record and documents the Minister may allow the appeal wholly or in part and may set aside or reduce the punishment, or may dismiss the appeal, or may before arriving at a final decision on the appeal remit any question in connection with the trial to the Council with a direction to reopen the trial for the purpose of hearing further evidence or argument or otherwise dealing with the said question.

**Reopening of Trial**

32. If the Minister directs that the trial be reopened, it shall be reopened in accordance with his directions before the Council composed of the same persons as before on reasonable notice to the nurse concerned.

**Decision on Appeal to be Conveyed to Nurse**

33. When the Minister has arrived at a final decision on an appeal he shall cause the decision to be conveyed in writing to the nurse concerned.

M. T. M. KGOPO,  
Permanent Secretary

Ministry of Education, Health and Labour,  
GABERONES,  
15th August, 1969.  
L 2/7/114.