

Do **NOT** fax or mail this form to the BON. It is intended for internal use within your facility.



Click [here](#) for general information about safe harbor.

## BON Safe Harbor Resources for Facilities

Texas Board of Nursing (BON or Board) Staff have designed this document to help facilities document their safe harbor nursing peer review process. Just as use of the BON's form is not required to invoke safe harbor, use of this document is not required by a BON law or rule during the safe harbor nursing peer review process within a facility. Your facility should have policies and procedures concerning safe harbor and may require use of specific documentation forms.

### SUPERVISOR ACTION

*The nurse's supervisor should promptly submit the Safe Harbor Quick Request and Comprehensive Written Request for Safe Harbor Nursing Peer Review, along with the accompanying documents supplied by the nurse(s) invoking safe harbor, if any, to the safe harbor nursing peer review committee chair because the safe harbor nursing peer review committee (Committee) must complete its review and notify the Chief Nursing Officer (CNO)/nurse administrator<sup>1</sup> of its findings within 14 calendar days of when the nurse invoked safe harbor, **NOT** 14 calendar days from when the Committee received the safe harbor forms. Thus, any delay in providing the forms to the nursing peer review committee chair will unnecessarily decrease the number of days the Committee has to meet and make a determination.*

I, the supervisor who requested the conduct or made the assignment that was the subject of the safe harbor invocation, received the Safe Harbor Quick Request and the Comprehensive Written Request for Safe Harbor Nursing Peer Review, along with the accompanying documents supplied by the nurse(s) invoking safe harbor as listed on the Comprehensive Written Request for Safe Harbor Nursing Peer Review, if any; and,

on **(date)** at **(time)** ,

I, (choose one):

hand delivered

emailed

other (describe):

the aforementioned safe harbor forms and accompanying documents, if any, to the nursing peer review committee chair, **(Name of Chairperson):** .

**Signature of Supervisor:**

<sup>1</sup>CNO is the RN, by any title, who is administratively responsible for the nursing services at the place of employment; and, nurse administrator is the CNO or CNO's designee. [Board Rule [217.20](#)(a)(3) & (a)(10)]

## SAFE HARBOR NURSING PEER REVIEW COMMITTEE REVIEW AND ACTION

I, the nursing peer review committee chair, received the aforementioned safe harbor forms and accompanying documents, if any, and understand that the nursing peer review committee must complete its review and notify the CNO/nurse administrator within 14 calendar days of when the nurse(s) invoked safe harbor.

**Signature of Chairperson:**

**Date:**

**Time:**

Please initial in the eight (8) spaces below to attest to the minimum due process requirements of safe harbor nursing peer review:

- ✓ The nurse(s) who invoked safe harbor was(were) provided written notice of the date, time, and location of the safe harbor nursing peer review committee hearing.

The (*choose one*):            safe harbor nursing peer review committee (Committee)

   informal workgroup<sup>2</sup> of the nursing peer review committee

met to consider the conduct or assignment that was the subject of this safe harbor invocation

on **(date)**

at **(time)**

at **(location)**

- ✓ The Committee/informal workgroup complied with the membership and voting requirements as set forth in NPR Law [§303.003](#).
- ✓ Any person(s) with administrative authority for personnel decisions directly affecting the nurse(s) who invoked safe harbor was(were) excluded from membership on the Committee/informal workgroup.
- ✓ The individual who requested the conduct or made the assignment that was the subject of the safe harbor invocation, and/or other individuals with administrative authority over the nurse(s), was(were) limited in his/her(their) attendance at the safe harbor nursing peer review hearing to strictly appearing before the Committee/informal workgroup to speak as a fact witness(es).
- ✓ The nurse(s) who invoked safe harbor was(were) permitted to appear before the Committee/informal workgroup.
- ✓ The nurse(s) who invoked safe harbor was(were) permitted to ask questions and respond to questions of the Committee/informal workgroup.

- ✓ The nurse(s) who invoked safe harbor was permitted to make a verbal and/or written statement to explain why he/she(they) believed the requested conduct or assignment would have violated a nurse's duty to a patient.
- ✓ The Committee/informal workgroup and all participants are aware of the requirement to comply with the confidentiality requirements of the NPR Law, specifically §§[303.006](#) & [303.007](#).

List and provide copies of the additional documents supplied by the nurse(s) for the nursing peer review hearing, if any, in addition to the aforementioned documents supplied by the nurse(s) at the time safe harbor was invoked:

The Committee/informal workgroup determined that the requested conduct or assignment:

would have/did violate the nurse's duty to the patient(s),

-OR-

would not have/did not violate the nurse's duty to the patient(s).

**Rationale:**

**Signature of Chairperson:**

On **(date)** \_\_\_\_\_ at **(time)** \_\_\_\_\_,

the aforementioned safe harbor forms and accompanying documents, if any, were submitted by the nursing peer review committee chair to the CNO/nurse administrator.

<sup>2</sup>A facility may choose to initiate an informal review process utilizing a workgroup of the nursing peer review committee provided that the final determination of the nurse's duty complies with the timelines set out in Board Rule [217.20](#) and there are written policies for the informal workgroup consistent with Board Rule [217.20\(k\)](#).

## CHIEF NURSING OFFICER/NURSE ADMINISTRATOR REVIEW AND ACTION

I, the CNO/nurse administrator, received the aforementioned safe harbor forms and accompanying documents supplied by the nurse(s) invoking safe harbor at the time safe harbor was invoked and those supplied for the nursing peer review hearing, if any, and understand *within 48 hours* of receiving the Committee's determination, I must review its findings and notify the nurse(s) requesting safe harbor of both the committee's determination and whether I believe in good faith that the committee's findings are correct or incorrect.

**Signature of CNO/Nurse Administrator:**

**Date:**

**Time:**

On **(date)** at **(time)**

*(must be within 48 hours of receiving the Committee's determination)*, I, the CNO/nurse administrator, reviewed the Committee's determination and believe in good faith that the Committee:

correctly determined the nurse's duty to the patient(s),

-OR-

did not correctly determine the nurse's duty to the patient(s).

*If the CNO/nurse administrator believes the nursing peer review was conducted in bad faith, he/she has a duty to report the nurses involved. [Nursing Practice Act §[301.402](#) and Board Rule [217.11\(1\)\(K\)](#)]*

If the CNO/nurse administrator in good faith disagrees with the Committee's determination, the rationale for disagreeing must be recorded and retained with the nursing peer review records.

**Rationale:**

As a result of the Committee's determination concerning the requested conduct or assignment that was the subject of this safe harbor invocation, the following changes were/will be made to the requested conduct/assignment or in the practice setting at large, if any:

On **(date)**

at **(time)**

*(must also be within 48 hours from when the CNO/nurse administrator received the Committee's determination)*, I, the CNO/nurse administrator, notified the nurse(s) who invoked safe harbor of both:  
the Committee's determination,

-AND-

whether I believe in good faith that the Committee's findings are correct or incorrect.

On **(date)**

at **(time)**

,  
the aforementioned safe harbor forms and accompanying documents, if any, along with any other related and relevant documents, were submitted by the CNO/nurse administrator to the nursing peer review committee chair.

## NURSING PEER REVIEW COMMITTEE CHAIR ACTION

I, the nursing peer review committee chair, received the aforementioned safe harbor forms and accompanying documents, if any, along with any other related and relevant documents, back from the CNO/nurse administrator and understand that all described forms and documents will be maintained in accordance with Board rules and the nursing peer review committee's records retention policy.

**Signature of Chairperson:**

**Date:**

**Time:**

## TERMINATION OF SAFE HARBOR PROTECTIONS

A nurse is not subject to being reported to the Board and may not be disciplined by the Board for engaging in the conduct or accepting the assignment while awaiting the determination of the nursing peer review committee. A nurse's protections from disciplinary action by the Board for engaging in the conduct or assignment awaiting the nursing peer review determination remain in place for 48 hours after the nurse(s) is(are) advised of the nursing peer review committee's determination. This time limitation does not affect a nurse's protections from retaliation by the facility, agency, entity, or employer for invoking safe harbor in good faith.

On **(date)**

at **(time)**

I(we), the nurse(s) who invoked safe harbor, was(were) notified of the nursing peer review committee's findings and understand my(our) protections from disciplinary action by the Board for engaging in the conduct or assignment expire 48 hours from now. I(we) also understand that no facility policy or directive from a supervisor, CNO, nurse administrator, physician, or any other person can diminish or supersede a nurse's duty to his/her patients in accordance with Board Rule [217.11\(1\)\(B\)](#) and [Position Statement 15.14, Duty of a Nurse In Any Setting](#).

I(we), the nurse(s) who invoked safe harbor, received copies of the aforementioned safe harbor forms and accompanying documents, if any, along with any other related and relevant documents, from the nursing peer review committee chair or CNO/nurse administrator.

**Signature of Nurse(s) Who Invoked Safe Harbor:**

**Date:**

**Time:**