

IN THE MATTER OF: *The Regulated Health Professions Act*
CCSM c R117

AND IN THE MATTER OF: **An Inquiry Committee Panel into the Conduct of**
CHARMAINE DELARONDE, CRNM #141423

DECISION AND REASONS



College of
Registered Nurses
of Manitoba

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Introduction and Preliminary Issues

1. On Tuesday, July 22, 2025, an Inquiry Committee Panel (the “Panel”) of the College of Registered Nurses of Manitoba (the “College”) held a hearing into charges against a registrant of the College, Charmaine Delaronde (the “Registrant”).
2. The initial return date for the hearing was January 9, 2025 and it was adjourned on December 18, 2024 on the basis of the Registrant’s signed consent.
3. At the commencement of the hearing, it was established that the Notice of Hearing dated November 7, 2024 (the “Notice”), had been properly served and the jurisdictional requirements set forth in subsections 102(3), 116(2), and 116(4) of The Regulated Health Professions Act (the “RHPA”) had been met.
4. No objections were raised to the composition of the Panel.
5. The Registrant indicated their intention to enter a plea of guilty to the charges contained in the Notice. At the direction of the Chair, counsel to the Panel conducted a plea inquiry. The Panel was satisfied that the Registrant: was voluntarily pleading guilty; understood that by pleading guilty: they gave up the right to contest the factual accuracy of the allegations made against them: acknowledged the breaches alleged in the Notice and that they constituted professional misconduct; and that even though a joint recommendation may be made with respect to the appropriate sanction, the Panel – subject to the law applying to joint recommendations – is not bound to follow the joint recommendation, and that the Panel will determine the appropriate penalty after considering the evidence and the submissions of counsel.
6. The Registrant entered a plea of guilty to all the counts in the Notice, namely that:
 - (a) The Registrant, while employed as Public Health Nurse with the Winnipeg Regional Health Authority and acting as Lead Public Health Nurse at the Ma Mawi Indigenous COVID-19 Vaccination Centre, accessed personal

health information records for herself, and two other individuals who are personally known to her;

- (b) The Registrant deliberately falsified the vaccination records for herself and the other two individuals to indicate they had been vaccinated when they had not been vaccinated; and
- (c) The Registrant lied to her employer when she indicated that she had altered the vaccination records to correct them when she was falsifying the records.

7. The Registrant admitted that their conduct described above constituted professional misconduct.
8. The Panel heard submissions from counsel for the College's Complaints Investigation Committee (the "CIC"), describing the background facts giving rise to the matter raised in the Notice.
9. The parties made a joint recommendation as to disposition of the matter and suggested a reprimand, a fine of \$7,000.00, a \$3,500.00 contribution to costs, a direction to complete, at their own expense within four months, specific remedial coursework, namely, PBI Education - Medical Ethic and Professionalism (ME-22), Extended Version with Accomplishments, Impressions, and Recommendations (AIR), and publication (the "Joint Recommendation").
10. The parties had one area of disagreement relating to whether the Registrant ought to be provided with time to pay the fine and costs and they made separate submissions on this point.
11. After hearing those submissions, the Panel briefly adjourned to consider the Joint Recommendation and then advised the parties it was prepared to accept the Joint Recommendation and would reserve its decision on the issue of permitting time to pay the fine and costs. The Panel informed the parties that it would subsequently provide written reasons. These are those reasons.

Facts

12. The Registrant was employed with the WRHA as a Public Health Nurse. She worked with the WRHA from December 2005 until January 2023. During that time, from April 2021 to April 2022, as a WRHA employee, she was assigned to serve as the lead at the Ma Mawi Urban Indigenous COVID-19 Vaccination Centre in Winnipeg Manitoba.
13. The Registrant was the Lead Public Health Nurse through the height of the COVID-19 pandemic and throughout the early vaccination period. In that role, they were responsible for, among other tasks, overseeing the clinic and its staff, supervising the flow of the clinic, and ensuring data was properly entered into the provincial database. Ms. Delaronde also administered vaccinations to patients.
14. The clinic vaccinated an average of 200 – 400 people per day.
15. In their position, the Registrant was not under any specific obligation to be vaccinated for COVID-19.
16. Between April and August 2022, the Provincial COVID-19 Quality Assurance team conducted a routine audit of the data entry into the provincial database. This audit included checking to see if employees had accessed their own Personal Health Information Management System (“PHIMS”) file.
17. The audit revealed that the Registrant accessed their own PHIMS file and that one section of the forms (Consent for Use and Disclosure of Contact Information) was unsigned, and there were uncompleted sections on the form. This included information such as the Vaccine, Date, Lot Number, Manufacturer, Route, Dose, Immunizer’s Signature, and Data Entry. The audit indicated that the Registrant documented their own information regarding their vaccination status.

18. The audit also identified that the Registrant accessed and documented the vaccination records for individuals who were personally known to her.
19. As a result, on October 4, 2022, the Registrant was interviewed by their employer. During this interview the Registrant stated that they had improperly accessed the PHIMS files and entered the vaccine information for themselves and the other two individuals who were personally known to them.
20. The Registrant did not disclose that none of the three of them had actually been vaccinated.
21. The revised vaccination records were deliberately made inaccurate and misleading.
22. The employer accepted the Registrant's explanation and issued the Registrant a verbal warning on account of the Registrant being honest and cooperative in the employer's investigation.
23. On December 15, 2022, the Registrant phoned their employer and confessed that the explanation they had given on October 4, 2022, was untrue.
24. The Registrant confessed that they had not actually been vaccinated when the data was entered and that they deliberately altered the documentation to state that all three of them had been vaccinated when they had not been.
25. The Registrant resigned from her employment in December 2022 effective January 2023.
26. Their employer issued an 18-day unpaid suspension from their employment prior to the effective date of their resignation.
27. The Registrant is currently employed in Manitoba as a Registered Nurse.

Submission of the CIC

28. The Notice sets out a list of the breaches which the Registrant's admitted professional misconduct engaged and, at the hearing, Counsel for the CIC highlighted the following:

(a) The Code of Ethics for Registered Nurses

(i) Primary Nursing Value A. – Providing Safe, Compassionate, Competent and Ethical Care

Nurses provide safe, compassionate, competent and ethical care.

Ethical Responsibilities 1, 5, 9, and 12

1. Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care and other members of the health-care team.
5. Nurses are honest...
9. During a natural or human-made disaster, including a communicable disease outbreak, nurses provide care using appropriate safety precautions in accordance with legislation, regulations and guidelines provided by government, regulatory bodies, employers, unions, and professional associations...
12. Nurses foster a safe, quality practice environment...

(ii) Primary Nursing Value E. – Maintaining Privacy and Confidentiality

Nurses recognize the importance of privacy and confidentiality and safeguard personal, family and community information obtained in the context of a professional relationship.

Ethical Responsibility 8

8. Nurses do not abuse their access to information by accessing health-care records, including those of a family member or any other person for purposes inconsistent with their professional obligations...

(iii) Primary Nursing Value G. – Being Accountable

Nurses are accountable for their actions and answerable for their practice.

Ethical Responsibilities 1 and 2

1. Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the *Code* and in keeping with the professional standards, laws and regulations supporting ethical practice.
2. Nurses are honest and practise with integrity in all of their professional interactions...

(b) CRNM's Practice Direction: Practice Expectations for RNs

Professional Practice

Registered nurses are accountable and responsible for nursing practice that is informed by evidence and demonstrates competence. As an RN, you must:

...

4. Promote a practice environment that supports responsibility, professional development and a respectful attitude.
9. Identify issues which could have an injurious effect on clients and others and participate in resolving professional practice issues that interfere with your ability to practise according to the College regulations, practice expectations, practice directions, *Code of Ethics* and other provincial and federal legislation.
13. Demonstrate professional responsibility in protecting personal health information.

(c) CRNM Entry Level Competencies (ELCs) for the Practice of Registered Nurses (2019)

- (i) 1. Clinician – Registered nurses are clinicians who provide safe, competent, ethical, compassionate, and evidence-based care across the lifespan in response to clinical needs. Registered nurses integrate knowledge, skills, judgment and professional values from nursing and other diverse sources into their practice.

1.7 Anticipates actual and potential health risks and possible unintended outcomes

1.8 Recognizes and responds immediately when client safety is affected

(ii) 2. Professional – Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession’s practice standards and ethics and are accountable to the public and the profession.

2.1 Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice.

2.2 Demonstrates a professional presence, and confidence, honesty, integrity, and respect in all interactions.

2.3 Exercises professional judgment when using agency policies and procedures, or when practising in their absence.

2.7 Identifies and addresses ethical (moral) issues using ethical reasoning, seeking support when necessary.

29. Counsel for the CIC submitted that the Panel ought to take note of three distinct themes in assessing the professional misconduct of the Registrant which constituted relevant aggravating factors: dishonesty; putting public safety at risk; and the abuse of authority involved in accessing and revising the vaccination records.

30. The CIC argued that the Registrant’s professional misconduct in these three areas undermined the public trust in the nursing profession and deserves denunciation in accordance with the penalty proposed in the Joint Recommendation.

31. Mr. Murkin noted there were also mitigating factors which the Panel ought to consider including: the Registrant’s ultimate confession of dishonesty to her previous employer (effectively serving as her own “complainant” to the College); their proficiency (otherwise) as an RN; their professional service to an underserved population; their 18-

day suspension by their previous employer; and, their cooperation with the CIC and the College with respect to this prosecution and hearing.

32. The CIC urged the Panel to accept the Joint Recommendation and directed the Panel to consider previous Inquiry Committee Panel Decisions of the College including the *Nguse* (January 30, 2023), *Marius* (February 14, 2024), and *Andrew* (August 1, 2024) decisions which he maintained supported the range of penalty in the proposed Joint Recommendation.
33. With respect to the one area where the parties could not agree – the timing of payment of any fine or contribution to costs by the Registrant – the prosecution argued in favour of a financial award (fine and costs) which would be payable as soon as these Reasons were issued.
34. Mr. Murkin submitted that the College would be burdened with the administrative challenge of ensuring payment over time was made and that a failure to pay would leave the College in a quandary relating to collection. He noted as well that it was not the role of the College to “finance” a fine and that all of this was part of the intended denunciatory nature of a fine. Finally, it was submitted that the Registrant had adduced no evidence of financial hardship or inability to pay and there was therefore no justification for the Panel acceding to the request for extended time to pay.

Submission of the Registrant

35. Counsel for the Registrant reiterated the mitigating factors noted above and provided some additional background on the Registrant.
36. Mr. Ray stated that the COVID-19 epidemic was a stressful time for the Registrant and their family and there were (unspecified) personal family and health issues which would explain their poor judgment. He emphasized that the Registrant’s self-reporting of their dishonesty ought to be considered because they “could have got

away with it". He noted that the Registrant's suspension by her former employer was an unpaid suspension.

37. Counsel requested that the Panel accept the Joint Recommendation and suggested that departing from it could serve as a future deterrent or disincentive to parties coming forward to self-disclose misconduct and cooperate with College investigations.
38. Counsel for the Registrant requested that the fine and costs be payable within 12 months of the issuance of these Reasons. He maintained that the College commonly monitors undertakings, and this would be no administrative burden on the College. Further, Mr. Ray pointed out that the College could take further disciplinary steps against the Registrant if the fine and costs were unpaid.
39. Following their counsel's remarks, the Registrant addressed the Panel directly. They indicated they fully understood the seriousness of the breaches and violation of trust and understood that their actions did not meet the requisite professional standards. The Registrant stated that they reviewed the legislation on ethical conduct and confidentiality and was committed to ethical nursing practice.
40. The Registrant expressed their deep remorse and sincere apologies and stated they accepted responsibility for their misconduct.

Analysis and Decision

41. Registered nurses are in a position of trust. Honesty, confidentiality, and privacy are cornerstones of nursing practice, core ethical requirements, and basic practice standards.
42. These clear obligations are also entry-level competencies which ought to be understood by and ingrained in an RN by their first day of practice.

43. Registered nurses are to demonstrate understanding of all applicable legislation governing registered nursing practice (including The Personal Health Information Act – “PHIA”), must practise in accordance with the values outlined in the Code of Ethics, and demonstrate accountability and responsibility in protecting personal health information.
44. The Panel reiterates that any improper access of patient records is unacceptable and such access constitutes professional misconduct.
45. The failure to abide by these principles necessarily comes with consequences.
46. The Panel finds, as admitted by the Registrant, that the facts submitted establish that the Registrant is guilty of professional misconduct and has contravened the Practice Direction, the Code of Ethics, the RHPA and the PHIA as alleged in the Notice.
47. Subsection 124(1) of the RHPA authorizes the Panel to make any finding permitted under subsection 124(2) which includes that an investigated member has breached the Code of Ethics or, a practice direction or, is guilty of professional misconduct.
48. The authority of a Panel to make sentencing orders, and orders related to costs are found in sections 126 and 127 of the RHPA.
49. In reaching its decision, the Panel acknowledges the submissions of counsel to the CIC and counsel for the Registrant and was mindful of the objectives of such orders which have been articulated by various authorities.
50. In *The Regulation of Professions in Canada*, Carswell 2021, James T. Casey describes the purpose of sentencing in professional discipline cases, citing *McKee v. College of Psychologists (British Columbia)*, [1994] 9 W.W.R. 374 (at page 376):

[W]here the legislature has entrusted the disciplinary process to a self-governing professional body, the legislative purpose

is regulation of the profession in the public interest. The emphasis must clearly be upon the protection of the public interest...

51. Citing McKee and a number of other authorities, Casey goes on to list the factors in determining how the public is protected including:

... specific deterrence of the member from engaging in further misconduct, general deterrence of other members of the profession, rehabilitation of the member, punishment of the offender, ..., the denunciation by society of the conduct, the need to maintain the public's confidence in the integrity of the profession's ability to properly supervise the conduct of its members and ensuring that the penalty imposed is not disparate with penalties in other cases.

52. When determining an appropriate penalty, in accordance with *Jaswal v. Medical Board* (Nfld.) 1996 CanLII 11630 (NLSC), the Panel considered the following factors:

- (a) the nature and gravity of the proven allegations;
- (b) the absence of any prior discipline history;
- (c) the role of the Registrant in acknowledging what had occurred;
- (d) the presence or absence of any mitigating circumstances;
- (e) the need to promote specific and general deterrence and, thereby, to protect the public;
- (f) the need to maintain the public's confidence in the integrity of the profession; and,
- (g) the degree to which the offensive conduct that was found to have occurred was clearly regarded, by consensus, as being the type of conduct that would fall outside the range of permitted conduct; and
- (h) the range of sentence in other similar cases.

53. In this case, the Panel noted the following aggravating factors:

- (a) accessing personal health information is an extremely serious breach of trust and breach of integrity; and
- (b) the Registrant accessed and altered the personal health information with an intention to deceive others and for their own benefit and for the benefit of those known to her;
- (c) the Registrant lied to their former employer about their actions; and,
- (d) the Registrant was working with the public during the COVID-19 epidemic and was defying rules and regulations potentially putting the public at risk.

54. The Panel also took into consideration the following mitigating factors, noting that the Registrant:

- (a) has no previous discipline/complaints history;
- (b) voluntarily came forward to disclose their misconduct and admit their dishonesty;
- (c) accepted responsibility for their actions and apologized for their conduct;
- (d) cooperated with the College's investigation;
- (e) pled guilty to all charges thereby saving the time and expense of a protracted disciplinary hearing; and
- (f) apologized and has taken accountability for their misconduct and is genuinely remorseful.

55. Counsel for both parties made oral submissions at the hearing to the effect that the sanction being jointly recommended is consistent with those previously imposed on registered nurses.

56. In *Anthony Cook v Her Majesty the Queen*, 2016 SCC 43 ("Anthony-Cook"), the Supreme Court of Canada confirmed that an adjudicator may reject and depart from a joint recommendation on penalty only where the proposed disposition would bring the

administration of justice into disrepute or would otherwise be contrary to the public interest.

57. At paragraph 34 of that decision, the Court described this as an “undeniably high threshold”, writing:

[A] joint submission should not be rejected lightly... Rejection denotes a submission so unhinged from the circumstances of the offence and the offender that its acceptance would lead reasonable and informed persons, aware of all the relevant circumstances, including the importance of promoting certainty in resolution discussions, to believe that the proper functioning of the justice system had broken down.

R v Anthony-Cook, 2016 SCC 43 at para 34

58. Though the principles in Anthony-Cook were articulated in the context of a criminal prosecution, the “public interest test” has been adopted by healthcare regulators and regulators of other self-governing professions in Manitoba.

Re Pillay, 2018 Carswell Man 223 at para 48

59. The Panel accepted that the Registrant’s need for specific deterrence was significantly lessened in light of their acknowledgment, apology, and remorse.
60. With respect to the one issue on disposition on which the parties did not agree, the Panel was not convinced that the College’s administrative inconvenience of monitoring a deferred payment ought to prevent the granting of time to pay, provided that the deferral was for a reasonable period of time.
61. Similarly, the Panel was not prepared to accept the CIC’s submission that the failure to pay a deferred penalty would leave the College without options going forward. The Panel is of the view that there would be a variety of remedies available to the College in that circumstance, including the registration of this Panel’s Order as a Judgment in Court of King’s Bench and other College-registration related options.

62. All that being said, the Panel was persuaded by the CIC that, in the absence of the Registrant adducing any evidence of financial hardship preventing payment, it could only presume that the time to pay was for the Registrant's convenience.
63. In these circumstances, the Panel has determined that the fine and costs are to paid forthwith.
64. The Panel is of the view that the penalty it is imposing properly addresses and protects the public interest, and achieves the purpose of:
 - (a) providing general deterrence to all registered nurses that this type of conduct will be investigated, reviewed, and punished; and
 - (a) reassuring the public that the College is working to maintain standards and ensure continued trust in registered nurses.
65. The Panel has therefore accepted the guilty plea and makes the following Order:
 - (a) The Registrant is hereby fined in the amount of \$7,000.00;
 - (b) The Registrant is to pay costs to the College in the amount of \$3,500.00;
 - (c) The fine and costs are due and payable forthwith;
 - (d) The Registrant is hereby issued a reprimand;
 - (e) Within four months of the date of this Order, the Registrant will complete, at her own expense, the PBI Education - Medical Ethic and Professionalism (ME-22), Extended Version with Accomplishments, Impressions, and Recommendations (AIR) course;
 - (f) There will be publication of the Reasons for Decision.

DATED at Winnipeg, Manitoba, the 28th day of August 2025.

LYDIA HARRIS, Chair, RN, *has authorized the use of electronic signature*

ANNE-MARIE BROWN, RN, *has authorized the use of electronic signature*

JOSEPH LOVELACE, Public Representative, *has authorized the use of electronic signature*