

**REVISED PROPOSED REGULATION OF THE
STATE BOARD OF NURSING**

LCB File No. R063-08

June 10, 2008

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §1, NRS 632.120 and 632.343; §§2 and 3, NRS 632.120; §§4-12, NRS 632.120, 632.430 and 632.440; §13, NRS 632.120 and 632.320.

A REGULATION relating to nursing; revising provisions governing continuing education requirements for nurses and nurse anesthetists; revising provisions relating to procedures delegable to licensed practical nurses; revising provisions governing programs of nursing in this State; revising provisions governing the instruction required in a program of nursing that educates registered nurses; and providing other matters properly relating thereto.

Section 1. NAC 632.340 is hereby amended to read as follows:

632.340 1. Each nurse shall attest to his compliance with the requirements for continuing education at the time for the renewal of his license. The attestation must be made on forms provided by the Board.

2. The Board will perform random audits of nurses for compliance with the requirements for continuing education.

3. If audited by the Board, a nurse shall prove that he has participated in 30 contact hours of continuing education during the 24 months which immediately precede the nurse's most recent birthday by presenting authenticated photocopies of original certificates of completion *or computer printouts from approved providers of continuing education* to the Board. A certificate of completion *or computer printout* must include:

(a) The title of the course;

- (b) The name of the provider of the course;
- (c) The name of the body which approved the course;
- (d) The date on which the course was presented;
- (e) The name and license number of the nurse; and
- (f) The number of contact hours earned in the course.

4. A nurse shall retain ~~an original certificate~~ *documentation* of completion *of the requirements for continuing education* for 4 years.

5. A nurse, while licensed pursuant to chapter 632 of NRS, shall retain documentation of completion of a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction required by subsection 3 of NRS 632.343.

Sec. 2. NAC 632.450 is hereby amended to read as follows:

632.450 1. A licensed practical nurse who has completed a course in intravenous therapy approved by the Board pursuant to NAC 632.242 and who acts pursuant to a written order ~~left~~ *issued by an advanced practitioner of nursing, a licensed physician , a licensed physician assistant, a licensed dentist or a licensed podiatric physician* and under the immediate supervision of a physician, physician assistant or registered nurse may:

- (a) Start peripheral intravenous therapy using devices which act like needles and are not longer than 3 inches;
- (b) Introduce one or more solutions of electrolytes, nutrients or vitamins;
- (c) Piggyback solutions of electrolytes, nutrients and vitamins;
- (d) Administer any of the following medications by adding a solution by piggyback:
 - (1) Antibiotics;

- (2) Steroids; and
- (3) Histamine H2 receptor antagonists;
- (e) Administer fluid from a container which is properly labeled and contains antibiotics, steroids or histamine H2 receptor antagonists that were added by a pharmacist or a registered nurse designated by the pharmacist;
- (f) Flush locks;
- (g) Except as otherwise provided in paragraph (h), administer fluid by continuous or intermittent infusion through a peripheral device which uses a mechanism to control the flow;
- (h) Administer fluid to a patient with a temporary central venous catheter by continuous or intermittent infusion through a peripheral device which uses an electronic mechanism to control the flow;
- (i) Discontinue peripheral intravenous catheters which are not longer than 3 inches; and
- (j) Change a central venous catheter dressing.

2. In addition to the procedures set forth in subsection 1, a licensed practical nurse who has completed a course in intravenous therapy approved by the Board pursuant to NAC 632.242 and who acts pursuant to a written order of a physician and under the direct supervision of a registered nurse may assist the registered nurse in the intravenous administration of blood and blood products by collecting data and performing simple nursing tasks related to that administration of blood or blood products.

Sec. 3. NAC 632.540 is hereby amended to read as follows:

632.540 1. A certificate of recognition as a certified registered nurse anesthetist expires biennially upon expiration of the holder's license as a registered nurse.

2. A certificate of recognition as a certified registered nurse anesthetist will be renewed upon:

- (a) Submission of evidence of the renewal of a current license as a registered nurse in Nevada;
- (b) Submission of evidence of current certification as a nurse anesthetist from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists; and
- (c) Except as otherwise provided in subsection 3, documentation of 45 contact hours of continuing education related to practice as a nurse anesthetist . ~~15 hours of which must concern pharmacology in relation to the practice as an anesthetist.~~

3. If the national recertification occurs within 1 year before the nurse anesthetist's birthday, the Board will consider it sufficient evidence of:

- (a) The successful completion of 40 contact hours of continuing education related to practice as a nurse anesthetist; and
- (b) Validation of his professional practice during the previous 2 years.

Sec. 4. NAC 632.605 is hereby amended to read as follows:

632.605 1. A university or college which wishes to establish a program of nursing in this State must submit an application to the Board. The Board will prescribe the form for the application.

2. The administrator of the program shall submit to the Board, at least 6 months before the program is offered, a statement of intent which must include:

- (a) Proof that the program is approved by the system of universities or community colleges of the state in which it is accredited;
- (b) The results of a survey which demonstrates the need for the program of nursing;

- (c) The type of program which will be offered;
- (d) The name , *address* and status of the accreditation of the institution offering the program;
- (e) The relationship of the program of nursing to that institution;
- (f) Evidence of budgetary support ~~§~~ , *including, without limitation, a notarized accounting statement which conforms to generally accepted standards of accounting and which demonstrates funding sufficient to establish and sustain a program of nursing;*
- (g) The projected enrollment;
- (h) Evidence that a sufficient number of qualified members of the faculty are available to conduct the program;
- (i) A description of the proposed clinical facilities to be used;
- (j) The resources available at the site of the program;
- (k) The proposed schedule for beginning the program; ~~and~~
- (l) *A statement of the transferability of credits earned in the program to institutions of the Nevada System of Higher Education; and*
- (m) Any additional information requested by the Board.

Sec. 5. NAC 632.615 is hereby amended to read as follows:

632.615 A university or college may apply for provisional approval of a program of nursing offered by the university or college if:

1. A qualified administrator is at the site and there are sufficient qualified members of the faculty to begin the program;
2. A written proposal for the program, developed in accordance with the *national* standards for nursing education approved by the Board, has been submitted to the Board; and
3. A visit to the facilities has been conducted by the Board.

Sec. 6. NAC 632.640 is hereby amended to read as follows:

632.640 1. A program of nursing offered by a university or college must:

- (a) Be an integral part of the university or college ~~or~~ *or, if the program is a program for licensed practical nurses, be licensed by the Nevada Commission on Postsecondary Education;*
- (b) Adopt statements of purpose, philosophy and objectives which are consistent with those of the institution offering the program;
- (c) Be organized with clearly defined lines of authority, areas of responsibility and channels of communication;
- (d) Allow the members of the faculty to participate in the determination of academic policies and procedures and the development and evaluation of the curriculum; and
- (e) Allow students to participate in the evaluation of the curriculum and other aspects of the program to which they may be able to contribute.

2. The policies and procedures of the program of nursing must be in writing ~~and~~ *and must include policies and procedures to ensure the safety of patients during clinical experiences.*

Sec. 7. NAC 632.660 is hereby amended to read as follows:

632.660 1. Each administrator of a program of nursing must:

- (a) Be licensed to practice as a registered nurse in this State; and
- (b) Have at least 5 years of experience as a registered nurse, ~~2~~ *3* of which must be teaching in ~~an accredited~~ *a program of nursing accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education.*

2. The administrator of a program of nursing which grants a bachelor's degree in nursing must have a master's degree with a major in nursing and a doctorate degree in nursing or a related field from an accredited school.

3. The administrator of a program of nursing which grants an associate degree in nursing must have a master's degree in nursing from an accredited school.

4. The administrator of a program of practical nursing must have a master's degree in nursing from an accredited school.

Sec. 8. NAC 632.665 is hereby amended to read as follows:

632.665 1. The administrator of a program of nursing shall:

(a) Devote a sufficient amount of time to administer the program;

(b) Prepare and administer the budget for the program; ~~and~~

(c) Notify the Board of any substantial change in the program or its administration ~~and~~;

(d) Notify the Board of any sentinel event; and

(e) Devote sufficient time to faculty development and faculty mentoring programs.

2. The instructional duties of the administrator of a program of nursing must be consistent with the scope of his administrative duties.

3. As used in this section, "sentinel event" has the meaning ascribed to it in NRS 439.830.

Sec. 9. NAC 632.680 is hereby amended to read as follows:

632.680 1. The requirements for admission to a program of nursing must be clearly stated.

The number of students enrolled in the program of nursing must be determined by the number of members of the faculty and the availability of clinical learning experiences.

2. Students who seek admission to a program of nursing by transferring from a program of nursing from another accredited school of nursing or who seek readmission for the completion of a program must comply with the requirements for admission which are effective at the time of the transfer or readmission.

3. All policies concerning students must be in writing ~~{} and must include, without~~ *limitation, processes for revision of the policies and requirements for providing notice of any revisions to the students.*

4. The administrator of a program of nursing shall establish a policy for the resolution of complaints and disputes concerning students.

Sec. 10. NAC 632.690 is hereby amended to read as follows:

632.690 1. A program of nursing which educates practical nurses must include instruction in the following areas of nursing:

(a) Care provided to persons who ~~{} require surgery;~~
~~—(b) Care provided to persons who do not require surgery;~~

~~{} require medical and surgical care;~~

(b) Maternal and child health; and

~~{} (d)~~ *(c)* Mental health.

2. A program of nursing which educates registered nurses must include instruction relating to:

(a) Basic principles of biology, *microbiology*, psychology, ~~{} and~~ sociology ~~{} and~~, *mathematics and therapeutic communication;*

(b) The theory and practice of nursing, including, without limitation, the attainment, intervention and maintenance of physical and mental health and the prevention of illness ~~{} for persons and groups of persons.~~ *across the life span of patients, in a variety of clinical settings, and must include, without limitation, instruction in evidence-based nursing practice and technological skills commensurate with safely delivering patient care;*

(c) Professional values, boundaries and ethics;

(d) The provisions of this chapter and chapter 632 of NRS; and

(e) The role of regulation and accreditation in the provision of health care and patient safety.

3. Courses relating to theory and clinical experience must be taught in a concurrent or sequential manner.

4. The administrator of a program of nursing shall prepare and maintain records of the evaluation of the curriculum by members of the faculty and students enrolled in the program.

Sec. 11. NAC 632.695 is hereby amended to read as follows:

632.695 If the curriculum of a program of nursing is substantially revised, the administrator of the program shall submit the revision to the Board for approval at least 4 months before the revision is effective. A substantial revision means:

1. A reorganization of the curriculum;
2. A revision of the length of the program;
3. A revision of the objectives of the program; ~~for~~
4. Any revision of the curriculum of a program that affects the ability of the program to comply with the requirements of this chapter or chapter 632 of NRS ~~or~~ ; or

5. A revision of the type or amount of clinical experience approved for the program.

↪ The term does not include a change in the order in which courses must be taken.

Sec. 12. NAC 632.703 is hereby amended to read as follows:

632.703 1. A program of nursing which conducts a portion of its program in Nevada shall submit to the Board a report, on a form provided by the Board, which includes:

(a) Proof of its current accreditation or approval by the state in which the program originates or by any applicable national *nursing* accreditation body;

(b) All correspondence received within the preceding year from the accrediting body or bodies; and

(c) Evidence satisfactory to the Board that the portion of the program conducted in Nevada is conducted in compliance with the provisions of this chapter and chapter 632 of NRS relating to conducting a program of nursing.

2. The administrator of the program of nursing shall:

(a) Notify the Board in writing of any adverse action taken against the program by the accrediting body or bodies within 30 days after the action is taken; and

(b) Complete and submit an annual school report on forms provided by the Board.

3. The Board may conduct a complete visit to the program of nursing to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on accreditation from the state in which the program originates.

4. A program of nursing conducted over the Internet or any other nontraditional course of instruction in nursing shall not provide clinical instruction in this State without the approval of the Board.

Sec. 13. NAC 632.890 is hereby amended to read as follows:

632.890 The Board will consider the following acts, among others, by a licensee or holder of a certificate as unprofessional conduct:

1. Discriminating on the basis of race, religious creed, color, national origin, age, disability, ancestry, sexual orientation or sex in the rendering of nursing services.

2. Performing acts beyond the scope of the practice of nursing.

3. Assuming duties and responsibilities within the practice of nursing without adequate training.

4. Assuming duties and responsibilities within the practice of nursing if competency is not maintained or the standards of competence are not satisfied, or both.
5. Disclosing the contents of the examination for licensure or certification, or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.
6. Assigning or delegating functions, tasks or responsibilities of licensed or certified persons to unqualified persons.
7. Failing to supervise a person to whom functions of nursing are delegated or assigned, if responsible for supervising that person.
8. Failing to safeguard a patient from the incompetent, abusive or illegal practice of any person.
9. Practicing nursing while, with or without good cause, his physical, mental or emotional condition impairs his ability to act in a manner consistent with established or customary nursing standards, or both.
10. Practicing nursing, if any amount of alcohol or a controlled substance or dangerous drug that is not legally prescribed is present in the body of the nurse or nursing assistant as determined by a test of the blood, saliva, breath, hair or urine of the nurse or nursing assistant given while the nurse or nursing assistant is on duty.
11. Having present in the body of the nurse or nursing assistant, alcohol or a controlled substance or dangerous drug that is not legally prescribed during a test of the blood, saliva, breath, hair or urine of the nurse or nursing assistant given as a condition of employment.
12. Failing to respect and maintain a patient's right to privacy.
13. Violating a patient's confidentiality.

14. Performing or offering to perform the functions of a licensee or holder of a certificate by false representation or under a false or an assumed name.

15. Failing to report the gross negligence of a licensee or holder of a certificate in the performance of his duties or a violation of the provisions of this chapter or chapter 632 of NRS.

16. Failing to document properly the administration of a controlled substance, including, but not limited to:

(a) Failing to document the administration of a controlled substance on the Controlled Substance Administration Record, the patient's Medication Administration Record and the Nursing Progress Notes, including the patient's response to the medication;

(b) Documenting as wastage a controlled substance and taking that controlled substance for personal or other use;

(c) Failing to document the wastage of a controlled substance that was not legally administered to a patient;

(d) Soliciting the signature on any record of a person as a witness to the wastage of a controlled substance when that person did not witness the wastage; or

(e) Signing any record as a witness attesting to the wastage of a controlled substance which he did not actually witness.

17. Soliciting services or soliciting or borrowing money, materials or other property, or any combination thereof, from a:

(a) Patient;

(b) Family member of a patient;

(c) Person with significant personal ties to a patient, whether or not related by blood; or

(d) Legal representative of a patient.

18. Diverting supplies, equipment or drugs for personal or unauthorized use.
19. Aiding, abetting or assisting any person in performing any acts prohibited by law.
20. Inaccurate recording, falsifying or otherwise altering or destroying records.
21. Obtaining, possessing, furnishing or administering prescription drugs to any person, including himself, except as directed by a person authorized by law to prescribe drugs.
22. Leaving an assignment without properly notifying the appropriate personnel or abandoning a patient in need of care.
23. Exploiting a patient for financial gain or offering, giving, soliciting or receiving fees or gifts for the referral of a:
 - (a) Patient;
 - (b) Family member of a patient;
 - (c) Person with significant personal ties to a patient, whether or not related by blood; or
 - (d) Legal representative of a patient.
24. Failing to collaborate with other members of a health care team as necessary to meet the health needs of a patient.
25. Failing to observe the conditions, signs and symptoms of a patient, to record the information or to report significant changes to the appropriate persons.
26. Failing to abide by any state or federal statute or regulation relating to the practice of nursing.
27. Failing to perform nursing functions in a manner consistent with established or customary standards.
28. Causing a patient physical, mental or emotional harm by taking direct or indirect actions or failing to take appropriate actions.

29. Engaging in sexual contact with a patient or client.
30. Failing as a chief nurse to:
- (a) Institute standards of nursing practice so that safe and effective nursing care is provided to patients;
 - (b) Institute standards of competent organizational management and management of human resources so that safe and effective nursing care is provided to patients; or
 - (c) Create a safe and effective environment, including the failure to assess the knowledge, skills and ability of a licensee or holder of a certificate and determine his competence to carry out the requirements of his job.
31. Failing to report the unauthorized practice of nursing.
32. Endangering the safety of the general public, patients, clients or coworkers by making actual or implied threats of violence or carrying out an act of violence.
33. Abusing ~~for neglecting~~ a patient.
34. *Neglecting a patient.*
- 35.** Misappropriating the property of a patient.
- ~~35.~~ **36.** Failing to comply with a condition, limitation or restriction which has been placed on his license or certificate.
- ~~36.~~ **37.** Engaging in the practice of nursing or performing the services of a nursing assistant without a license or certificate issued pursuant to the provisions of this chapter and chapter 632 of NRS.
- ~~37.~~ **38.** Displaying a license, certificate, diploma or permit, or a copy of a license, certificate, diploma or permit, which has been fraudulently purchased, issued, counterfeited or materially altered.

~~38.~~ 39. Engaging in a pattern of conduct that demonstrates failure to exercise the knowledge, skills, and abilities using the methods ordinarily exercised by a reasonable and prudent nurse to protect the public.

~~39.~~ 40. Engaging in any other unprofessional conduct with a patient or client that the Board determines is outside the professional boundaries generally considered acceptable in the profession.