

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

LCB File No. R112-11

NEVADA STATE BOARD OF NURSING
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November 10, 2011

NOTICE OF INTENT TO ACT UPON A REGULATION

**NOTICE OF WORKSHOP AND HEARING FOR THE ADOPTION
AND AMENDMENT OF REGULATIONS OF
THE NEVADA STATE BOARD OF NURSING**

The Nevada State Board of Nursing will hold a public workshop at 1:00 p.m., on December 21, 2011, at the Nevada State Board of Nursing offices in Reno and Las Vegas, Nevada, connected by videoconference. The addresses of those offices are: Reno: 5011 Meadowood Mall Way, Suite 300, Reno, Nevada 89502; Las Vegas: 2500 W. Sahara Avenue, Suite 207, Las Vegas, Nevada 89102.

The Nevada State Board of Nursing will hold a public hearing at 9:00 a.m., on January 10, 2012, at the Nevada State Board of Nursing board meeting held in Reno, Nevada. The address of that hearing is the Tuscan Suites, 255 E. Flamingo Road, Las Vegas, NV 89169.

The purpose of the public hearing is to receive comments from all interested persons regarding the adoption and amendment of regulations that pertain to chapter 632 of the Nevada Administrative Code.

The following regulations will be adopted, amended or repealed:

Chapter 632 of the Nevada Administrative Code has approximately 197 separate regulations. The Nevada State Board of Nursing, through this Notice to Amend Regulations, seeks to adopt, amend, or repeal 49 of those regulations. For the most part, the regulations are to be amended to comply with the legislative mandate found at Senate Bill 411 passed by the 2011 Nevada Legislature. Also, the national trend is to call an Advanced Practice Nurse by the title of Advanced Practice Registered Nurse. So, many changes to the regulations are sought to bring Nevada into the nationally accepted terminology for those nurses.

The exact regulation to be adopted, amended or repealed are:

The following information is provided pursuant to the requirements of NRS 233B.0603(1)(a):

1. The need for and the purpose of the proposed regulation.

632.020: The proposed change to NAC 632.020 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse”.

632.037: The proposed change to NAC 632.037 is needed to clarify the definition of the term “clinical nurse specialist”.

632.038: The proposed change to NAC 632.038 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse”.

632.039: The proposed change to NAC 632.039 is needed, pursuant to SB 411, to add the term “medication aide-certified” to the regulation.

632.058: The proposed change to NAC 632.058 is the regulation will be repealed in its entirety.

632.060: The proposed change to NAC 632.060 is needed to add advanced practice registered nurses, physician assistants, dentists and podiatric physicians to the persons who can prescribe intravenous therapy under the definition of intravenous therapy.

632.061: The proposed change to NAC 632.061 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse”.

632.071: The proposed change to NAC 632.071 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse”.

632.072: The proposed change to NAC 632.072 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse”.

632.150: The proposed change to NAC 632.150 is needed to change the wording to reflect the current terminology that a nurse passes the examination for licensure, when previously a nurse actually received a numerical score.

632.155: The proposed change to NAC 632.155 is needed to amend the regulation to reflect current Board practices.

632.166: The proposed change to NAC 632.166 is needed to amend the regulation to reflect current Board practices.

632.167: The proposed change to NAC 632.167 is needed to amend the regulation to reflect current Board practices.

632.168: The proposed change to NAC 632.168 is needed to amend the regulation to reflect current Board practices.

632.170: The proposed change to NAC 632.170 is needed, pursuant to SB 411, to add the term “medication aide-certified” to the regulation.

632.173: The proposed change to NAC 632.173 is needed to amend the regulation to reflect current Board practices.

632.175: The proposed change to NAC 632.175 is needed, pursuant to SB 411, to add the term “medication aide-certified” to the regulation.

632.190: The proposed change to NAC 632.190 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse” and needed, pursuant to SB 411, to add the term “medication aide-certified” to the regulation, and to reflect current Board practice.

632.193: The proposed change to NAC 632.193 is needed, pursuant to SB 411, to add the term “medication aide-certified” to the regulation.

632.200: The proposed change to NAC 632.200 is needed, pursuant to SB 411, to add the term “medication aide-certified” to the regulation.

632.210: The proposed change to NAC 632.210 is to amend the regulation to reflect current Board practices, and to amend to the nationally recognized term for the diagnosis of chemical dependency.

632.211: The proposed change to NAC 632.211 is to amend the regulation to reflect current Board practices.

632.212: The proposed change to NAC 632.212 is needed pursuant to SB 411, to allow nurses to delegate to individuals who are not nurses, but who are medication aide-certified, unlicensed individuals.

632.216: The proposed change to NAC 632.216 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse”.

632.220: The proposed change to NAC 632.220 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse”.

632.222: The proposed change to NAC 632.222 is needed to amend how a nurse may delegate nursing care in light of current practices.

632.224: The proposed change to NAC 632.224 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse”.

632.225: The proposed change to NAC 632.225 is needed to amend the regulation to reflect current Board practices.

632.226: The proposed change to NAC 632.226 is needed to amend the regulation to reflect current nursing practices.

632.230: The proposed change to NAC 632.230 is needed to amend the regulation to reflect current nursing practices.

632.234: The proposed change to NAC 632.234 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse”.

632.242: The proposed change to NAC 632.242 is needed to amend the regulation to reflect current Board practices.

632.249: The proposed change to NAC 632.249 is needed to amend the term “advanced practitioner of nursing” to the term now nationally recognized: “advanced practice registered nurse” and is needed, pursuant to SB 411, to add the term “medication aide-certified” to the regulation.

632.470: The proposed change to NAC 632.470 is needed to bring the requirements regarding courses on intravenous therapy into current practice.

632.475: The proposed change to NAC 632.475 is needed to bring the requirements regarding courses on intravenous therapy into current practice.

632.575: The proposed change to NAC 632.575 is needed to amend the regulation to reflect current Board practices.

632.605: The proposed change to NAC 632.605 is needed to amend the regulation to reflect current full disclosure for nursing students in Nevada and because of a shortage in specialty (Obstetrics, Pediatrics and Psychiatric) clinical placements which are required by Nevada regulations NAC 632.690.

632.615: The proposed change to NAC 632.615 is needed to amend regulations to reflect current national patient safety standards.

632.660: The proposed change to NAC 632.660 is needed to amend regulations to reflect the importance of institutional support for success of new nursing schools.

632.665: The proposed change to NAC 632.665 is needed to amend regulations to reflect the nurse administrator is responsible for school of nursing meeting Nevada requirements. NAC632.625.

632.675: The proposed change to NAC 632.675 is needed to amend regulations to coincide with requirements found in statute.

632.680: The proposed change to NAC 632.680 is needed to reflect the position taken by the National Council of State Boards of Nursing in regards utilization of external tests.

632.690: The proposed change to NAC 632.690 is needed to amend regulations to reflect the ANA and NCSBN guidelines on professional boundaries with social media.

632.703: The proposed change to NAC 632.703 is needed for full disclosure for nursing schools.

632.890: The proposed change to NAC 632.890 is needed, pursuant to SB 411, to add the term “medication aide-certified” to the regulation and to add additional acts that may be considered to be unprofessional conduct.

632.926: The proposed change to NAC 632.926 is needed to amend the regulation to reflect current Board practices.

632.929: The proposed change to NAC 632.575 is needed to amend the regulation to reflect current Board practices, and is needed, pursuant to SB 411, to add the term “medication aide-certified” to the regulation.

632.935: The proposed change to NAC 632.935 is needed to amend the regulation to reflect current Board practices.

632.940: The proposed change to NAC 632.940 is needed to amend the regulation to reflect current Board practices.

632.____: The Nevada State Board of Nursing seeks to adopt approximately eighteen new regulations, pursuant to SB 411, that are necessary to regulate Medication Aides-Certified.

2. If the proposed regulation is a temporary regulation, either the terms or substance of the proposed regulation or a description of the subjects and issues involved.

The proposed regulations are not temporary regulations.

3. If the proposed regulations is a permanent regulation, a statement explaining how to obtain the approved or revised text of the proposed regulation prepared by the Legislative Counsel pursuant to NRS 233B.063.

The text of the proposed regulations may be inspected and copied at either of the offices of the Nevada State Board of Nursing. The addresses of those offices are: Reno: 5011 Meadowood Mall Way, Suite 300, Reno, Nevada 89502; Las Vegas: 2500 W. Sahara Avenue, Suite 207, Las Vegas, Nevada 89102.

4. The estimated economic effect of the regulation on the business which it is to regulate and on the public:

- (a) Both adverse and beneficial effects.

There will be no adverse economic effect of these regulations on the businesses which it is to regulate (nurses) or the public. The change of the regulations will benefit the nurses to be regulated and the public by providing clarification to the regulations.

- (b) Both immediate and long-term effects.

These changes will have immediate and long-term beneficial effects through the clarification of the regulations.

5. The methods used by the Nevada State Board of Nursing in determining the impact on a small business prepared pursuant to subsection 3 of NRS 233B.0608 include:

The method used by the Board in determining the impact on a small business was to examine whether or not the practice of the nurses the Board regulates will have their practice impacted. On the whole, the nurse's practice will not be impacted to any degree that a small business would feel an impact.

6. The estimated cost to the agency for enforcement of the proposed regulation.

There will be no cost to the Nevada State Board of Nursing for the enforcement of these proposed regulation.

7. A description of and citation to any regulations of other state or local government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency.

The Nevada State Board of Nursing is not aware of any similar regulations of other state or government agencies that the proposed regulations overlap or duplicate.

8. If the regulation is required pursuant to federal law, a citation and description of the federal law.

The Nevada State Board of Nursing is not aware of these regulations being required by federal law.

9. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

The Nevada State Board of Nursing is not aware of any similar federal regulations of the same activity in which the state regulations are more stringent.

10. The time when, the place where and the manner in which interested persons may present their views regarding the proposed regulations.

An interested person may present their views may appear at the scheduled public workshop and hearing or may address their comments, data, views, or arguments in written form to the Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, Nevada 89502, or at the e-mail address: nursingboard@nsbn.state.nv.us. Written submissions must be received by the Board by December 20, 2011 at 5:00 p.m. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board may proceed immediately to act upon any written submissions.

The following information is provided pursuant to the requirements of NRS 233B.0603(1)(b):

The proposed regulations are permanent regulations and not temporary regulations.

The text of the proposed regulations may be inspected and copied at either of the offices of the Nevada State Board of Nursing.

The addresses of those offices are: Reno: 5011 Meadowood Mall Way, Suite 300, Reno, Nevada 89502; Las Vegas: 2500 W. Sahara Avenue, Suite 207, Las Vegas, Nevada 89102.

The following information is provided pursuant to the requirements of NRS 233B.0603(1)(c):

An exact copy of subsection 2 of NRS 233B.064 reads: Upon adoption of any regulation, the agency, if requested to do so by an interested person, either before adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

The following information is provided pursuant to the requirements of NRS 233B.0603(1)(d):

Whether the proposed regulation establishes a new fee or increases an existing fee.

These regulations do not provide a new or increase of fees.

The following information is provided pursuant to the requirements of NRS 233B.0603(1)(e):

A copy of this notice of intent to act upon a regulation has been mailed to all persons who have requested in writing that they be placed upon a mailing list, which has been kept by the Nevada State Board of Nursing for this purpose.

The following information is provided pursuant to the requirements of NRS 233B.0603(1)(f):

A copy of this notice of intent to act upon a regulation has been submitted to the Legislative Counsel Bureau for inclusion in the Register of Administrative Regulations.

This notice of hearing has been posted at the following locations:

Nevada State Board of Nursing
5011 Meadowood Mall Way, Suite 300
Reno, Nevada
Washoe County

Nevada State Board of Nursing
2500 W. Sahara Ave., Suite 207
Las Vegas, Nevada
Clark County

State Library and Archives
100 North Stewart Street
Carson City, Nevada 89701

Churchill County Library
553 South Maine Street
Fallon, NV 89406

Douglas County Library
P.O. Box 337
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Eureka Branch Library
P.O. BOX 293
Eureka, NV 89316

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89404

Battle Mountain Library
(Lander County)
P.O. Box 141
Battle Mountain, NV 89820

Lincoln County Library
P.O. Box 330
Pioche, NV 89043

Lyon County Library
20 Nevin Way
Yerington, NV 89447

Mineral County Library
P.O. Box 1390
Hawthorne, NV 89415

Pershing County Library
P.O. Box 781
Lovelock, NV 89419

Goldfield Public Library
(Esmeralda County)
P.O. Box 430
Goldfield, NV 89013

White Pine County Library
Courthouse Plaza
Ely, NV 89301

Ormsby Public Library
900 North Roop Street
Carson City, NV 89701

Storey County Library
P.O. Box 14
Virginia City, NV 89440

Tonopah Public Library
(Nye County)
P.O. Box 449
Tonopah, NV 89049

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EXPLANATION – matter in *italics* is new,
matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 1. NAC 632.020 is hereby amended as follows:

NAC 632.020 “Advanced ~~[practitioner of nursing]~~ *practice registered nurse*” defined.

“Advanced ~~[practitioner of nursing]~~ *practice registered nurse*” means a registered professional nurse who has specialized skill, knowledge and experience obtained from an organized formal program of training and who is authorized in special conditions as set forth in NAC 632.255 to 632.295, inclusive, to provide designated services in addition to those which a registered nurse is authorized to perform.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 2. NAC 632.037 is hereby amended as follows:

NAC 632.037 “Clinical nurse specialist” defined.

“Clinical nurse specialist” means a registered nurse who, through study and supervised practice ~~[at the graduate level]~~ *and who possesses a graduate degree* ~~[is proficient in a defined area of knowledge and practice]~~ in a selected clinical area of nursing.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 3. NAC 632.038 is hereby amended as follows:

NAC 632.038 “Collaborating physician” defined.

“Collaborating physician” means a person licensed to practice medicine in Nevada who is responsible for conferring with an advanced ~~[practitioner of nursing]~~ *practice registered nurse.* ~~[concerning the advanced practitioner’s performance of designated medical services.]~~

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 4. NAC 632.039 is hereby amended as follows:

NAC 632.039 “Competency evaluation test” defined.

“Competency evaluation test” means a system of evaluation which:

1. Complies with federal and state standards;
2. Includes one component consisting of a written or oral examination;
3. Includes one component consisting of a test of manual skills; and
4. Verifies a trainee’s knowledge of and ability to perform the duties of a nursing assistant *or medication aide-certified*.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 5. NAC 632.060 is hereby amended as follows:

NAC 632.060 “Intravenous therapy” defined.

“Intravenous therapy” means an infusion of fluids through a vein at a regulated rate of flow as prescribed by a *licensed* physician, *advanced practice registered nurse, a licensed physician assistant, a licensed dentist or a licensed podiatric physician* for the purpose of replacing fluid, maintaining fluid balance or adding medications or nutrients.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 6. NAC 632.061 is hereby amended as follows:

NAC 632.061 “*Advanced practice registered [N]nurse [practitioner]*” defined.

~~["Nurse practitioner" means a registered nurse who has completed an organized formal program of training for qualification to practice in a specialized area of nursing.]~~ “*Advanced practice registered nurse*” is a nurse:

1. *who has completed an accredited graduate-level education program preparing him/her for one of the four recognized advanced practice registered nurse roles;*
2. *who has passed a national certification examination that measures advanced practice registered nurse, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;*
3. *who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for all advanced practice registered nurses is that a significant component of the education and practice focuses on direct care of individuals;*
4. *whose practice builds on the competencies of registered nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;*
5. *who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;*

6. *who has clinical experience of sufficient depth and breadth to reflect the intended certificate; and*
7. *who has obtained a certificate of recognition to practice as an advanced practice registered nurse in one of the four roles:*
 - a. *certified registered nurse anesthetist (CRNA)*
 - b. *certified nurse-midwife (CNM)*
 - c. *clinical nurse specialist (CNS)*
 - d. *certified nurse practitioner (CNP)*

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 7. NAC 632.071 is hereby amended as follows:

NAC 632.071 “Prescription” defined.

“Prescription” means authorization to administer medications or treatments issued by an advanced ~~practitioner of nursing~~ *practice registered nurse*, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician in the form of a written or oral order, a policy or procedure of a facility or a written protocol developed by the prescribing practitioner.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 8. NAC 632.072 is hereby adopted as follows:

NAC 632.072 “Protocol” defined.

“Protocol” means the written directions for assessment and management of medical conditions that the advanced ~~practitioner of nursing~~ *practice registered nurse* and collaborating physician have agreed upon as a basis for their practice.

AUTHORITY: NRS 632.120, 632.140, 632.270

A REGULATION relating to nursing.

Section 9. NAC 632.150 is hereby amended as follows:

NAC 632.150 Qualifications for license.

1. In addition to those requirements contained in chapter 632 of NRS, an applicant for a license to practice as a registered nurse must:

- (a) Have graduated from a nursing program approved by the Board.
- (b) Have successfully completed courses on the theory of and have clinical experience in medical-surgical nursing, maternal and child nursing and psychiatric nursing if the applicant graduated from an accredited school of professional nursing after January 1, 1952.
- (c) On or after July 1, 1982, ~~obtain a passing score as determined by the Board on~~ *pass* the examination for licensure *approved by the Board*.

2. An applicant for a license to practice as a licensed practical nurse must:
- (a) Have graduated from high school or passed the general educational development test.
 - (b) Have graduated or received a certificate of completion from a program for registered nurses or practical nurses approved by the Board.
 - (c) Have successfully completed a course of study on the theory of and have clinical practice in medical-surgical nursing, maternal and child health nursing and principles of mental health if the applicant graduated from an accredited school of practical or vocational nursing after January 1, 1952.
 - (d) ~~[Obtain a] [p] Pass~~~~[ing score as determined by the Board on]~~ the examination for licensure *approved by the Board.*

AUTHORITY: NRS 632.120, 632.140, 632.270, 632.2852

A REGULATION relating to nursing.

Section 10. NAC 632.155 is hereby amended as follows:

NAC 632.155 Application and examination.

~~[1. An application must be completed and filed in the office of the Board at least 4 months before the date of the examination.]~~

~~[2]~~ *1.* The application must be accompanied by:

- (a) A complete set of the applicant's fingerprints *or two printed fingerprint cards*; and
- (b) The appropriate fee.

~~[3. Examinations will be offered at least once a year at a time and place determined by the Board.]~~

~~[4]~~ *2.* The candidate must write the first examination within 90 days after receiving authorization from the Board to write the examination.

AUTHORITY: NRS 632.120, 632.2858

A REGULATION relating to nursing.

Section 11. NAC 632.166 is hereby amended as follows:

NAC 632.166 Limitation on taking competency evaluation tests; obtaining application for certification.

1. Each trainee who graduates from an approved program may take a competency evaluation test not more than three times.

~~[2. The Board will, upon the request of a graduate of an approved program, mail to him an application for certification to practice as a nursing assistant.]~~

AUTHORITY: NRS 632.120, 632.2852

A REGULATION relating to nursing.

Section 12. NAC 632.167 is hereby amended as follows:

NAC 632.167 Application for certification: Submission to Board.

~~[1. A trainee who receives an application for certification to practice as a nursing assistant must submit to the Board the completed application not later than 6 weeks before the date of the competency evaluation test for which he is applying.]~~

~~[2]~~ 1. The application must be accompanied by:

- (a) A copy of a certificate or transcript received by the applicant upon the completion of an approved program.
- (b) The appropriate fee.
- (c) A complete set of the applicant's fingerprints *or two printed fingerprint cards.*

AUTHORITY: NRS 632.120, 632.2858

A REGULATION relating to nursing.

Section 13. NAC 632.168 is hereby amended as follows:

NAC 632.168 Competency evaluation test: Notification; application; frequency.

- 1. The Board will notify the testing service administering the test of those persons who are eligible to take a competency evaluation test.
- 2. The applicant must apply to the testing service by the required deadline and submit the appropriate fee.

~~[3. The Board will administer a competency evaluation test at least once every 3 months.]~~

AUTHORITY: NRS 632.120, 632.140, 632.160, 632.270, 632.280, 632.2852

A REGULATION relating to nursing.

Section 14. NAC 632.170 is hereby amended as follows:

NAC 632.170 Qualifications for license or certificate without examination.

In addition to the requirements set forth in NAC 632.173, to be licensed without examination:

- 1. An applicant for a license to practice as a registered nurse must:
 - (a) Have completed a course of study in an accredited school of professional nursing. If the applicant graduated on or after January 1, 1952, he must have theory and clinical experience in medical-surgical nursing, maternal and child health nursing, and mental health and psychiatric nursing.
 - (b) Submit to the Board:
 - (1) A completed application;
 - (2) A complete set of his fingerprints; and
 - (3) The appropriate fee.
- 2. An applicant for a license to practice as a licensed practical nurse must:
 - (a) Have graduated from high school or passed the general educational development test.
 - (b) Have completed a course of study in an accredited school of practical or vocational nursing. If the applicant graduated on or after January 1, 1952, he must have theory and clinical experience in medical-surgical nursing and maternal-child nursing, including mental health concepts.
 - (c) Hold a current license in good standing from another state or country which was issued by a recognized legal agency.
 - (d) Submit to the Board:

- (1) A completed application;
 - (2) A complete set of his fingerprints; and
 - (3) The appropriate fee.
3. An applicant for certification to practice as a nursing assistant must:
- (a) Submit to the Board a completed application accompanied by a complete set of his fingerprints; and
 - (b) Request and confirm receipt by the Board of verification from the appropriate agency that he holds a current certificate to practice as a nursing assistant *or a medication aide-certified*.

AUTHORITY: NRS 632.120, 632.160, 632.280

A REGULATION relating to nursing.

Section 15. NAC 632.173 is hereby amended as follows:

NAC 632.173 Additional requirements for obtaining license ~~[without examination]~~ *absent practice within the last five years.*

In addition to complying with the requirements set forth in NAC 632.170, any person who wishes to obtain a license ~~[without examination]~~ must submit proof to the Board that:

- ~~1. The examination which he passed in the jurisdiction in which he is licensed or registered tested the same subjects as or equivalent subjects to the subjects tested on the examination given by the Board.~~
- ~~2. The scoring weight given to each subject on the examination which he passed was comparable to the weight given to each subject on the examination given by the Board.~~
- ~~3. The examiners who scored the examination which he passed applied the same criteria as the Board to determine the minimum acceptable level of knowledge, skills and ability to practice nursing.]~~

- 1. They have passed the NCLEX in the last five years; or*
- 2. They have successfully completed a board approved refresher course in the last five years.*

AUTHORITY: NRS 632.120, 632.300, 632.341

A REGULATION relating to nursing.

Section 16. NAC 632.175 is hereby amended as follows:

NAC 632.175 Temporary license or certificate.

1. A temporary license or certificate may be issued upon application for a period of 6 months. ~~[The fee for a temporary license or certificate applies toward the fee for a permanent license or certificate.]~~

2. A nurse, ~~[or]~~ nursing assistant *or medication aide-certified* seeking renewal of his license or certificate may be issued a temporary license or certificate if he needs additional time to provide the Board with evidence that he is of good moral character and is free from physical or mental disability which would impair or interfere with his ability to perform in his area of practice safely and competently.

3. If it is determined that satisfactory proof of an applicant's ability to read, write and speak English as required by NAC 632.180 is not evident, no temporary license or certificate will be issued.

AUTHORITY: NRS 632.120, 632.345

A REGULATION relating to nursing.

Section 17. NAC 632.190 is hereby amended as follows:

NAC 632.190 Fees. (NRS 632.120, 632.345) The following fees are established:

1. For a registered nurse:

Application for a temporary license	\$50.00
Application for a license	100.00
NCLEX Verification or the National Disciplinary Data Bank Verification	5.00
Application for certification as an advanced practitioner of nursing <i>practice registered nurse</i>	200.00
Fee for examination on law relating to pharmacy for advanced practitioner of nursing <i>practice registered nurse</i>	150.00
Application for certification as a certified registered nurse anesthetist	200.00
Biennial fee for renewal of certification as an advanced practitioner of nursing <i>practice registered nurse</i> or a certified registered nurse anesthetist	200.00

2. For a practical nurse:

Application for a temporary license	\$50.00
Application for a license	90.00
NCLEX Verification or the National Disciplinary Data Bank Verification	5.00

3. For a registered nurse or practical nurse:

Biennial renewal fee	\$100.00
Duplicate license	30.00
Fee for the reinstatement of a license	100.00
Proctoring an examination	150.00

4. For a nursing assistant *or medication aide-certified*:

Application for a certificate.....	\$50.00
Biennial renewal fee	50.00
Duplicate certificate	30.00
Manual skills certification examination	90.00
Approval of proctors for manual skills certification examination	50.00
Approval of training programs:	

If using model curriculum	250.00
If using alternate curriculum	250.00
Annual approval of instructors of training programs	100.00
Annual fee for review of training programs	100.00
5. Validation of licensure or certification:	
For a registered nurse	\$25.00
For a licensed practical nurse	25.00
For a nursing assistant <i>or medication aide-certified</i>	25.00
6. Survey and evaluation of school of practical nursing, or school and course of professional nursing	
	\$150.00 per day/ <i>per consultant</i>
7. Miscellaneous:	
For duplicating the records of the Board.....	\$0.60 per page
For taking disciplinary action against a licensee.....	Actual costs, including the costs incurred which are related to any assistance received from the Office of the Attorney General.
For monitoring a licensee who has been placed on probation	Actual costs
For submission of fingerprints of a person to the Department of Public Safety for review and forwarding to the Federal Bureau of Investigations for a report of the persons criminal history	Actual costs as specified by the Department of Public Safety and the Federal Bureau of Investigations
For taking fingerprints.....	\$15.00

AUTHORITY: NRS 632.120, 632.342

A REGULATION relating to nursing.

Section 18. NAC 632.193 is hereby amended as follows:

NAC 632.193 Renewal of certificate.

1. To renew his certificate, a nursing assistant must submit to the Board:
 - (a) ~~Documentation~~ *An attestation* of completion of 24 hours of continuing training in the previous 2 years by submitting a photocopy of a certificate of completion; and
 - (b) An attestation, on forms provided by the Board, in which the nursing assistant attests that he has completed at least 40 hours of employment as a nursing assistant under the direct

supervision of a registered nurse or licensed practical nurse during the 2 years immediately preceding the date of the renewal of the certificate.

2. To renew his certificate, a medication aide-certified must submit to the Board an attestation, on forms provided by the Board, in which the medication aide-certified attests that he has completed at least 200 hours of employment as a medication aide-certified under the direct supervision of a registered nurse during the 2 years immediately preceding the date of the renewal of the certificate.

~~2-]~~ 3. The certificate of completion must include:

- (a) The name of the participant;
- (b) The name of the training program;
- (c) The number of hours of the training program;
- (d) The name and signature of the instructor who taught the training program; and
- (e) The date and location of the training program.

3. To be satisfactory to the Board a training program must relate to standards of care in nursing and must be one of the following:

- (a) Training in the facility in which the nursing assistant *or medication aide-certified* works;
- (b) An academic study *and/or all courses taken in pursuit of a nursing license*;
- (c) A workshop approved by ~~the Board~~ *a continuing education provider approved by the Board; or*

~~[(d) An extension course approved by the Board; or]~~

~~[(e)]~~ *(d) [Home study] Online courses specifically for a nursing assistant or medication aide-certified.*

4. A medical facility, educational institution or other organization that offers a training program must keep a record of the information required pursuant to subsection 2 for at least 4 years.

5. The Board will perform random audits of nursing assistants *and medication aides-certified* for compliance with the requirement for supervised employment set forth in paragraph (b) of subsection 1. If audited by the Board, a nursing assistant *and/or medication aide-certified* must prove that he has complied with the requirement for supervised employment set forth in paragraph (b) of subsection 1 by submitting to the Board a letter written by the employer of the nursing assistant *or medication aide-certified* on the stationery of the employer or on a form prescribed by the Board and must include in the letter or on the form:

- (a) The name of the nursing assistant *or medication aide-certified*;
- (b) The name of the employer;

(c) A statement indicating that, since his last renewal by the Board, the nursing assistant provided as least 40 hours of nursing services or services related to *the scope of practice of a nursing assistant* for monetary compensation under the direct supervision of a registered nurse or licensed practical nurse; ~~and~~*or*

(d) A statement indicating that, since his last renewal by the Board, the medication aide-certified provided at least 200 hours of services related to the scope of practice of a medication aide-certified for monetary compensation under the direct supervision of a registered nurse; and

~~[(d)]~~ *(e)* Any other information the Board may require for the renewal of the certificate.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 19. NAC 632.200 is hereby amended as follows:

NAC 632.200 Change of name.

The name of a registered nurse, certified nursing assistant, *medication aide-certified* or an applicant for registration will be changed on the records of the Board if the request is made on a form provided by the Board giving the required information.

AUTHORITY: NRS 632.073, 632.120

A REGULATION relating to nursing.

Section 20. NAC 632.210 is hereby amended as follows:

NAC 632.210 Committee to advise Board on protection of public through safe practice of nursing and on Alternative Program for Chemically Dependent Nurses.

1. The Board will appoint an advisory committee to advise and report to the Board on matters related to:

(a) The protection of the public through the safe practice of nursing by any person licensed or certified pursuant to the provisions of this chapter or chapter 632 of NRS, including, without limitation, a person who has practiced nursing while, with or without good cause, his physical, mental or emotional condition impaired his ability to act in a manner consistent with established or customary standards of nursing.

(b) The Alternative Program for Chemically Dependent Nurses established by the Board to serve as an alternative to disciplinary action of persons who are licensed or certified pursuant to the provisions of this chapter or chapter 632 of NRS and ~~[who are chemically dependent]~~ *have a substance use disorder*. The advisory committee shall evaluate and monitor any licensee or holder of a certificate who is a participant in the Alternative Program for Chemically Dependent Nurses.

2. The advisory committee will consist of at least six persons who are knowledgeable concerning any conditions, diagnoses or addictions that may negatively impact the safe practice of nursing. The Board will designate a member of the advisory committee, who may be a member of the Board *or Board staff*, to serve as the chairperson of the advisory committee.

AUTHORITY: NRS 632.073, 632.120

A REGULATION relating to nursing.

Section 21. NAC 632.211 is hereby amended as follows:

NAC 632.211 Committees to advise Board on certain matters regarding practice of nursing.

~~[1. The Board will appoint a committee to advise and report to the Board on matters related to complaints concerning the practice of nursing and standards of practice. The committee will consist of at least 25 persons who are knowledgeable in areas of specialized practice, a member of the Board and a member of the Board's staff, who shall serve as chair of the committee.]~~

~~[2]~~ **1.** The Board will appoint a committee to advise and report to the Board on matters related to the establishment of state ~~[standards]~~ *scopes* of nursing practice. The committee will

consist of at least 10 persons who are knowledgeable in all areas of general nursing practice in Nevada and trends in national nursing practice, and a member of the Board's staff, who shall serve as chair of the committee.

~~{3. The Board will appoint a committee to advise and report to the Board on matters related to this chapter and chapter 632 of NRS as they relate to national standards for nursing practice to this State. The committee will consist of at least eight persons who are knowledgeable of this chapter and chapter 632 of NRS, and a member of the Board's staff, who shall serve as chair of the committee.}~~

~~{4}~~ 2. The Board will appoint a committee, consisting of at least seven persons, to advise and report to the Board on matters related to this chapter and chapter 632 of NRS as they relate to licensees and holders of certificates maintaining competency through:

- (a) Academic education, including continuing education; and
- (b) Acquisition of new knowledge, skills and abilities

~~{5}~~ 3. The Board will appoint a committee to advise and report to the Board on matters related to the practice of advanced ~~{practitioners of nursing}~~ *practice registered nurses*. The committee will consist of not more than ~~{seven}~~ *ten* persons who are knowledgeable in areas concerning the practice of advanced practitioners of nursing.

6. Each person appointed to a committee pursuant to this section, other than a member of the Board or the Board's staff, serves as a volunteer.

(Added to NAC by Bd. of Nursing, eff. 11-19-93; A 5-9-96; R029-97, 1-26-98)

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 22. NAC 632.212 is hereby amended as follows:

NAC 632.212 Duties included; competency required.

1. The Board will interpret the practice of professional nursing to include, but not be limited to, the duties specified in NAC 632.214 to 632.224, inclusive.

2. A registered nurse shall demonstrate in the performance of those duties competence in:

- (a) The diagnosis and treatment of human responses to actual or potential health problems;
- (b) Exercising sound judgment;
- (c) Making decisions;
- (d) Carrying out his duties based on an established plan of care;
- (e) Evaluating, assessing and altering, if appropriate, the established plan of care;
- (f) Delegating appropriate duties to other ~~{nurses}~~ *individuals*;
- (g) Supervising an *individual* ~~{nurse}~~ to whom he has delegated nursing duties;
- (h) Maintaining accountability in the delegation of care;
- (i) Administering medication and carrying out treatments which are properly authorized;
- (j) Determining the necessity and appropriateness of health care services for a patient or prospective patient and determining that patient's eligibility for payment of those health care services by a licensed insurer;
- (k) Managing the cases of patients assigned to him by coordinating services and collaborating with other health care professionals in the provision of health care services;
- (l) Planning for the discharge of patients; and
- (m) Managing risk in the provision of health care services.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 23. NAC 632.216 is hereby amended as follows:

NAC 632.216 Care of patients; additional duties.

1. A registered nurse shall perform or supervise:
 - (a) The assessment and evaluation of the health of each patient under his care based on his knowledge or understanding of the biological, psychological, social and cultural factors affecting the patient's condition;
 - (b) The development of a written plan for the care of each patient under his care based on the present and predicted needs of the patient, and shall review and revise that plan if necessary;
 - (c) The evaluation of a patient's health and the initiation of acts which are necessary to provide adequate care to a patient when needed, giving direct care to a patient, assisting with the care of the patient or delegating the care of the patient to persons qualified to provide that care;
 - (d) Making judgments and decisions regarding the status of a patient and the planning, carrying out, evaluation, and modification of the patient's care as needed;
 - (e) The documentation of observations, assessments and responses of patients and the care provided ~~[by nurses]~~ for those patients; and
 - (f) In situations which threaten the life of a patient, acts which are necessary to stabilize the patient's condition and prevent more serious complications, performed pursuant to an established policy.
2. A registered nurse may perform:
 - (a) The duties of a circulating nurse or surgical first assistant in an operating room;
 - (b) Uncomplicated deliveries of infants if:
 - (1) He is an advanced ~~[practitioner of nursing]~~ *practice registered nurse*; and
 - (2) The delivery is performed under the direction of a physician; and

~~[(c) The duties of a licensed practical nurse.]~~

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 24. NAC 632.220 is hereby amended as follows:

NAC 632.220 Medication and treatment of patients; response to orders; adjustment of dosage or frequency of medication.

1. A registered nurse shall perform or supervise:
 - (a) The verification of an order given for the care of a patient to ensure that it is appropriate and properly authorized and that there are no documented contraindications in carrying out the order;
 - (b) Any act necessary to understand the purpose and effect of medications and treatments and to ensure the competence of the person to whom the administration of medications is delegated; and
 - (c) The initiation of intravenous therapy and the administration of intravenous medication.

2. A registered nurse shall take orders only from a licensed physician, physician assistant, dentist, podiatric physician or advanced ~~practitioner of nursing~~ *practice registered nurse*. A registered nurse may refuse an order if he takes appropriate action to ensure the safety of a patient.

3. If a prescription specifies a range of the dosage or frequency for the administration of a medication, a registered nurse may adjust the dosage or frequency of the medication within that range when he administers the medication to a patient.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 25. NAC 632.222 is hereby amended as follows:

NAC 632.222 Delegation and supervision of nursing care.

1. A registered nurse may delegate nursing care to ~~other nurses~~ and supervise other personnel in the provision of care if those persons are qualified to provide that care.

2. A registered nurse shall perform or supervise any act necessary to ensure the quality and sufficiency of the *delegated* nursing care of a patient ~~which is delegated to or by other nurses under his supervision~~.

3. Before delegating the care of a patient ~~to another nurse~~, a registered nurse shall consider the following:

(a) The amount of direction required by the nurse ~~to whom the care is being delegated~~ *who delegated the care*;

(b) The complexity of the nursing care needed by the patient, recognizing that simple care may be performed by following an established policy while more complex care requires greater knowledge and a higher level of judgment, direction and supervision;

(c) The educational preparation and demonstrated competency of the ~~nurse~~ *individual* to whom the care is delegated; and

(d) The established policies and procedures relating to the care of the patient and the procedures used to communicate to other providers of health care the patient's symptoms, reactions and progress.

4. A registered nurse who delegates nursing care ~~to another nurse~~ or assigns duties ~~relating to that care to other personnel~~ *to another individual* is responsible for the actions taken by those persons in carrying out the duties delegated or assigned.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 26. NAC 632.224 is hereby amended as follows:

NAC 632.224 Supervision of others; duties of chief nurse; determination of authorized scope of practice; verification of competency.

1. A registered nurse who supervises other persons shall:

(a) Determine the priority of the needs of each patient and group of patients under his care;

(b) Provide direction in formulating, interpreting and carrying out the objectives and policies related to nursing care;

(c) Assist those persons who are being supervised to develop the skills needed for their competence in providing for the care of a patient;

(d) Assist the persons who are being supervised in carrying out the planned care of a patient; and

(e) Evaluate the effectiveness of the nursing care given to each patient or group of patients under his care.

2. A registered nurse who is employed as a chief nurse is responsible for the management of other personnel under his supervision and shall:

(a) Establish the authorized scope of practice for the ~~nurses~~ *individuals* he supervises and establish and document a process to carry out, maintain and improve *their* knowledge, skills and ability of those nurses to provide safe and effective care.

(b) Before assigning those persons, verify their ability to carry out safely duties which are identified in a written policy and to follow the procedures established by the employing agency.

(c) Establish written guidelines to be followed by personnel under his supervision for receiving and administering prescriptions. The guidelines must include procedures for:

(1) Identifying the type of patient to be served;

(2) Identifying the intended medical treatment; and

(3) Resolving any questions related to a prescription,

if the prescription is not received directly from an advanced ~~practitioner of nursing~~ *practice registered nurse*, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician.

(d) Ensure that the guidelines established pursuant to paragraph (c) are available at each site where nursing care is provided under the supervision of the chief nurse.

(e) Create a safe and effective system for delivery of nursing care which complies with nationally recognized standards.

(f) Maintain a ~~copy~~ *list* of the references used to determine the authorized scope of practice for the nurses he supervises and make them available to governmental agencies upon request.

3. If a chief nurse is not assigned to the practice area of a registered nurse, the registered nurse shall determine the authorized scope of his practice and establish and document verification of his competency.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 27. NAC 632.225 is hereby amended as follows:

NAC 632.225 Additional duties in area of specialization.

1. A registered nurse may perform a skill, assessment, intervention or other duty in addition to those taught in a basic educational program for a professional nurse if:

(a) The performance of the skill, assessment, intervention or other duty is within the authorized scope of practice of a registered nurse in this State.

(b) In performing the skill, assessment, intervention or other duty he follows the applicable written procedures and policies approved by the medical staff, the nursing administration and the administration of the employing agency.

(c) Before performing the skill, assessment, intervention or other duty he submits to his employer proof that he:

- (1) Has completed a comprehensive program of study and supervised clinical practice which was approved by the Board on or after January 1, 1986;
 - (2) Has completed a comprehensive program of study and supervised clinical practice from another state;
 - (3) Maintains certification from a national organization recognized by the Board for this purpose; or
 - (4) Has acquired the additional knowledge, skill and ability.
2. The registered nurse and his employer shall each maintain evidence of:
- (a) The original documentation and demonstration of the acquired knowledge, skill and ability; and
 - (b) Annual verification of the registered nurse's continued competency regarding that knowledge, skill and ability through ~~[annual]~~ recertification or records of annual evaluations documenting satisfactory repeated performances of the knowledge, skill and ability in the nurse's area of practice.
3. For the purposes of paragraph (a) of subsection 1, a skill, assessment, intervention or other duty is within the authorized scope of practice of a registered nurse if it has been described as being performed by a registered nurse in two or more national nursing publications, national nursing practice guidelines or national standards for nursing practice, or any combination thereof, which:
- (a) Are listed in the annual *Cumulative Index to Nursing and Allied Health Literature* that was most recently approved by the Board; or
 - (b) Have been individually approved by the Board.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 28. NAC 632.226 is hereby amended as follows:

NAC 632.226 Employment as school nurse: Duties; delegation of nursing care; requirements for administering medication to pupils.

1. A school nurse who is a registered nurse shall direct and provide school nursing services.
2. In carrying out a plan of nursing care for a pupil with special needs pursuant to NRS 391.208, a school nurse who is a registered nurse may delegate nursing services to a qualified person.
3. A school nurse may delegate only those duties that the Board has approved. The Board will maintain a list of the duties it has approved for delegation and provide a copy of the list to a school nurse or member of the general public upon request.
4. A licensed practical nurse who is employed by a school district to provide nursing services in a school may not delegate nursing services or assign duties relating to such services to another person.
5. A school nurse shall develop safe and effective procedures for the administration of medication to pupils that comply with nationally recognized standards and the laws of this State.
6. A school nurse may not administer medication to a pupil or delegate that duty to another person unless:
 - (a) He has obtained written authorization from the parent or legal guardian of the pupil to administer the medication;

(b) The medication is labeled; and

(c) He verifies that the medication has been prescribed and dispensed by a person authorized to do so pursuant to chapter 453, 454 or 639 of NRS or the laws of another state or the District of Columbia.

7. A record of the medication administered to a pupil must be maintained at the school the pupil attends. The ~~[school nurse]~~ *medication* shall ~~[indicate in the record]~~ *be recorded* each time he, or a person to whom he delegated the duty, administers medication to the pupil.

8. As used in this section:

(a) "Qualified person" means a person who is:

(1) Certified or licensed by this State to provide nursing services to a pupil;

(2) Willing to provide nursing services to a pupil and who the school nurse has determined has the knowledge and skill to provide the nursing services to the pupil in a safe and effective manner; or

(3) Except as otherwise provided in this subparagraph, exempt from the requirement of obtaining a license to practice nursing pursuant to subsection 1 of NRS 632.340 and whom the parent or legal guardian of the pupil designates as a person who may provide nursing services to the pupil. A parent or legal guardian may not designate a person who is employed by the school district in which the pupil attends school as a person who may provide nursing services to the pupil.

(b) "School nurse" means a licensee who is qualified as set forth in subsection 2 of NRS 391.207 and the regulations adopted pursuant thereto as a school nurse and who is serving in that capacity.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 29. NAC 632.230 is hereby amended as follows:

NAC 632.230 Limitations on performance of tasks; supervision of others; delegation of duties.

A licensed practical nurse:

1. May not independently carry out those duties which require the substantial judgment, knowledge and skill of a registered nurse.

2. Shall determine before the performance of any task that he has the knowledge, skill and experience to perform the task competently.

3. May supervise other personnel in the provision of care.

~~[4. Who [delegates nursing care to another licensed practical nurse or] assigns duties [relating to that care] to other personnel is responsible for the actions taken by those persons in carrying out the assigned duties delegated or assigned.].~~

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 30. NAC 632.234 is hereby amended as follows:

NAC 632.234 Performance of therapeutic procedures; duties of scrub nurse.

1. A licensed practical nurse shall assist in carrying out therapeutic procedures which provide for the emotional and physical comfort of the patient, including, but not limited to:

(a) Assisting the patient with activities of daily living and encouraging him to do those activities without help where appropriate;

(b) Contributing to the provision of an environment conducive to the safety and health of patients;

(c) Recognizing, understanding and allowing for a patient's choices regarding his psychological, biological, social and cultural needs and religious beliefs;

(d) Assisting a patient to maintain present levels of functioning;

(e) Assisting with the education of a patient concerning his medical condition;

(f) Initiating standard procedures in emergencies and continuing to perform those procedures until a licensed registered nurse, advanced ~~practitioner of nursing~~ *practice registered nurse*, physician, physician assistant, dentist or podiatric physician is available;

(g) Clarifying with his supervisor which situations require a greater degree of direction and supervision than is being provided; and

(h) Carrying out other duties which are included in a curriculum for practical nurses approved by the Board.

2. A licensed practical nurse with proper training may carry out the duties of a scrub nurse.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 31. NAC 632.242 is hereby amended as follows:

NAC 632.242 Additional duties in area of specialization.

1. A licensed practical nurse may collect data and perform a skill, intervention or other duty in addition to those taught in an educational program for practical nurses if:

(a) The collection of data or performance of the additional skill, intervention or other duty is within the authorized scope of practice of a licensed practical nurse in this State.

(b) In collecting data and performing the additional skill, intervention or other duty, he follows the applicable written procedures and policies approved by the medical staff, the nursing administration and the administration of the employing agency.

(c) Before collecting data or performing the skill, intervention or other duty, he submits to his employer proof that he:

(1) Has completed a comprehensive program of study and supervised clinical practice which was approved by the Board on or after January 1, 1986;

(2) Has completed a comprehensive program of study and supervised clinical practice from another state; or

(3) Has acquired the additional knowledge, skill and ability.

2. The licensed practical nurse and his employer shall each maintain evidence of:

(a) The original documentation and demonstration of the acquired knowledge, skill and ability; and

(b) Annual verification of the nurse's continued competency regarding that knowledge, skill and ability through ~~annual~~ recertification or records of annual evaluations documenting satisfactory repeated performances of the knowledge, skill and ability in the nurse's area of practice.

3. For the purposes of paragraph (a) of subsection 1, collection of data and a skill, intervention or other duty is within the authorized scope of practice of a licensed practical nurse if it has been described as being performed by a licensed practical nurse in two or more national nursing publications, national nursing practice guidelines or national standards for nursing practice, or any combination thereof, which:

(a) Are listed in the *Cumulative Index to Nursing and Allied Health Literature*, as adopted by reference in NAC 632.110; or

(b) Have been individually approved by the Board.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 32. NAC 632.249 is hereby amended as follows:

NAC 632.249 Identification by appropriate title required; identification requirements for telenursing.

1. Each registered nurse, licensed practical nurse, certified nursing assistant, *medication aide-certified*, nursing student and nurse certified in an advanced specialty shall identify himself by his appropriate title:

(a) When recording information on a record;

(b) When introducing himself to a client, patient or prospective patient; and

(c) On a name tag which:

(1) Includes, at a minimum, his first name and the first initial of his last name, and his title;

(2) Is prominently displayed on his clothing; and

(3) Is clearly legible from a distance of at least 3 feet.

2. In addition to the requirements set forth in subsection 1, each registered nurse, licensed practical nurse, certified nursing assistant, *medication aide-certified*, nursing student and nurse certified in an advanced specialty shall, when practicing telenursing, identify orally the state in which he is licensed or certified.

3. As used in this section:

(a) "Nurse certified in an advanced specialty" includes, but is not limited to, a clinical nurse specialist, advanced ~~practitioner of nursing~~ *practice registered nurse*, certified registered nurse anesthetist and attendant as that term is defined in NAC 632.565.

(b) "Telenursing" means the provision of nursing care or advice from a remote location through the use of telecommunications equipment, including, but not limited to, a telephone, teletype, facsimile machine and any equipment capable of transmitting a video image.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 33. NAC 632.470 is hereby amended as follows:

NAC 632.470 Course on intravenous therapy: Place of instruction; faculty.

1. The course must be taught in an educational institution or a medical facility as defined in NRS 449.0151.

2. The course must be taught by a registered nurse ~~[who has had, during the 2-year period before the course is taught:]~~

~~[(a) At least 6 months' experience as a member of a team which performed intravenous therapy in a licensed health and care facility;]~~

~~[(b) At least 6 months' experience, which included starting and superimposing fluids, in a clinical area with a high volume of intravenous therapy; or]~~

(a) Who has had recent clinical experience with intravenous therapy; or

~~[(e)]~~ *(b) Experience in teaching courses in intravenous therapy.*

3. The ratio of faculty members to students in the laboratory or in an area used for clinical practice in the course must not be more than 1 to 10.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 34. NAC 632.475 is hereby amended as follows:

NAC 632.475 Course on intravenous therapy: Subjects and hours required; improvement of skills.

1. The course must include the following subjects:

(a) The current regulation concerning licensed practical nurses and intravenous therapy;

(b) The anatomy, physiology and physics related to intravenous therapy;

(c) Identifying the purposes of intravenous therapy;

(d) Identifying the major routes for fluid replacement;

(e) Locating and naming the common intravenous sites;

(f) Identifying the types of fluids used in intravenous therapy;

(g) Preparing patients for intravenous therapy;

(h) Administering intravenous therapy, including:

(1) Setting up equipment for intravenous therapy;

(2) Inserting devices that act like needles in the periphery, which are not longer than 3 inches;

(3) Inserting tubing into bottles of additives;

(4) Calculating drops per minute;

(5) Regulating intravenous flow according to calculation;

(6) Using electronic regulating mechanisms;

(7) Superimposing and piggybacking containers of solutions;

(8) Discontinuing peripheral intravenous devices that act like needles which are not longer than 3 inches; and

(9) Recording intravenous therapy;

(i) Identifying possible complications from intravenous therapy;

(j) The management of intravenous therapy;

(k) The pharmacology of medications and solutions used in intravenous therapy; and

(l) The appropriate technique for changing a sterile dressing on a peripheral and central venous site.

(m) To flush and draw blood from a peripherally inserted central catheter.

2. The course must include at least ~~[20]~~ 30 hours of instruction and 10 hours of clinical practice/*skills lab*. The clinical practice/*skills lab* must include three successful venipunctures ~~[on live subjects]~~ *via simulation*.

3. A licensed practical nurse shall provide evidence of the maintenance or improvement of his knowledge and skills required to perform venipuncture and intravenous therapy to his employer or the Board, or both, upon request.

AUTHORITY: NRS 450B.160, 632.120

A REGULATION relating to nursing.

Section 35. NAC 632.575 is hereby amended as follows:

NAC 632.575 Certificate of completion of training: Renewal.

A registered nurse who is employed as an attendant must submit to the Board an application for renewal of his certificate ~~[of completion of training as an attendant pursuant to subsections 7 and 8 of NRS 450B.160]~~ on a form provided by the Board with the application he submits for renewal of his license as a registered nurse pursuant to NAC 632.192.

AUTHORITY: NRS 632.120, 632.430, 632.440

A REGULATION relating to nursing.

Section 36. NAC 632.605 is hereby amended as follows:

NAC 632.605 Submission of application and statement of intent to establish program.

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, *a list of all costs to students including tuition, fees and equipment*;

(g) The projected enrollment;

(h) Evidence that a sufficient number of qualified members of the faculty are available to conduct the program *and there is sufficient clinical placements in all areas of nursing to be taught*;

(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;

- (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.

AUTHORITY: NRS 632.120, 632.430, 632.440

A REGULATION relating to nursing.

Section 37. NAC 632.615 is hereby amended as follows:

NAC 632.615 Provisional approval: Requirements for application.

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 *curriculum and patient safety* 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.

AUTHORITY: NRS 632.120, 632.430, 632.440

A REGULATION relating to nursing.

Section 38. NAC 632.660 is hereby amended as follows:

NAC 632.660 Administrator: Qualifications.

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, 3 of which must be teaching in a program of nursing accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education~~[-]~~;
(a) If the administrator is new to nursing education administration, a mentoring and development plan must be included
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.

AUTHORITY: NRS 632.120, 632.430, 632.440

A REGULATION relating to nursing.

Section 39. NAC 632.665 is hereby amended as follows:

NAC 632.665 Administrator: Duties.

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;
 - (c) Notify the Board of any substantial change in the program or its administration;
 - (d) Notify the Board of any sentinel event; and
 - (e) Devote sufficient time to faculty development and faculty mentoring programs~~[-]~~;
 - (f) Be responsible for program evaluation plan to be in compliance with 80% pass rate and nursing accreditation.*
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.

AUTHORITY: NRS 632.120, 632.430, 632.440

A REGULATION relating to nursing.

Section 40. NAC 632.675 is hereby amended as follows:

NAC 632.675 Faculty: General requirements.

1. A program of nursing must have a competent and stable faculty. The majority of the members of the faculty must be full-time employees.
2. Except as otherwise provided in subsection 4, of the faculty who are hired after August 13, 2004:
 - (a) At least 75 percent of the members must hold at least a master’s degree with a major in nursing and have completed training which is related to the area of teaching of the member; and
 - (b) Except as otherwise provided in subsection 3, the remainder of such members, if any, must hold at least:
 - (1) A master’s *or doctoral* degree with a major in nursing;
 - (2) A bachelor’s degree with a major in nursing and a master’s *or doctoral* degree in a field related to nursing; or
 - (3) A graduate degree from an accredited school of nursing as defined in NRS 632.011.
3. The Executive Director of the Board may, for good cause shown, waive the requirements of paragraph (b) of subsection 2.
~~—[4. As provided in NRS 632.471, a program of nursing may hire as an instructor for clinical practice a person who holds a bachelor’s degree in nursing and has at least 5 years of nursing experience in patient care. As used in this subsection, “instructor for clinical practice” means a registered nurse whose primary role is educating prelicensure nursing students in a skills laboratory or practice site.]~~
- ~~[5.]~~ *(4.)* The members of the faculty shall develop and evaluate the curriculum and the educational practices of the program.
- ~~[6.]~~ *(5.)* Except as otherwise provided in this subsection, in courses relating to the care of patients, there must be at least one member of the faculty for every eight students. The Executive Director of the Board may, upon a showing of good cause, waive the requirement.
- ~~[7.]~~ *(6.)* A program of nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience of students must require:

- (a) Each preceptor to have clinical expertise and to have demonstrated competence in the specialty of the students whom he will instruct;
 - (b) Each preceptor to be approved by the faculty of the program of nursing;
 - (c) The faculty of the program of nursing to provide to each preceptor an orientation concerning the roles and responsibilities of students, members of the faculty and preceptors; and
 - (d) The faculty of the program of nursing to develop written objectives and provide a copy of those objectives to each preceptor,
- before the preceptor begins his instruction of the students.

~~{8.}~~ (7.) In addition to the requirements set forth in subsection 6, a program of nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience of students:

- (a) Must ensure that each preceptor is assigned to instruct not more than two students at the same time;
- (b) Must designate a member of the faculty to serve as a liaison between the preceptor and each student who participates in the clinical experience;
- (c) Must require that each preceptor be present in the clinical facility and available to the students at all times when the students provide nursing services to patients; and
- (d) May use a preceptor to reinforce basic nursing skills or to teach nursing skills which build on the basic nursing skills that the students have acquired.

~~{9.}~~ (8.) There must be at least one qualified administrator for each department or division of the program.

~~{10.}~~ (9.) If a university or college offers a program of nursing for more than one level of preparation, there must be one person who is responsible for each such level.

AUTHORITY: NRS 632.120, 632.430, 632.440

A REGULATION relating to nursing.

Section 41. NAC 632.680 is hereby amended as follows:

NAC 632.680 Students: Admission; policies.

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. Standardized external exams may only be used as tools, not as “high stake testing” for successful completion of a course or program.

~~{4}~~ 5. The administrator of a program of nursing shall establish a policy for the resolution of complaints and disputes concerning students.

AUTHORITY: NRS NRS 632.120, 632.430, 632.440

A REGULATION relating to nursing.

Section 42. NAC 632.690 is hereby amended as follows:

NAC 632.690 Requirements for instruction; records of evaluation of curriculum.

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 medical and surgical care;
- (b) Maternal and child health; and
- (c) Mental health.

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

(a) Basic principles of biology, microbiology, psychology, sociology, 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 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 *including social media*;

(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.

AUTHORITY: NRS NRS 632.120, 632.430, 632.440

A REGULATION relating to nursing.

Section 43. NAC 632.703 is hereby amended as follows:

NAC 632.703 Reports by program which conducts portion of its program in Nevada; visits to determine eligibility for approval.

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 *positive or* adverse action taken *for or* 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.

5. All faculty must be licensed in Nevada.

AUTHORITY: NRS 632.120, 632.320

A REGULATION relating to nursing.

Section 44. NAC 632.890 is hereby amended as follows:

NAC 632.890 Unprofessional conduct.

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 *and/or the patient's family* 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 a patient.
34. Neglecting a patient.
35. Misappropriating the property of a patient.
36. Failing to comply with a condition, limitation or restriction which has been placed on his license or certificate.
37. Engaging in the practice of nursing or performing the services of a nursing assistant *or medication aide-certified* without a license or certificate issued pursuant to the provisions of this chapter and chapter 632 of NRS.
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.
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.
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, *including violations of ANA and NCSBN guidelines on social media.*
- 41. Medication error in administration and/or delivery of medications.*
- 42. Failing to cooperate with an official investigation by the Board.*

AUTHORITY: NRS 632.120, 632.320, 632.325

A REGULATION relating to nursing.

Section 45. NAC 632.926 is hereby amended as follows:

NAC 632.926 Actions by Board; surrender of license.

1. Based on the evidence presented at the hearing, the Board will do one of the following:
 - (a) Dismiss *or close* the complaint.
 - (b) Reprimand the licensee or holder of a certificate.
 - (c) Deny licensure or certification.
 - (d) Deny renewal or reissuance of a license or certificate.
 - (e) Impose and collect an administrative fine.
 - (f) Accept the voluntary surrender of the license or certificate in lieu of imposing any other disciplinary action set forth in this section.

- (g) Suspend the license or certificate and order its surrender.
 - (h) Revoke the license or certificate and order its surrender.
 - (i) Enter an order of suspension or revocation but stay the order for good cause subject to probation of a designated period and issue a restricted license.
 - (j) Take any other action deemed appropriate by the Board.
- ~~[2. If the Board accepts the voluntary surrender or orders a suspension or revocation of a license or certificate, the licensee or holder of a certificate must physically surrender his license or certificate to the Board on or before the date the order is effective.]~~

AUTHORITY: NRS 632.120, 632.330

A REGULATION relating to nursing.

Section 46. NAC 632.929 is hereby amended as follows:

NAC 632.929 Reissuance of license or certificate: Period during which licensee or certificate holder may not apply for reissuance; requirements for reissuance.

1. The Board will, in each order of revocation it issues, prescribe a period during which a licensee or holder of a certificate may not apply for the reissuance of his license or certificate. The period will not be less than 1 year or more than ~~[10]~~ 20 years.
2. An applicant for reissuance of a license or certificate must:
 - (a) Submit an application for reissuance on a form provided by the Board;
 - (b) If he is applying for reissuance of a license, satisfy all requirements for renewal of a license;
 - (c) If he is applying for reissuance of a certificate, satisfy all requirements for renewal of a certificate;
 - (d) Attest that he has not, during the period of revocation of his license or certificate, violated any state or federal statute or regulation governing the practice of nursing or the practice of a nursing assistant *or medication aide-certified*; and
 - (e) Attest that there is no disciplinary action pending against him before any board or other regulatory body having jurisdiction over the practice of nursing or the practice of a nursing assistant *or medication aide-certified*.
3. The Board may designate requirements in addition to the requirements of subsection 2 that must be satisfied before an applicant will be considered for reissuance of a license or certificate, including, without limitation, completion of additional courses or programs ~~[if the applicant's license or certificate has been revoked for more than 2 years]~~.
4. The Executive Director of the Board or a person designated by him:
 - (a) May review an application for reissuance of a license or certificate to determine whether the application satisfies the requirements of this section.
 - (b) May deny an application which he determines does not satisfy the requirements.
 - (c) ~~[Shall forward to the Board an application which he determines satisfies the requirements.]~~
5. In considering the reissuance of a license or certificate which has been revoked, the Board will evaluate:
 - (a) The severity of the act which resulted in revocation of the license or certificate;
 - (b) The conduct of the applicant after the revocation of the license or certificate;
 - (c) The lapse of time since revocation;

(d) The degree of compliance with all conditions the Board may have stipulated as a prerequisite for reissuance of the license or certificate;

(e) The degree of rehabilitation attained by the applicant as evidenced by statements to the Board from qualified people who have professional knowledge of the applicant; and

(f) The truthfulness of the attestations made by the applicant pursuant to subsection 2.

6. An applicant for reissuance of a license or certificate may be requested to appear before the Board.

7. After evaluation, the Board will deny or grant the reissuance of the license or certificate.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 47. NAC 632.935 is hereby amended as follows:

NAC 632.935 Advisory opinion or declaratory order; *practice decisions*.

1. A person requesting an advisory opinion or a declaratory order of the Board shall submit the request to the Executive Director. Nine typewritten, double-spaced copies of the request must be submitted and signed by the person. The request must state clearly the facts involved and the question to which the Board is requested to reply.

2. Before issuing an opinion or order, an informal or formal hearing may be scheduled on the question raised in the petition.

3. A violation of an advisory opinion is cause for an informal hearing by the Board to determine the applicability of the statutes to the conduct at issue. A violation of a declaratory order constitutes a violation of the statutes or the regulations of the Board, and is cause for a formal disciplinary hearing.

AUTHORITY: NRS 632.120

A REGULATION relating to nursing.

Section 48. NAC 632.940 is hereby amended as follows:

NAC 632.940 Violation of statutes.

Any alleged violation of the statutes *or regulations* must be brought to the attention of the Executive ~~Secretary~~ *Director or his designee*.

The following regulations will be adopted

TRAINING PROGRAMS FOR MEDICATION AIDES-CERTIFIED

NAC 632.____ Application for approval.

1. Before a person may provide training to medication aides-certified in this State, he must apply to the Board for approval of the training program. The application must be in writing on a form provided by the Board and include, but not be limited to:

(a) The content of the training program to be offered.

(b) The number of hours of clinical instruction and instruction in the classroom and laboratory.

- (c) The behavioral objectives of each unit of instruction.*
 - (d) The methods to be used to teach each unit of instruction.*
 - (e) The methods to be used to evaluate the achievement of behavioral objectives.*
 - (f) A description of the facilities to be used for clinical instruction and instruction in the classroom and laboratory.*
- 2. The application must be accompanied by the appropriate fee.*
 - 3. The application is valid for 1 year after the date of receipt by the Board and must be renewed annually if the applicant wishes to continue to provide training to nursing assistants in this State.*
 - 4. The Board will evaluate the application to determine whether the training program qualifies as an approved program.*

NAC 632.____ Determinations required before approval.

Before the Board approves a training program for medication aides-certified, it will determine that the program will be:

- 1. Administered as required by law and the provisions of this chapter.*
- 2. Administered by a person who meets qualifications set forth in this chapter.*

NAC 632.____ Notice and effect of failure to approve program; limitation on authority of Board.

- 1. If the Board fails to approve a program of training for medication aides-certified, it will notify the applicant by mail of the reasons the program was not approved.*
- 2. A trainee who successfully completes a program which is not approved by the Board is not eligible to take the medication aide-certified competency evaluation test.*

NAC 632.____ General requirements.

An approved program must enable each trainee to:

- (1) Learn fundamentals of safety and rights of medication;*
- (2) Demonstrate three safety checks and six rights of medication administration;*
- (3) Understands causes of medication errors;*
- (4) Learn to exhibit behavior in support and promotion of the rights of patients;*
- (5) Demonstrate correct documentation of medication administration;*
- (6) Understands the scope of practice and role of delegating/supervising nurse;*
- (7) Understand not to accept delegation beyond scope of practice; and*
- (8) Understand ethical , legal issues and patient rights involving medications.*

NAC 632.____ Required instruction.

- 1. Each approved program must provide at least 60 hours of theory and lab skills and 40 hours of supervised clinical practicum instruction which must include:*
 - (A) Medication fundamentals:*
 - (1) The roles and responsibilities of a medication aide-certified;*
 - (2) Safety and rights of medication administration;*
 - (3) Mathematics weights and measures;*

- (4) Medication basics;*
 - (a) Terminology;*
 - (b) Abbreviations;*
 - (c) Dosage range;*
 - (d) Actions;*
 - (e) Implications for administration;*
 - (f) Therapeutic effects;*
 - (g) Side effects;*
 - (h) Precautions;*
 - (i) Contraindications;*
 - (j) Allergic reactions;*
 - (k) Adverse reactions;*
 - (l) Tolerance;*
 - (m) Interactions;*
 - (n) Additive or antagonist effect;*
 - (o) Idiosyncratic effect; and*
 - (p) Paradoxical effect.*
- (5) Medication orders, documentation, storage and disposal; and*
- (6) Preparation and actual medication administration;*
- (B) Safety:*
 - (1) Prevention of medication errors;*
 - (2) Causes and reporting of medication errors;*
 - (4) Promoting the independence of patients; and*
 - (5) Respecting the rights of patients.*
- (C) Communication and Documentation:*
 - (1) Review effective listening- building relationships;*
 - (2) Reporting symptoms or side effects;*
 - (3) Reporting any change from client normal condition;*
 - (4) Documentation of medication administration; and*
 - (5) The role of the delegating/supervising nurse.*
- (D) Medication administration:*
 - (1) Routes of administration;*
 - (2) Factors affecting how the body uses medication;*
 - (3) Classes of medications related to body systems and common actions; and*
 - (4) Locating resources and references.*
- (E) Ethics and Legal issues:*
 - (1) The role of a medication aide-certified;*
 - (2) Responsibility of a medication aide-certified when accepting delegated tasks;*
 - (3) Rights of individuals;*
 - (4) Safety and rights of medication administration; and*
 - (5) Specific legal and ethical issues.*
- (F) Practicum supervised and progressive clinical experience in administering medications that includes*
 - (1) Medication fundamentals;*
 - (2) Safety;*
 - (3) Communication and documentation;*

- (4) Medication administration; and*
- (5) Ethical and legal issues.*

NAC 632.____ Number of instructors required.

An approved program must not have less than 1 instructor for each 8 trainees to instruct nursing skills and medication administration in simulated lab skills.

NAC 632.____ Instructors: Qualifications; certificate of approval.

1. Except as otherwise provided in this section, instructors for an approved program must be registered nurses who are approved by the Board.

2. The Board will approve a registered nurse to be an instructor if the nurse:

- (a) Holds a current active license in good standing to practice nursing in this State;*
- (b) Has at least 3 years of experience in nursing, 1 year of which must be in the caring for the elderly or the chronically ill;*
- (c) Has experience in the last 5 years of administering medications in long term care or has shadowed medication administration in the past two years;*
- (d) Complies with the requirements for continuing education prescribed by the Board;*
- (e) Holds a current active certified nursing assistant instructor certificate; and*
- (f) Successfully completes a board approved Medication aide certificate instructor training.*

4. The Board will issue a certificate of approval to teach Medication aide-certified if the instructor:

- (a) Submits an application to the Board; and*
- (b) Pays the applicable fee to the Board.*

5. The Board will renew a certificate of approval to teach annually if an instructor provides evidence satisfactory to the Board that the instructor meets the requirements of this section and has received compensation for teaching at least once in the preceding 2 years.

NAC 632.____ Requirements for classrooms and clinical facilities.

1. Each classroom and clinical facility used by an approved program must be:

- (a) Adequate in size, number and type.*
- (b) Clean and in a safe condition.*
- (c) Maintained at a comfortable temperature.*
- (d) Adequately lighted.*

2. Each clinical facility selected for training must be approved by the Board. Before the Board will approve a facility as a clinical facility, it will consider:

- (a) Whether the facility complies with statutes and regulations governing medical facilities;*
- (b) Whether the facility has not been allowed to participate in the program for Medicare or Medicaid during the preceding 2 years;*
- (c) Whether the facility has administrative support;*
- (d) The number of programs and trainees using the facility; and*

(e) Whether the long term care facility is able to provide learning experiences in the care of the elderly or the chronically ill.

NAC 632.____ Duties of coordinator of approved medication aide training program.

The coordinator of an approved program shall:

- 1. Assist with the development of the budget of the program.*
- 2. Assist with the development of procedures for admission to the program.*
- 3. Select and supervise such number of qualified instructors as is necessary to carry out the program.*
- 4. Obtain adequate educational facilities for training, including areas to practice nursing skills and sufficient medication administration equipment*
- 5. Obtain long term care clinical facilities for training.*
- 6. Provide each trainee with instructional materials during those hours in which they can be put to maximum use.*
- 7. Plan an orientation program for trainees at each clinical facility used for training. The time spent for orientation may not be included in the 100 hours required for training.*
- 8. Ensure that each trainee is clearly identified as a trainee in a manner which is easily recognizable to each patient, member of a patient's family, visitor or member of the medical staff with whom the trainee works.*
- 5. Develop a system of maintaining permanent records which are essential to the operation of the program, including:*
 - (a) The current and final records of each trainee, which may include a list of the medication administration duties to be performed and the skills to be learned in the program, with notations of satisfactory or unsatisfactory performance, the date of the performance and the name of the supervising instructor.*
 - (b) The current records of the activities of the program;*
 - (c) The records of each instructor; and*
 - (d) Any medication aide-certified trainee involved in a medication error must be included in report to the Board with a root cause analysis.*
- Records maintained pursuant to this subsection must be retained by the coordinator of the approved program for at least 4 years after the date on which the record was created.*
- 10. Develop written policies for admission to, continuance in, and dismissal and withdrawal from the program.*
- 11. Report to the academic administrator of the Board the name of each trainee who satisfactorily completes the program within 30 days after the completion of the program.*
- 12. Submit annual reports on forms provided by the Board containing information required by the Board.*

NAC 632.____ Records and reports.

The administrator of an approved program shall provide for the safekeeping of the permanent records and reports of the program. Those records must include:

- 1. The name, address and birthdate of each trainee who enters and completes the program.*
- 2. The name, address and birthdate of each trainee who enters and withdraws or is dismissed from the program before completing it.*
- 3. The final grade of each trainee.*

4. *A copy of the certificate of completion given to each trainee.*
5. *The date on which each training program is begun and completed.*
6. *The name, address and approval number of each instructor.*

NAC 632.____ Revision of approved program.

Any revision of an approved program must be approved by the Board before it is used.

Revisions include changes or additions in:

1. *The objectives of the program.*
2. *The number of hours of instruction required for the successful completion of the program.*
3. *The content of the program.*
4. *The facilities used for training.*
5. *The administrators, coordinators or instructors for the program.*

NAC 632.____ Periodic review; inspection of facilities; bases for continued approval

1. *The Board will:*
 - (a) *Review an approved program annually; and*
 - (b) *Inspect the facilities used by the program at least one time in every 24-month period or more frequently if the Executive Director determines a need exists.*
2. *Continued approval of the program will be based on:*
 - (a) *Information contained in the application for approval which is submitted pursuant to NAC 632.721;*
 - (b) *The annual review conducted in accordance with subsection 1 and the inspection of the facilities, if any; and an 80% pass rate on the national certification examination*
 - (c) *The resolution of any deficiencies identified by the Board in previous inspections.*
3. *The Board will notify the administering body and the coordinator of the program of the outcome of its review by listing commendations, recommendations and deficiencies in the program.*

NAC 632.____ Withdrawal of approval.

1. *The Executive Director will send a written notice by certified mail to the administrative body and coordinator of an approved program if the Board intends to withdraw its approval of that program. The notice must specify the reasons for the withdrawal. The coordinator of a program or the administrative body may rebut the reasons for the withdrawal contained in the notice within 15 days after the date the notice is received. The Executive Director will send a written notice of the final determination of the Board to the administrative body and the coordinator of the program.*
2. *The Board may withdraw its approval of an approved program if:*
 - (a) *The program fails to comply with the requirements of any statute or regulation;*
 - (b) *Twenty percent or more of the trainees in the program fail the national medication aide certification examination*
 - (c) *The program has not admitted any trainees within the previous 12 months; or*

(d) The Board finds three or more instances in which one or more trainees of the program have engaged in unsafe or abusive conduct during the medication administration evaluation test. For the purposes of conducting an investigation pursuant to NRS 632.310, three documented and substantiated incidents of unsafe or abusive medication administration conduct by trainees of a program during the competency evaluation test make out a prima facie case.

3. If the Board withdraws its approval, the administrator of the program shall take such action as is necessary to retain safely the records of each trainee in the program and to ensure that the trainees complete training.

MEDICATION AIDES-CERTIFIED

NAC 632. Scope of Practice.

1. A medication aide-certified may perform the delegated nursing function of medication administration and related tasks in accordance with rules promulgated by the Nevada State Board of Nursing.

2. A medication aide-certified shall perform medication administration and related tasks as follows:

(a) At a designated facility; and

(b) Under the immediate supervision of a licensed professional nurse; and

(c) In accordance with provisions of this act and rules; and

(d) Shall only perform those tasks directly related to medication administration. No patient assignments or other related duties may be done while in this role.

3. Medication administration shall be limited to the administration of nonprescription and legend drugs ordered by an authorized prescriber by the following methods:

(a) Orally;

(b) Topically;

(c) Drops for eye, ear, or nose;

(d) Vaginally;

(e) Rectally;

(f) Transdermally; and

(g) Via oral inhaler.

4. Medication administration by a medication aide-certified shall not include controlled substances.

5. A medication aide-certified shall not:

(a) Receive, have access to, or administer any controlled substance;

(b) Administer parenteral, enteral, or injectable medications;

(c) Administer any substances by nasogastric or gastrostomy tubes;

(d) Calculate drug dosages;

(e) Destroy medication;

(f) Receive orders, either in writing or verbally, for new or changed medications;

(g) Transcribe orders from the medical record;

(h) Order initial medications;

- (i) Evaluate medication error reports;*
 - (j) Perform treatments;*
 - (k) Conduct patient assessments or evaluations; or*
 - (l) Engage in patient teaching activities.*
- 6. A medication aide-certified shall not perform a task involving administration of medication if:*
 - (a) The medication administration requires an assessment of patients need for medication, calculation of dosage or conversion of dosage.*
 - (b) The supervising licensed professional nurse is unavailable to monitor progress.*
 - (c) The patient is unstable or has a change in condition or nursing needs.*
 - (d) The medication must be reconstituted or mixed prior to administration.*
- 7. A medication aide-certified who has any reason to believe that he or she has made an error in administration of medication shall follow facility policy and procedure to report a possible error to their immediate supervising licensed professional nurse and an appropriate nursing supervisor and shall assist in completing all documentation.*
- 8. Medication administration policies shall include:*
 - (1) A medication aide-certified shall report to the supervising licensed professional nurse:*
 - (a) Signs and symptoms that appear life threatening;*
 - (b) Events that appear life threatening; and*
 - (c) Medication that produce no results or undesirable effects as related by patient.*
 - (2) A licensed professional nurse will supervise.*
 - (3) The licensed professional nurse always maintains accountability for the overall provision of nursing care and is responsible for the ongoing supervision and evaluation of the assigned task following the accepted standard of care which would be provided by a reasonable and prudent nurse. The licensed professional nurse shall periodically review the following:*
 - (a) Authorized provider orders; and*
 - (a) Patient medication records.*

NAC GENERAL PROVISIONS

NAC 632.____ “Designated Facility” defined.
“Designated Facility” means a nursing home. (Long term care that has applied to utilize medication aides-certified)

NAC 632.____ “Medication Aide–Certified” defined.
“Medication Aid–Certified” means a person who is certified by the Board to administer certain nonprescription and legend drugs in designated facilities.

NAC 632.____ “Legend Drug” defined.
“Legend Drug” means a drug limited by § 503(b)(1) of the federal Food, Drug, and Cosmetic Act to being administered by or upon a medical practitioner’s prescription.

NAC 632.____ “Initial Medication” defined.
“Initial Medication” means a new medication that the patient has not been receiving and/or changes in dosage, route, or frequency of a medication that a patient is currently receiving.

The following regulations will be repealed:

~~[NAC 632.058 “Home study” defined. (NRS 632.120) “Home study” means instruction presented in a format that does not require monitoring by the instructor or provider of continuing education, including, but not limited to, written text, modules, audiotapes, videotapes and computer programs.
—(Added to NAC by Bd. of Nursing, eff. 3-4-92)]~~