

Attachment A

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: White Pine County School District

Date of Preparation: November 1996

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed.

1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category:

School Nurse
School Nurse Aide

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Classification	Tasks/Procedures
Teachers	First Aid Administration
Teacher Aides	First Aid Administration
Secretaries	First Aid Administration
Coaches	First Aid Administration
Janitors	Cleaning up bodily fluids
Bus drivers	Cleaning up bodily fluids

2. Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

January 1997 - Board approval of exposure control plan.
March 1997 - Purchase of PPE complete and in place.
April 1997 - Training of personnel.
May 1997 - Hepatitis B Vaccination series begun in those employees who elect to take it.
Record keeping in place.

Compliance Methods

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering work and practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility, the following engineering controls will be utilized:

Sharps containers in the nurse's office and the classroom of any child needing to use such a container.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

Any sharps containers will be inspected once/month by the school nurse.

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility, handwashing facilities are located:

Nurse's office.

Bathrooms

Some Classrooms, but not all classrooms

Antiseptic towelettes are to be kept on all buses and drivers are to wash their hands with soap and water as soon as feasible.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one handed technique. At this facility, recapping or removal is not permitted.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip-balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Specimens

Specimens will not be collected at this facility.

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Personal Protective Equipment

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees in the following manner:

Personal Protective Equipment	Task
Gloves	Cleaning Wounds, Cleaning up spills, administering first aid.
Utility Gloves	Cleaning up bodily fluids
Lab Coats	Cleaning wounds, cleaning up spills, cleaning up bodily fluids, administering first aid.

All personal protective equipment will be cleaned, laundered and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area:

Lined garbage cans in nurse's office. Bio-hazard bags will be available in the nurse's office.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin and mucous membranes. Gloves will be available Facilities and Transportation Director.

Gloves will be used for the following procedures:

Administration of first aid

Cleaning up spills

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield or chin-length face shields, are required to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can reasonably be anticipated. Situations at this facility which would require such protection are as follows: Trauma situations

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets or similar outer garments. The following situations require that such protective clothing be utilized:

Clinic Jackets will be worn by those employees who administer first aid as part of their job description, i.e. nurses and nurse aides.

This facility will be cleaned and decontaminated according to the following schedule:

Nurse's office to be cleaned and decontaminated daily.

Decontamination will be accomplished by utilizing the following materials:

Bleach solution, 1 part bleach to 10 parts water, to be mixed in small quantities and replaced weekly.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis by the janitorial staff.

Garbage cans in nurse's office are to be emptied daily and decontaminated weekly by custodial staff.

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used:

Broken glassware is to be swept up with a hand broom into a dust pan and disposed of in a hard plastic garbage can.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in:

The nurse's office

The classroom of any child needing to use such a container.

Regulated waste other than sharps shall be disposed of in biohazard containers and incinerated at William Bee Ririe Hospital.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at this facility will be cleaned at White Pine Middle School.

Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials, unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of the OSHA standard.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. Central office personnel responsible for assisting new employees with required paperwork will be responsible for offering the Hepatitis B vaccine. Vaccine will be administered by the school nurse as part of the immunization program.

Post-Exposure Evaluation and Follow-Up

When the employee incurs an exposure incident, it should be reported to:
The school nurse.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employees will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are listed in appendix A.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy:
The School Nurse

Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates employees in this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.
3. Health Care Professionals shall be instructed to limit their opinions to:
4. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine or for evaluation following an incident,
5. That the employee has been informed of the results of the evaluation, and
6. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. *(Note that the written opinion to the employer is not to reference any personal medical information.)*

Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include explanations of-

1. The OSHA standard for Bloodborne Pathogens.
2. Epidemiology and symptomatology of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. This Exposure Control Plan (i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.).
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility and who should be contacted concerning availability.
8. Post-exposure evaluation and follow-up.
9. Signs and labels used at the facility.
10. Hepatitis B vaccine program at the facility.

Record Keeping

All records required by the OSHA standard will be maintained by:

Nursing Services

Dates

All provisions required by the standard will be implemented by:
June 6, 1997

Training shall be conducted using videotapes and written materials through the nursing services department. Annual training will be provided to the school nurse to conduct the training.

All employees will receive annual refresher training within one year of the employees previous training.

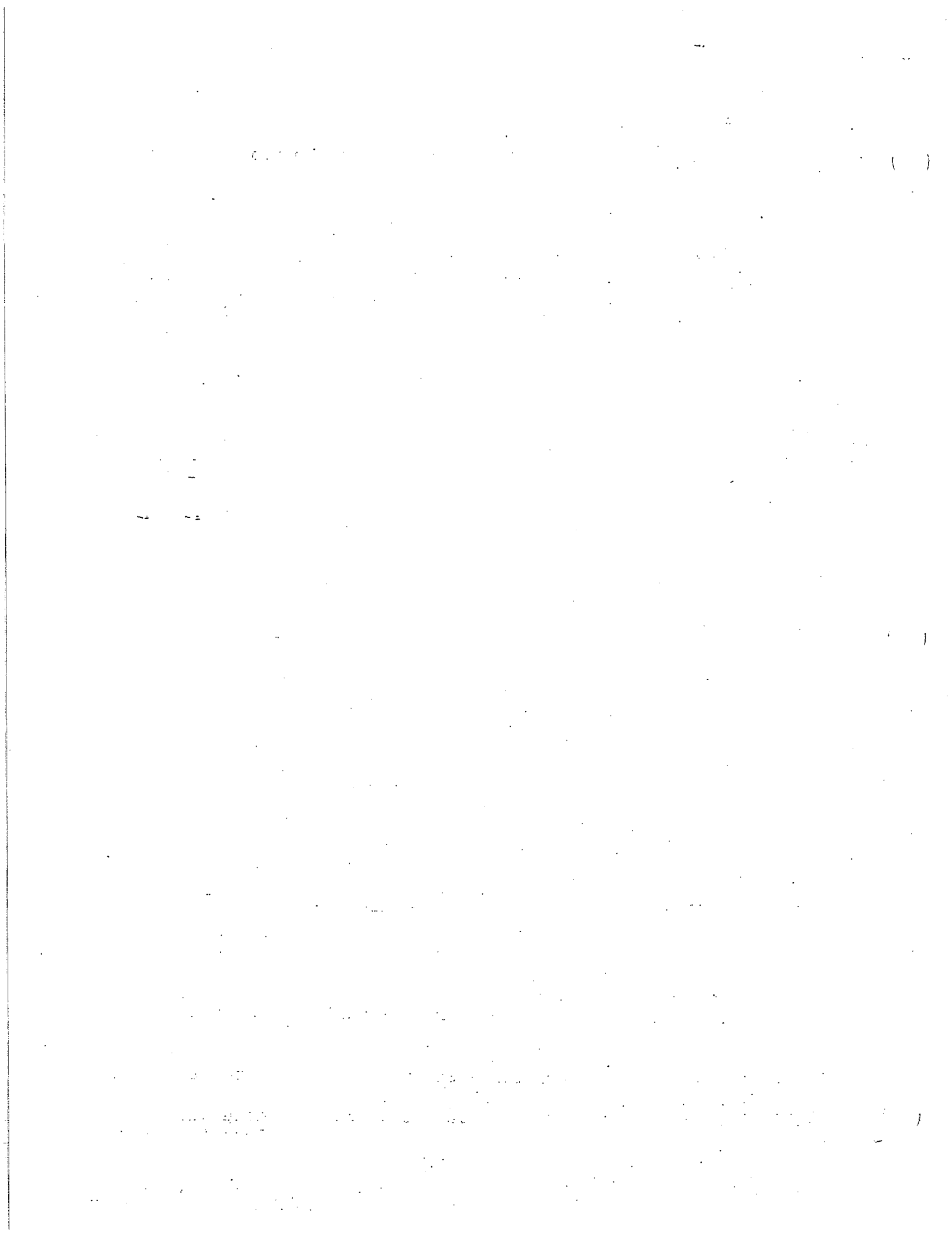
The outline for the training material is located: In the nurse's office at Mt. View Elementary.

Appendix A:

Post Exposure Prophylaxis

EXPOSURE

Hepatitis B Surface Antigen HbsAg Source Known to be Positive	Hepatitis B Surface Antigen HbsAg Source Status Unkown	Hepatitis B Surface Anti- gen HbsAg Source Known to be Negative
1. Employee labwork (Hepatitis panel & HIV) HBs AB status to be done if status not known to be pos within last year.	Employee labwork Hepatitis panel & HIV) HBs AB status to be done if status not known to be pos within last year.	Employee labwork (Hepatitis & HIV) HBs AB status to be done if status not known to be pos within last year.
2. HBIG (0.06 ml/kg)	Immune Serum Globuline (ISG) (0.06 ml/kg)	No Treatment
3. Tetanus Status (0.5 DT) if not done within last 5 years.	Tetanus Status (0.5 DT) if not done within last 5 years.	Tetanus Status (0.5 DT) if not done within last 5 years.



WHITE PINE COUNTY SCHOOL DISTRICT

ADMINISTRATIVE REGULATION 7510

HEALTH PROTOCOL

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WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Philosophy

The primary purpose of school health services is to facilitate and promote optimal learning for all children by assisting in the improvement or adaptation of their health status. It has been shown that the quality and quantity of education of each student is in direct proportion to his physical, mental, emotional, and social well-being. Health is critical to the basics of education and should be part of the continuum of school services available to every student.

The school has the responsibility and opportunity to enable children to achieve their maximum potential for learning, growth, and development. The emphasis of Health Services Department in White Pine County School District should be on preventive health education.

Health Services Department subscribes to the following beliefs as written and endorsed by the American School Health Association:

*Every child is entitled to educational opportunities which will allow each to reach full capacity as an individual and to prepare him or her for responsibility as a citizen.

*Every child is entitled to a level of health which permits maximum utilization of educational opportunities.

*Every school has a legal and moral obligation to provide a school health program which will protect the health of its children and youth.

*The school health program should be consistent with the philosophy and objectives of the school program.

*The school health program, through the components of health service, health education and concern for the environment, provides knowledge and understanding on which to base decisions for the promotion and protection of individual, family and community health.

*Parents have the basic responsibility for the health of their children; the school health program activities exist to assist parents in carrying out their responsibilities.

*The community has the responsibility of providing comprehensive health and related services; the school health program will assist parents and youth to utilize such community services effectively.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

The School Nurse

The school nurse, as part of the professional team concerned with providing an adequate and effective school health service, has a significant contribution to make from her nursing knowledge and skills. She contributes to the success of the school health program by her participation in the planning, implementation and evaluations of the various phases of service, education and healthful environment.

The school nurse should have academic credentials comparable to those of other faculty members in the school with background in public health, child growth and development, educational theories and methods, psychology, sociology and health assessment.

The school nurse assumes the role of health manager and deliverer of health services in the school; she is the advocate for health rights of children; counselor for health concerns of children, families and staff.

The goals of the department staff are to:

- *promote, maintain, and contribute to the understanding of the health of the student.
- *identify, assess, and evaluate health related problems among the student population in order to make a nursing diagnosis and establish a written protocol which will allow certain students to remain in and reap the full benefits of school.
- *assist students to become increasingly responsible for their own health and management of their own health problems.
- *counsel the pupil, parent and school personnel and develop a plan of action for eliminating, minimizing or accepting any health problem that interferes with effective student learning.
- *to provide health care services for students who have become ill or injured at school.
- *maintain liaison with primary health care providers.
- *to promote safety and awareness of health and environmental hazards within the school setting.
- *coordinate efforts with community health programs/agencies in health related matters.
- *serve as health consultant and resource person for the health curriculum and to recommend modifications in health education programs to administration as the need arises.

TITLE: Nurse

QUALIFICATIONS: 1. License in the State of Nevada
2. Registered Nurse (R.N.)
3. Current BCLS card

REPORTS TO: Building Principal

SCHEDULING: Central Office

JOB GOAL: To provide the fullest possible educational opportunity for each student of the District by minimizing absence due to illness and creating a climate of health and well-being in the District schools.

PERFORMANCE RESPONSIBILITIES:

1. Interpretation of immunization laws and maintains up-to-date cumulative health records on all students.
2. Conducts school health service, including physical examinations, immunizations, and tests for sight and hearing.
3. Assumes responsibility for selection and referral of students in need of medical and dental care.
4. Work with MDT and/or IEP committees regarding medical aspects of a Special Education student's needs or problems.
5. Work with teachers/principals on awareness of the signs of child abuse and neglect.
6. Participates with school staff in developing and implementing a total school health program.
7. Implements and maintains a wellness program for all staff members, including health risk appraisals, testing and referrals.
8. Prepares and submits reports for the Superintendent and the State Board of Health.
9. Assists school personnel in establishing sanitary conditions in schools.
10. Participates in inservice training program.
11. Visits students homes when necessary.
12. Authorizes exclusion and readmission of students in compliance with Board policy on infections and contagious diseases.
13. Advises on modification of the educational program to meet health needs of individual students.
14. Ability to use and interpret results of a nationally recognized child development test; such as the Denver Developmental Test.

TERMS OF EMPLOYMENT: Ten, eleven, or twelve month year. Salary and work year to be established by the Board.

EVALUATION: Performance of this job will be evaluated in accordance with provisions of the Board's policy on Evaluation of Professional Personnel.

NURSE AIDE

SUMMARY DESCRIPTION

Under general supervision, administers first aid to injured and ill students; notifies appropriate school authorities and parents or responsible adult regarding student's condition; maintains student's personal, immunization and medical records and files. Performs related work as required.

DUTIES AND RESPONSIBILITIES

Renders first aid to injured and ill students; cleanses and bandages minor cuts and burns; may immobilize and splint possible fractures when required; administers artificial respiration or CPR in cases of loss of breathing or pulse; under the direction of the School Nurse, assists students with medication as prescribed by a physician and approved by a parent; conducts basic vision and hearing screening for students; assists in coordinating immunization audits; refers students to school nurse as necessary; follows School Health Services protocols on health related issues.

Updates and maintains vital statistics and other pertinent health and medical data for each student as designated by the school nurse; maintains accident and illness logs for each student assisted in the nurse's office; prepares required student accident/injury reports; prepares routine statistical reports; performs general clerical duties in the accomplishment of assigned tasks; prepares immunization cards on all new students.

Cleans and changes linens on bed in nurse's office; cleans and disinfects instruments and equipment; maintains nurse's office in a neat and clean manner; maintains sufficient stock of supplies.

Assists school nurse and principal in special assignments or daily routines; assists the student, parents, school personnel and others by providing general information on School Health Services policies and procedures as they relate to community health issues.

EMPLOYMENT STANDARDS

Education/Experience: EMT required within 1 year of hire. Any experience equivalent to education and experience that would provide the required knowledge and skills is qualifying. A typical way to obtain the knowledge and skills would be:

1. Completion of EMT certification course.
2. Any related experience that would demonstrate the ability to successfully perform the necessary duties would be qualifying.

Knowledge of: Behavior and characteristics of students is desirable; cardiopulmonary resuscitation procedures; emergency and first aid procedures; current office methods; files and record management; telephone etiquette.

Skill at: Administering cardiopulmonary resuscitation; rendering first aid to injured and ill students; preparing and maintaining accurate and complete records, files and reports; dealing tactfully with students, parents, and school personnel on health issues; applying specific laws, rules and office policies and procedures; reading, writing and speaking English at a level required for successful job performance; working quickly and effectively in stressful and emergency situations; understanding and carrying out oral and written instructions; establishing and maintaining effective working relationships with those contacted in the course of work.

Licenses/Certificates required: Possession of a current Cardiopulmonary Resuscitation (CPR) certificate; possession of a Standard First Aid card, Emergency Medical Technician (EMT) certificate.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Screening Programs

There are three types of school health screenings required by law in the state of Nevada: Vision, Hearing, and Scoliosis. Screening programs are organized by the school nurse at the appropriate grade level in cooperation with other school personnel and may be accomplished through a team effort. The purpose of the screening program is to identify those students in need of further evaluation by health professionals.

The following grade levels will be screened each year:

- | | |
|-----------------|--------------------------------|
| *First Grade | Vision and Hearing |
| *Fifth Grade | Vision and Hearing |
| *Eighth Grade | Vision, Hearing, and Scoliosis |
| *Tenth Grade | Vision and Hearing |
| *Eleventh Grade | Scoliosis |

These grade levels may be subject to change as needed.

In addition, all referrals from teachers, pupils, parents, and counselors, and all new students to the district are screened.

The school nurse is responsible for rechecks and referrals on all pupils who fail the procedure.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Vision Screening

The overall objective of vision screening is to identify children with vision difficulties early in order that the nurse can make the proper referral for the conservation of sight. The screening may be accomplished by the school nurse, trained volunteer or clinical aide under the instruction and supervision of the school nurse.

Signs and symptoms which indicate a vision problem are important when identifying children with these problems. The school nurse must take the responsibility for educating school faculty members about these signs and symptoms. Once teachers are made aware of what vision symptoms to look for they will be able to make well informed vision referrals to the nurse. It is often the signs that the classroom teacher notices that indicate a child has vision problem. It is through the teacher referral that many vision problems are detected.

WATCH FOR THESE INDICATORS:

- *complaints of blurred, double or abnormal vision
- *difficulty with ambulation
- *frequent rubbing of eyes
- *covering one eye when reading or looking at a distance
- *complaints of frequent dizziness, headaches, or nausea
- *thrusting head forward
- *squinting, excessive blinking, scowling and frowning
- *holding book too close or too far away
- *poor reading ability
- *crossed or non-aligned eyes
- *excessive redness or tearing of eyes
- *undue light sensitivity
- *reads words out of order, loses place easily, or reads on the wrong line

Equipment

Titmus Vision Tester: Tests for myopia, hyperopia, amblyopia, fusion, phoria, depth perception, and color. Test according to manufacturer's standards.

RECORD FORM for TITMUS II VISION TESTER SCHOOL AND PROFESSIONAL MODELS

NAME _____

DATE _____

SEX _____

WEARING GLASSES YES NO

AGE _____

CONTACT LENSES YES NO

For Use w/School Model	FOUR CUBE FUSION TEST - Lens lever at "Far" - Both Occluder Pads Off		PASS	FAIL
	TEST #1	TWO CUBES/ FOUR CUBES (FAIL)		
		THREE CUBES (PASS)		

For Use With Professional Model	ALLEN PRESCHOOL PICTURE TESTS				
	TEST #1	TOP LINE - BINOCULARITY - BOTH OCCLUDER PADS OFF JEEP - TELEPHONE - CAKE - HORSEMAN (Must See All 4 to Pass)	PASS	FAIL	
		ACUITY-FAR 3 OUT OF FOUR = PASS			
	RIGHT EYE - LEFT OCCLUDER PAD ON	PASS	FAIL	LEFT EYE - RIGHT OCCLUDER PAD ON	PASS
	LINE A - 20/50 Cake-Horse-Jeep-Phone		LINE A - 20/50 Horse-Cake-Phone-Jeep		
	LINE B - 20/40 Phone-Cake-Horse-Jeep		LINE B - 20/40 Cake-Jeep-Horse-Phone		
	LINE C - 20/30 Horse-Jeep-Phone-Cake		LINE C - 20/30 Phone-Horse-Jeep-Cake		

FOR USE WITH SCHOOL AND PROFESSIONAL MODEL	PRIMARY GRADE TESTS																
	LEFT EYE	20 200	20 100	20 70	20 50	20 40	20 30	20 20	RIGHT EYE	20 200	20 100	20 70	20 50	20 40	20 30	20 20	
	PILOT LINE	W	M	E	E	E	E	W	PILOT LINE	E	M	E	E	E	E	W	M
	20/50	A	E	W	E	E	E	W	20/50	A	E	W	E	E	E	W	M
	20/40	B	M	E	E	E	E	W	20/40	B	W	W	E	E	E	W	E
	20/30	C	E	W	W	E	E	M	20/30	C	E	M	E	E	E	W	M
	20/20	D	E	E	W	E	M	W	20/20	D	E	W	E	E	W	M	W
	ACUITY-FAR	●	LENS LEVER AT "FAR"		4 OUT OF 6 - PASS				TEST RESULT								
	TEST #2		RIGHT EYE		LEFT OCCLUDER PAD ON				20/								
	TEST #2		LEFT EYE		RIGHT OCCLUDER PAD ON				20/								
TEST FOR EXCESSIVE FARSIGHTEDNESS • PLUS LENS • FAR (INSERT PLUS LENS UNIT)																PASS	FAIL
TEST #2		LEFT EYE		RIGHT OCCLUDER PAD ON													
TEST #2		RIGHT EYE		LEFT OCCLUDER PAD ON													
(WITHDRAW PLUS LENS UNIT) A READING OF THE 20/20 LINE THROUGH PLUS LENS = FAIL																	
MUSCLE BALANCE TEST • LENS LEVER AT "FAR" • LEFT OCCLUDER PAD ON (EXPLAIN SANDBOX)																PASS	FAIL
TEST #3		BOTH OCCLUDER PADS OFF		(RED BALL IN SANDBOX "A" =PASS)													
MUSCLE BALANCE TEST - NEAR POINT • LENS LEVER AT "NEAR"																PASS	FAIL
TEST #3		BOTH OCCLUDER PADS OFF		(RED BALL IN SANDBOX "A" OR "B" = PASS)													
TEST #4		COLOR PERCEPTION "FAR"						PASS				FAIL					
SCORE ACCORDING TO APPROPRIATE SLIDE IN UNIT		A12 B5 C26 D6 E16 F NOTHING 1E 2E 3m 4w 5m 6E 7w 8E															

SECONDARY SCHOOL AND ADULT TEST																	
TEST #4	COLOR PERCEPTION "FAR" - SEE TEST #4 ABOVE																
TEST #5	ACUITY "FAR"	RIGHT EYE 20/	LEFT EYE 20/	BOTH EYES 20/													
TEST #6	LATERAL PHORIA "FAR"		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
TEST #7	VERTICAL PHORIA "FAR"		1	2	3	4	5	6	7								
TEST #8	ACUITY "NEAR"	RIGHT EYE 20/	LEFT EYE 20/	BOTH EYES 20/													

TEST #5 VISUAL ACUITY TEST AT FAR

	LEFT EYE	BOTH EYES	RIGHT EYE	
1	Z N	R O	H K	20/200
2	R K S	H N C	Z O D	20/100
3	I C D V	S K Z O	R N D S	20/70
4	Z R O D	N S C H	V Z K N	20/50
5	K H S C	O Z N R	D N V C	20/40
6	O N R Z V	D K H C S	K D S O N	20/30
7	S D C H N	V R Z K O	H S N R D	20/20

TEST #8 VISUAL ACUITY TEST AT NEAR

	LEFT EYE	BOTH EYES	RIGHT EYE	
1	S V C	N R K	H Z O	20/100
2	R N Z H	D O K V	C S Z N	20/70
3	C K V D	S N Z R	D O H C	20/50
4	V H R N	O D S K	N Z C S	20/40
5	H S K R C	N Z D O V	Z S H N K	20/30
6	Z O N V R	H C S K D	V K C D S	20/20

PERIMETER SCORES
(Circle Correct Response)

Right Temporal	_____
85° 70° 55°	
Left Temporal	_____
85° 70° 55°	
TOTAL	_____
Right Nasal	_____
Left Nasal	_____

PASS	FAIL
Right Nasal	Left Nasal

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Audiometric Screening

The overall objective of audiometric screening is to identify students with hearing difficulties which may effect their educational, emotional, social, speech and/or language development.

The most important effect of a hearing loss is that it creates a language barrier and interferes with communications. Consequences may be:

1. Delay in normal speech and language.
2. Development of abnormal social growth and behavior.
3. Lack of educational progress.
4. Development of adjustment problems for the child and family.

Knowing the signs and symptoms of hearing loss is important when identifying students with a suspected hearing problem. Again, it is the responsibility of the school nurse to educate the school staff with information regarding the signs and symptoms.

WATCH FOR THESE INDICATORS:

- *recurring otitis media or URI.
- *mouth breathing
- *draining ears
- *sudden school failure following a severe illness
- *frequent requests to repeat what has just been said
- *irrelevant answers to questions
- *turning one side of head toward speaker
- *talking either too loudly or too softly
- *indistinct speech
- *watching lips of speaker
- *inattention in classroom
- *tends to isolate self, passive
- *makes mistakes in following directions and taking dictation

EQUIPMENT

1. Pure tone audiometer/wall plug
2. Desk and chair
3. Screening cards or class list
4. Quiet room

SCREENING PROCEDURE

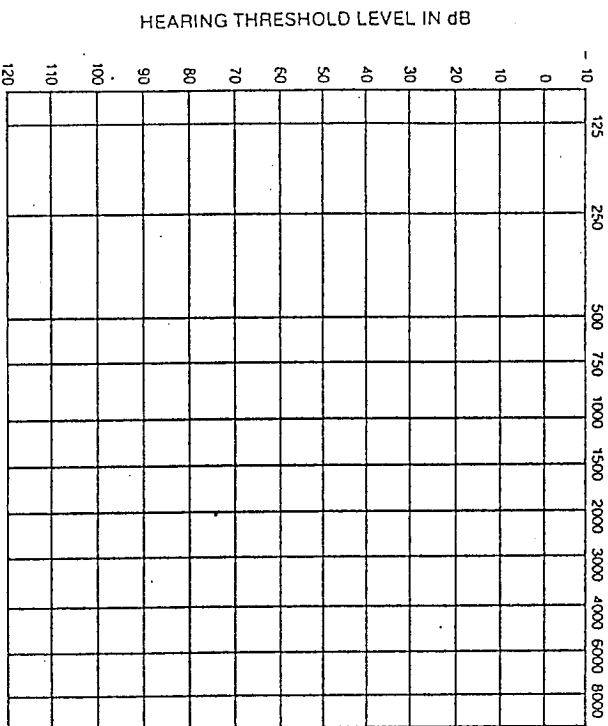
1. Explain to the children that you are going to be checking their hearing as they listen to the sounds coming through the earphone. When they hear the sound - say "yes" or raise their hand.
2. Seat the child facing away from the audiometer-but so the tester may see at least the side of his face.
3. Earphones should be place on the child by the tester to assure a proper fit.
4. Screening is to be done at 20 dB.
5. Screening will be at 500, 1000, 2000, and 4000 hz.
6. To promote fast, smooth screening:
 - a. set audiometer at 20 dB
 - b. turn right earphone on
 - c. set frequency dial at 1000
 - d. proceed with screening by testing right ear at 1000, 500, 2000, and 4000.
 - e. turn left earphone on
 - f. test left ear at 1000, 500, 2000, 4000
 - g. turn right earphone on, ready for next child
7. Record results on audiogram

If a student fails any frequency at 20 dB, he has failed the screening. Rescreen the student in two to four weeks. Before retesting, examine the ear with an otoscope for cerumen or any possible abnormality. Retest using pure tone screening. If the student fails again, a Threshold Test may be done and a referral letter will be sent to the student's parent or guardian.

THRESHOLD TEST

- *Begin the test by setting the hearing threshold level (HTL) at 50 dB. Present the tone.
- *Decrease the dB until the student no longer hears the tone.
- *Repeat for accuracy.
- *Record the last tone heard on the audiogram.
- *Test remaining frequencies (3000, 4000, 6000, 8000 and 500 Hz) in the same manner.
- *Record the lowest dB heard for each tone on the audiogram.
- *It is unnecessary to establish a threshold above 60 dB
- *Place a copy of the audiogram in the student's file.

NAME _____ DATE _____
 ADDRESS _____ AGE _____
 ANSI 1969 STANDARDS *Beltone*® AUDIOGRAM BY _____



52-53502 Rev. C (3/87)

TEST	High Ear (Red)	Left Ear (Blue)
AIR	O-O	X-X
AIR MASKED	Δ-Δ	□-□
NO RESPONSE	♂	♀
BONE	<	>
BONE MASKED	[]
HEARING EVALUATION		
AVG P/T		
ST		
LDL		
MACL		
WD % CORRECT		

Printed in USA

PASS _____

FAIL _____

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT
Scoliosis Screening

The purpose of scoliosis screening is to identify students with spinal deformities, plan intervention, and follow up on those referred for further testing. Scoliosis is a lateral curve of the spine and the earlier abnormalities are detected, the better the response to treatment.

The type of treatment depends on the cause and severity of the curve. It may include close observation, exercise, bracing, electrical stimulation or surgery or a combination of these.

Signs and symptoms are important when identifying children with scoliosis. Those that could be noticed by teachers or parents are:

- *uneven hemline or pant leg length
- *one shoulder elevated
- *one hip higher
- *excessive sway back (lordosis)
- *excessive hump back (kyphosis)

The additional signs may be noted by the school nurse when the student is examined with his/her shirt off:

- *obvious spinal curve
- *uneven waist creases (More on one side than the other)
- *arm to body space unequal
- *prominent scapula
- *uneven or elevated scapula
- *thoracic or lumbar hump when bending over

Prescreening education is suggested for the students to help make them aware of the screening program and to help reduce potential anxieties.

EQUIPMENT AND SCREENING AREA

A private, well lit area should be available. Boys could be checked in the gym, girls in the locker room or shower stalls.

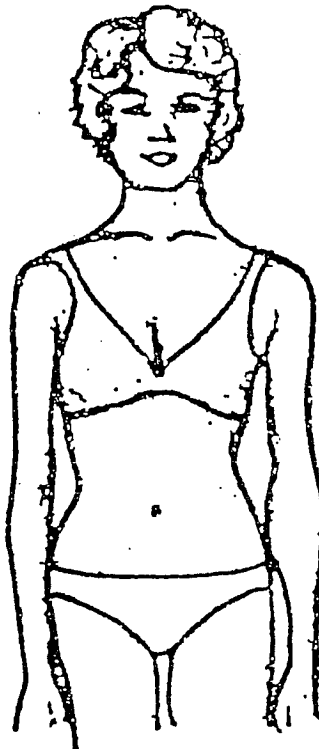
- *Students must remove their shirts
- *Girls can wear a bathing suit top or bra
- *Shoes must be removed before screening

Step (1) The student will be directed to stand erect but relaxed, facing the screener with feet together, knees straight, arms relaxed at sides with weight evenly distributed on both feet. Students should be encouraged to avoid slouching or standing "at attention". The screener should check the student from the front looking for:

- (a) elevated shoulder
- (b) unequal space between arm and side
- (c) uneven waist creases

Refer to figure #1

Figure #1
Note: Asymmetry of shoulders and unequal arm-body spacing and uneven waist creases.



Next, the student will be directed to bend forward at the waist (toward the screener) with hands together and head tucked in (as in a "diving" position). The screener should examine for:

- (a) asymmetry (uneven contours) of the rib cage or upper back; i.e., one side higher than the other
- (b) rib hump present in the upper or lower back
- (c) curve in the spinous process alignment

Refer to figure #2

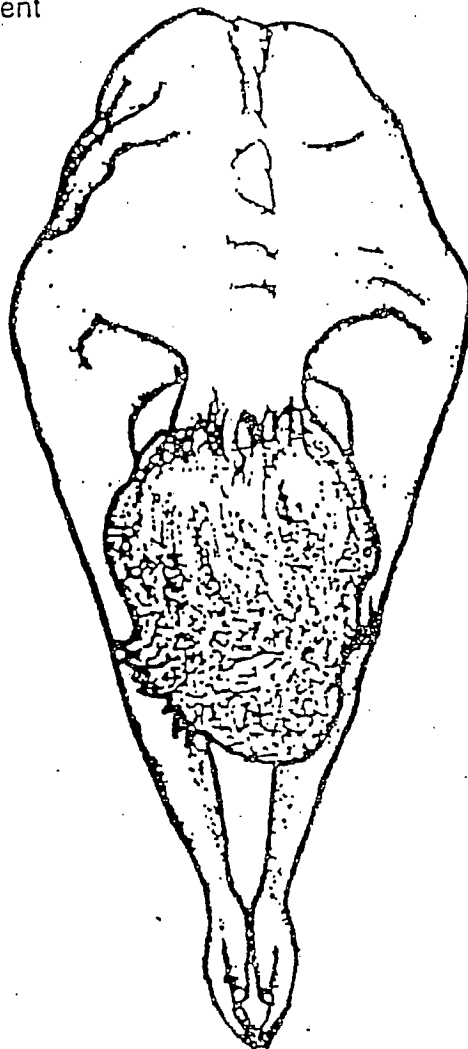
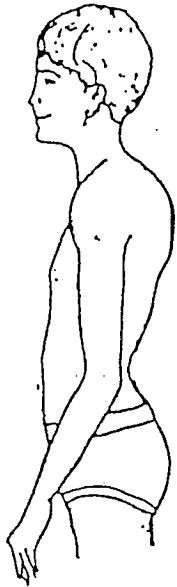


Figure #2
Note: Asymmetry of
the rib cage and
presence of rib hump
in the lower back

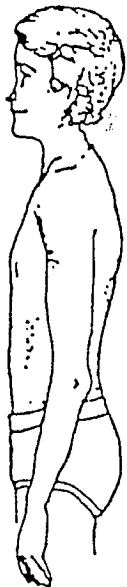
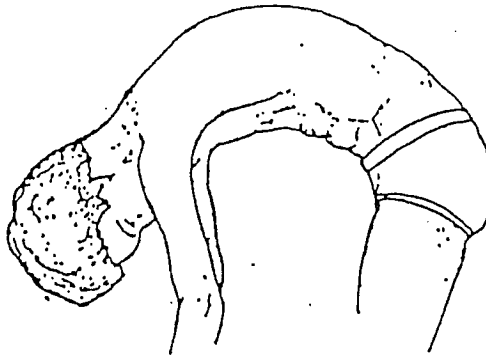
Step (2) Next, the student will be asked to turn to the side and the screener will observe the student for accentuated round back (figure #3). The student will be directed to assume the diving position again, bending forward at the waist with head tucked in. The screener will look for an accentuated spinal hump; i.e., the shoulders will hunch forward and cannot be retracted to a normal position (figure #4). NOTE: Kyphosis, or "rounding" as seen with poor posture, will even out in the forward bending position. If it is significant, it will still be present in the forward bend position.



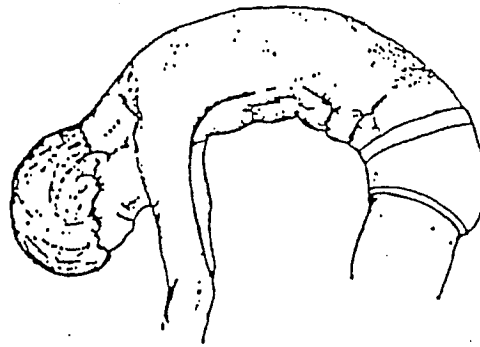
◆ Figure #3

Figure #4 ◆

NOTE:
Accentuated
round
back or
spinal
hump
in both
diagrams



NOTE:
Normal
lateral
views as a
◆ comparison



Step 3 Lastly, the student will be asked to turn so that his/her back is facing the screener. In this position, the screener will observe for:

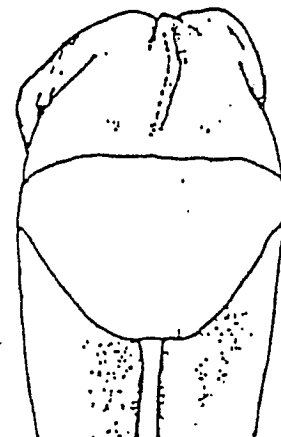
- (a) elevated shoulder
- (b) hip prominence
- (c) curve in spinous process alignment
- (d) unequal space between arm and side
- (e) unequal creases at waist

The student will be asked to assume the diving position once more, with instruction to bend forward at the waist with head tucked in. The screener will observe for:

- (a) asymmetry (uneven contours) of the rib cage or upper back; i.e., one side higher than the other
- (b) rib hump present in the upper or lower back
- (c) curve in the spinous process alignment

Refer to Figure #5

Figure #5 ◆
Note: (a), (b), (c)
as described above.



Record findings on class roster.

In the three step procedure just outlined, the screener remains primarily in one place allowing the student to do the turning. This not only saves time, it conserves energy on the part of the screener.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Scoliosis Referral Criteria

Referrals for further evaluation by the family physician, pediatrician, chiropractic physician or orthopedic specialist should be made on all students who are found to have:

- *thoracic or lumbar bump-moderate to severe
- *a curve of the spine, lordosis or kyphosis
- *two or more of any of the other signs listed previously

Students with questionable finding should be rescreened in four to six months. Screening results must be documented on the screening card and students' health record.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy on Communicable/Infectious Diseases

NRS 392.430 states that school districts shall have the power to make and enforce necessary regulations for sanitation in the public schools and to prevent the spread of contagious and infectious diseases and to expend school district funds to enforce the regulations among indigent children.

Those children with suspected communicable/infectious diseases will be removed at the discretion of the school nurse. Possible instances may include, but are not limited to, giardiasis, head lice, scabies, and impetigo.

This policy is for the protection of other children in the classroom as well as for the child having the condition.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy on Conjunctivitis

Any student who presents with conjunctivitis ("pink eye") will be excluded from school. Bacterial conjunctivitis can be treated with antibiotics. There is no treatment for viral conjunctivitis.

The student may return to school:

1. 24 hours after treatment has started and proof of treatment must be sent to school.

OR

2. 48 hours after exclusion in non treated cases at discretion of the school nurse after she examines the child.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy on Undiagnosed Skin Conditions

Any child who has a suspicious rash or who is suspected of having a contagious disease must be excluded from school until adequately diagnosed by a doctor as non-contagious. Evidence that contagious conditions such as Impetigo, Ringworm, or Scabies are under treatment must be provided to school officials before a child may return to school.

This policy is for the protection of other children in the classroom as well as for the child having the condition.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy on Pediculosis (Head Lice)

Any child with evidence of head lice shall be excluded from school until immediately after the initial application of a pediculocide (lice medication).

The pediculocide used can be one of the commercially produced over-the-counter preparations or prescription preparation. Nix is the pediculocide of choice.

Reentry into school shall be a note from the child's parent or physician indicating that the child has been treated and a box top or instruction sheet from the preparation used in the treatment.

Retreatment and proof must again be carried out in seven to ten days after initial treatment if a pediculocide other than Nix is used.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Protocol for Policy on Pediculosis

Determination of the existence of evidence of lice infestation in a school child can be made by a school health or public health nurse, public health inspector and/or physician and/or a health aide, school teacher or school administrative staff member who has been trained by a school health or public health nurse, public health inspector or educator and/or physician.

Any child found, by one of the class of individuals listed above, to display the following:
a) infestation evidence (live lice moving about the head) and/or b) nits (eggs of lice) one half of an inch or less away from the scalp without a history of treatment during the past seven to ten days shall be excluded from school until immediately after the initial application of a pediculocide (lice medication). The pediculocide used can be one of the commercially produced over the counter preparations or prescription preparations. No home remedies can be substituted. Nix shall be recommended to the parents.

Re-entry into school shall be based on a note from the child's parent or physician indicating that the child has been treated and/or a box top or instruction sheet from the preparation used in the treatment. Each child re-admitted shall be asked to provide the same type of evidence used for re-admission as proof of re-treatment seven to ten days after the initial treatment unless NIX or a malathion based treatment (Ovide) has been used for the initial treatment.

Failure to do so may result in a second exclusion after an additional examination and evidence of infestation. This would require another initial treatment and follow-up treatment seven to ten days later.

THE PROCEDURE FOR EXCLUSION SHALL BE AS FOLLOWS

1. Following discovery of evidence of infestation the child's parents will be called and asked to pick the child up from school.
2. A complete explanation of the policy and information regarding treatment will be provided to the parents when they arrive at school.
3. If the parents cannot or will not come to pick up the child, then a written explanation of the policy and information regarding treatment and environmental disinfestation measures will be sent home with the child.
4. A child can be re-admitted immediately after the initial treatment upon prescribed proof of such treatment.
5. In no instance will a child be excluded from school because he/she has nits greater than one half inch from the scalp or less than on half inch from the scalp if there is a history of treatment within the past seven to ten days.

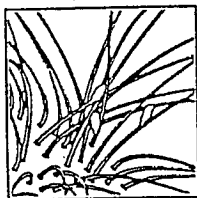
Date: _____

Dear _____,

I'm writing to tell you that your child has head lice. It has absolutely nothing to do with the kind of parent you are. It has nothing to do with cleanliness; in fact, lice prefer a clean, healthy head to a dirty one. Anyone, adult or child, can get head lice.

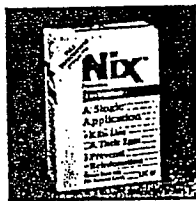
Head lice are passed from person to person by direct contact or on shared objects (combs, towels, barrettes, headphones, etc.), so every member of the family should be checked. The most common symptom of infestation is intense itching on the back of the head or neck. Head lice cannot survive without a human host, or on family pets. There is little evidence to support that they carry disease. Don't panic— just follow the steps below to easily take care of the problem.

1. Check every member of the family.



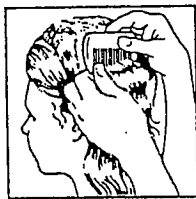
Lice are hard to spot, so look for tiny white eggs (nits) on hair shafts, near the scalp, especially at the nape of the neck and behind the ears. Head lice are small, wingless, grayish-tan insects. Any family member with lice or nits must be treated.

2. Use an effective head lice treatment.



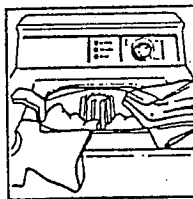
Several are available without a prescription. NIX™ Creme Rinse is the only product that is proven 99% effective with just one application in killing lice and eggs, and protecting from reinfestation for two weeks.

3. Remove all nits.



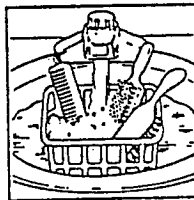
Gently comb the child's hair with the special nit removal comb. The combs are provided with most lice treatment products. NIX is a creme rinse formulation that makes combing easy. Many schools require students to be nit-free before they can be readmitted.

4. Wash clothes, bed linens, and towels.



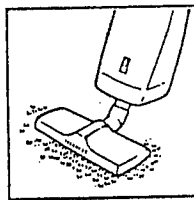
Use hot water, then dry on the hot cycle for at least 20 minutes. Items such as stuffed animals, headphones and hats that are not machine washable must be dry-cleaned or stored at room temperature in a tightly sealed plastic bag for at least two weeks.

5. Soak combs, brushes, etc., in hot water.



The hotter the better, but the temperature should be at least 130°F. Items should soak for at least 10 minutes.

6. Vacuum everywhere.



To make sure the rest of your home is louse-free, you should vacuum carpets, pillows, mattresses, upholstered furniture, even the car seats.

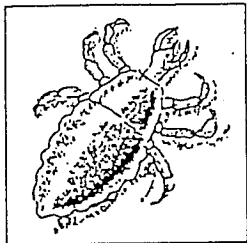
Thank you for your prompt attention. Please do not hesitate to call me if you have any questions.

School Nurse (signature)

Phone number

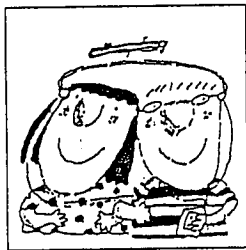
HEAD LICE: Detection, Treatment, and Prevention

Information for parents



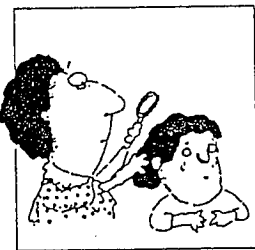
WHAT ARE HEAD LICE?

Head lice are tiny, wingless, greyish-tan insects that live and breed in human hair. The eggs, called nits, are easier to see than the lice themselves and are usually found attached to hair shafts close to the scalp behind the ears and on the back of the head. Nits cannot be washed away like dirt or dandruff; they must be removed with a special comb designed for that purpose. Head lice can only survive for about half a day without a human host and cannot live on family pets.



HOW DO THEY SPREAD?

Head lice are very contagious. They are spread through the sharing of personal items such as combs, brushes, scarves, hats, headphones, sleeping bags, and stuffed animals. To minimize the risk of repeated outbreaks, remind your children not to share these items.



HOW ARE THEY DETECTED?

The first clue that a child has head lice is frequent scratching of the scalp. To check for infestation, carefully examine the hair around the back of the neck and behind the ears. Since head lice shy away from light, you may only see their eggs (nits), small whitish ovals of uniform size attached to the hair shaft.



HOW ARE THEY TREATED?

Head lice infestation can be treated with a head lice medication, called a pediculicide. There are several pediculicides on the market, and they come in a variety of forms: shampoo, creme rinse, and lotion. Look for a treatment that kills the nits as well as the lice and offers protection from reinfestation.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

PROTOCOL FOR MANAGING HUMAN BITES

Occasionally, staff and other children in the school setting are bitten by children. When such bites occur, they may result in infection with a variety of organisms. One organism that is of particular concern is Hepatitis B Virus [HBV]. HBV is found in body fluids [blood and saliva] and has been found to be infectious in human bite exposures. HBV does have a carrier state in which the infected person may not demonstrate symptoms of illness. It is important to identify HBV carriers if they are also known to be biters in the school setting.

These guidelines are to be followed in the event a human bite occurs in the school setting.

It is recommended that children who are known to be biters be tested for HBV before another incident occurs.

If a child bites another child at school, parents are to contact their physician or District Health Department for HBV testing. They will be responsible for the cost of the testing.

If a child is bitten at school, the recommended first aid will be given at school. The child should then see a physician for evaluation of the bite. The child's tetanus status will be determined through a review of the immunization record. Medication may be prescribed by the physician to prevent HBV and other possible infections.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Immunization Requirements

In accordance with NRS chapters 392.435 to 392.488, all students in White Pine County School District must have a current immunization record on file in the school they are attending.

In order for a new student to enroll in White Pine County Schools he/she must submit the immunization card to the appropriate school personnel. The card is to be copied and the copy placed in the student's cumulative file.

Parents may decline to immunize their child if there is sufficient medical or religious reasons for not obtaining immunization. Requests to decline immunizations must be submitted to the school board. The school nurse is to see that a list of those students with approved non-immunization status be prepared and readily accessible in the event that there is an outbreak of a communicable disease for which the student has not been immunized.

A child may not be enrolled in a White Pine County School without proof of current immunization status. A child may enter school conditionally if the parent or guardian submits a certificate from a physician or local health officer showing that the child is receiving the required immunizations.

Requirements for immunizations are defined in the Nevada Revised Statutes and by the Nevada State Department of Health. A current copy of both documents is to be kept in the policy and procedure manual for reference.



DISTRICT HEALTH DEPARTMENT

NEVADA REVISED STATUTES

VOL. 16 CHAPTERS 392.435 TO 392.448 INCLUSIVE

IMMUNIZATION REQUIREMENTS FOR PUBLIC SCHOOLS

2.435 Immunization of pupils: Certificate prerequisite to enrollment; additional enrollment; report to health division.

1. Unless excused because of religious belief or medical condition, a child may not be enrolled in a public school within this state unless his parents or guardian submit to the board of trustees of the school district in which the child resides a certificate or certificates stating that the child has been immunized and has received proper boosters for such immunization or is complying with the time limits and schedules established by regulation pursuant to NRS 439.550 for the following diseases:

- (a) Diphtheria;
- (b) Tetanus;
- (c) Pertussis if the child is under 7 years of age;
- (d) Poliomyelitis;
- (e) Rubella;
- (f) Rubeola; and
- (g) Such other diseases as the local board of health or the state board of health may determine.

2. The certificate or certificates required in subsection 1 must show that such required immunization vaccines and boosters were given, and must bear the signature of the licensed physician or registered nurse who administered such vaccines or boosters. If records are not available from a licensed physician or registered nurse, a sworn statement from the parent or guardian suffices.

3. If the requirements of subsection 1 can be met with one visit to a physician or clinic, procedures for conditional enrollment do not apply.

4. A child may enter school conditionally if the parent or guardian submits a certificate from a physician or local health officer that the child is receiving the required immunizations. If a certificate from the physician or local health officer showing that the child has been fully immunized is not submitted to the appropriate school officials within 90 school days after the child was conditionally admitted, the child must be excluded from school and may not be readmitted until the requirements for immunization have been met. A child who is excluded from school pursuant to this section is a neglected child for the purposes of NRS 200.501 to 200.508, inclusive.

5. The requirements of subsection 1 are satisfied if a certificate or certificates have been filed in a previous year with any school

district or any licensed private school or child care facility, in the State of Nevada indicating that a pupil has been immunized as required by this section.

6. Before December 31 of each year, each school district must report to the health division of the department of human resources, on a form furnished by the division, the exact number of pupils who have completed the immunizations required by this section.
(Added to NRS by 1971, 1040; A 1973, 267; 1975, 1324; 1979, 314)

392.437 Immunization of pupils: Exemption when contrary to religious belief. A public school shall not refuse to enroll a child as a pupil because such child has not been immunized pursuant to NRS 392.435 if the parents or guardian of such child have submitted to the board of trustees a written statement indicating that their religious belief prohibits immunization of such child or ward.
(Added to NRS by 1971, 1040)

392.439 Immunization of pupils: Exemption because of medical condition. If the medical condition of a child will not permit him to be immunized to the extent required by NRS 392.435, a written statement of this fact signed by a licensed physician and presented to the board of trustees by the parents or guardian of such child shall exempt such child from all or part of the provisions of NRS 392.435, as the case may be, for enrollment purposes.
(Added to NRS by 1971, 1040)

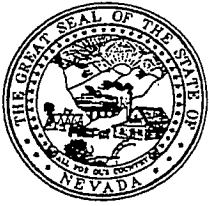
392.443 Immunization of pupils: Additional requirements may be imposed, certificates required. If, after a child has been enrolled in a public school and before registration for any subsequent school year additional immunization requirements are provided by law, the child's parents or guardian shall submit an additional certificate or certificates to the board of trustees stating that such child has met the new immunization requirements.
(Added to NRS by 1971, 1041)

392.446 Immunization of pupils: Protection of exempt children when dangerous disease exists in school. Whenever the state board of health or a local board of health determines that there is a dangerous contagious disease in a public school attended by a child for whom exemption from immunization is claimed pursuant to the provisions of NRS 392.437 or 392.439, the board of trustees of the school district shall require either:

1. That the child be immunized; or
2. That he remain outside the school environment and the local health officer be notified.

(Added to NRS by 1979, 314)

392.448 Immunization of pupils: Penalty for refusal to remove child from school when required by law. Any parent or guardian who refuses to remove his child from the public school in which he is enrolled when retention in school is prohibited under the provisions of NRS 392.435, 392.443 or 392.446 is guilty of a misdemeanor.
(Added to NRS by 1979, 314)



GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENROLLMENT

Grades K - 12

Department of Human Resources
Health Division
Bureau of Disease Control
and Intervention Services
Immunization Program
(702) 687-4800

Post this guide on a wall or desk top as a quick reference to help you determine if pupils seeking admission to your school meet Nevada immunization requirements. If you have any questions, call the Immunization Coordinator at your local health department or the Community Health Nurse at your local public health clinic.

Immunization Requirements

To enroll in Nevada public or private elementary or secondary school, students must provide proof of the following immunizations.

VACCINE	DOSES REQUIRED
Polio OPV or IPV	4 doses The 4 th dose is not required if dose #3 was given after the 4 th birthday.
Diphtheria, Tetanus, Pertussis DTP, DTaP, DT*, Td or combination Pertussis is required at 6 years of age and below. Pertussis is not licensed for use at age 7 and above.	5 doses The 5 th dose is not required if dose #4 was given after the 4 th birthday.
Measles, Mumps, Rubella MMR (Under Nevada state law, 2 doses are required for kindergarten or 1 st grade entry only. However, two doses of MMR are highly recommended for all students.	2 doses Dose 1 on or after 12 months of age Dose 2 at least one month after the 1 st , preferably on or after the 4 th birthday.

*Children receiving DT vaccine must have a valid medical exemption to pertussis vaccine on file.

Exemptions

A up to date list of pupils with exemptions should be maintained separately, so they can be identified quickly if a disease outbreak occurs.

Religious beliefs

A parent must submit a written statement that immunizations are prohibited according to their religious beliefs.

Medical

If the medical condition of a child will not permit him to be immunized, either permanently or temporarily, the parent must present to the Board of Trustees a statement to that fact signed by a licensed physician. This statement should include those vaccines that are not to be given and whether this is permanent or temporary. If temporary, a date should be stated by the physician as to when the required dose of vaccine may be given.

Pupils not meeting requirements

Refer pupils who do not meet these state requirements to their physician or public health clinic, providing them with a written notice giving dates of vaccine doses received and indicating which doses are lacking. They are to be excluded from school until the needed vaccine(s) is received.

Conditional Admission

Pupils lacking one or more required vaccine doses but not currently due for a dose may be admitted on the condition that they receive the remaining doses when due, according to the schedule below. If the maximum time interval has passed, the pupil must be excluded until the next immunization is obtained.

VACCINE	TIME INTERVALS BETWEEN DOSES	
OPV or IPV	2 nd dose:	6-8 weeks after 1 st dose
	3 rd dose:	6-8 weeks after 2 nd dose
DTP, DTaP, (DT under age 7)	2 nd dose:	4-8 weeks after 1 st dose
	3 rd dose:	6 months after 2 nd dose
Age 7 and older)	2 nd dose:	4-8 weeks after 1 st dose
	3 rd dose:	6 months after 2 nd dose
	4 th dose:	6 months after 3 rd dose
MMR	2 nd dose:	4-8 weeks after 1 st dose
	3 rd dose- Booster every 10 years	6 months after 2 nd dose
	2 nd dose at least 4 weeks after the 1 st dose	

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy Governing Emergencies

Accidents which require individual reports are:

1. Possible fracture
2. Any head injury
3. Severe laceration
4. Any injury with unusual circumstances

Any accidents that are reported on this basis should be reported on the student injury report form and forwarded to the building principal.

All accidents should be documented on the Daily Pupil Accident & Illness Log for ready reference. As a matter of good public relations, the school nurse should make a followup contact with a family member within 24 hours with reference to final disposition of an illness or accident.

In cases of suspected drug abuse or other serious conditions the school principal must be informed, followed by a memo giving the nurse's assessment and subsequent followup (nurse retains a duplicate copy).

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy Governing Medical Emergencies

1. GIVE FIRST AID

2. Immediately attempt to notify parent, guardian or the designated adult alternate for direction as to the child's emergency care. Efforts to locate and notify must continue until successful or the responsibility definitely has been assumed by some other agency such as hospital, family physician or Department of Child and Family Services.

3. If the emergency appears to be extreme, the school nurse, if in attendance, will determine the mode of transportation to a medical facility and she will use professional judgment as to whom should accompany the child. If the school nurse is not in the school, the responsibility of how the child is transported shifts to the principal or his/her designee. It should be kept in mind by those making the decision that 911 remains the appropriate emergency call number. Under circumstances that are non-life threatening, or where the child would not be physically compromised, the principal or his/her designee may elect to transport the child to the appropriate facility. Under no circumstances should an aide be requested to transport the child.

4. Before the child is transported, the health record will be checked for allergies or other pertinent medical information and a copy will accompany the child. In the event a parent or guardian cannot be reached, a copy of the emergency release should also accompany the child.

5. If all resources have been exhausted and the parents or designated adult still cannot be located, request the assistance of the Department of Child and Family Services or the Police Department.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Conditions Considered to be Life-Threatening or Physically Compromising

The following conditions are examples considered to be life-threatening or physically compromising, and in the best interest of that individual's welfare require the use of emergency transport.

1. Loss of consciousness
2. Cessation of breathing with or without a pulse
3. Grand Mal seizure in a person who has no previous history of seizures
4. Status epilepticus-grand mal seizures following one another with no intervening periods of consciousness
5. Severe bleeding, severe laceration
6. Head injury with temporary loss of consciousness or confusion
7. Suspected neck or back injuries
8. Poisoning with symptoms
9. Snake bite with symptoms
10. Confirmed black widow bite
11. Severe allergic reaction
12. Obvious compound fracture - penetrating the skin
13. Suspected heart attack or stroke
14. Severe eye injury

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

FOR A MEDICAL EMERGENCY

1. Name of School
2. Location of emergency (gym, classroom, office, playground, etc.)
3. School nurse on scene (yes or no)
4. School phone number
5. State of consciousness (if not known state, "status of consciousness unknown but victim is breathing)
6. Breathing (yes or no)
7. Age
8. Sex
9. Complaint, if known, or nature of injury

FRACTURES, DISLOCATIONS, STRAINS, SPRAINS, CONTUSIONS

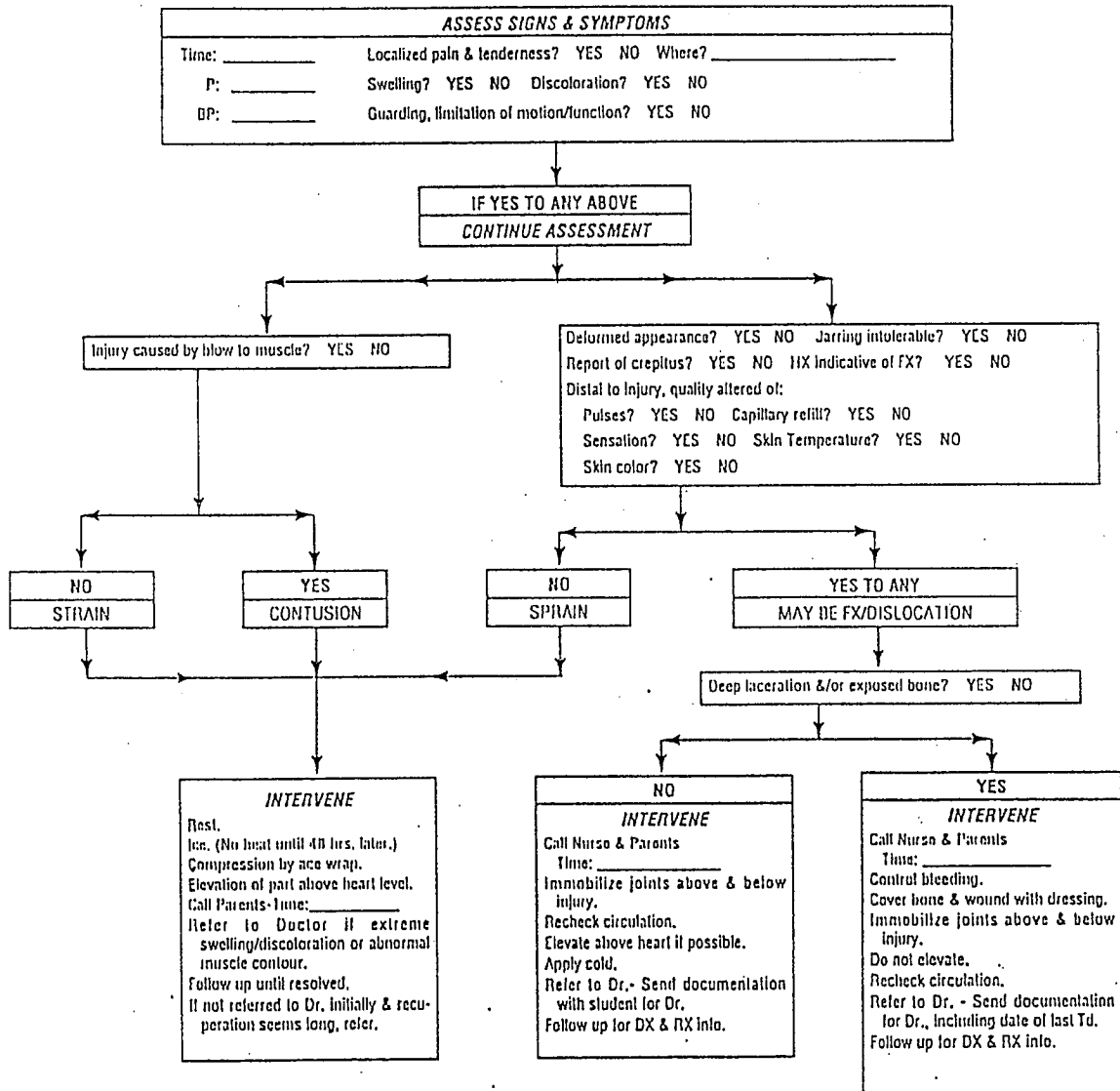
Student Name _____ Date _____

When, where, how injury incurred, plus complaints re: pain & function _____

Time of incident: _____ Arrival in Health Office: _____ Departure _____

Signature: _____ Title: _____

Record assessments & interventions by circling Yes, No, & intervention done, plus filling in blanks.



COMMENT: IF SHOCK ASSESSMENT NEEDED, USE REVERSE SIDE OF THIS SHEET.
PHYSICIAN PLEASE WRITE REPORT ON REVERSE SIDE.

WHITE PINE COUNTY SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

DATE _____

Dear Parent,

Your child; _____ received a bone, muscle or joint injury today.

(description and site of injury)

We have observed the injured area and put ice on it at school. He/She has been instructed to show you the injury as soon as arriving home today.

We suggest that you observe the area for swelling, discoloration, and/or pain. If the injury continues to bother your child after school, it may be helpful to have him/her rest the injured area, elevate it above the level of the heart, and use an ice pack for the first 24 hours to reduce swelling and promote comfort.

Persistent swelling or pain of the injured area or inability to use the joint are indications that you need to seek medical care. As your physician will inform you, it is impossible to diagnose a fracture without an X-ray. Therefore, at school we are unable to diagnose or treat any injury of this nature other than providing basic first aid measures.

If you have any questions or concerns please contact the school nurse at 289-4846.

Sincerely,

School Nurse

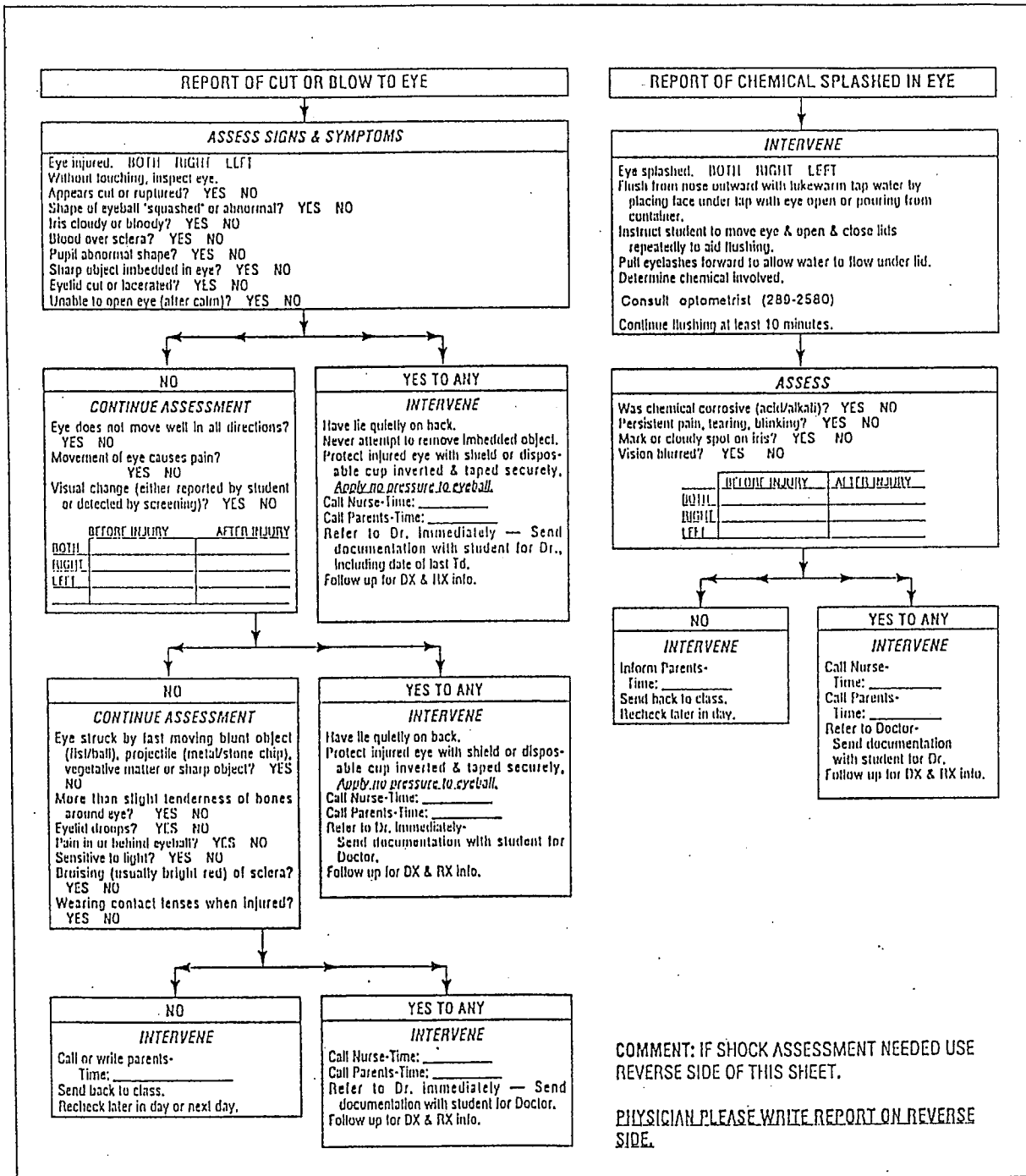
EYE INJURY

Student Name _____ Date _____

When, where, how injury incurred, plus complaints re: pain & function _____

Time of incident: _____ Arrival in Health Office: _____ Departure _____

Signature: _____ Title: _____



WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy on Notification of Parent for Head Injury

The parent/guardian of any pupil receiving a head injury at school must be notified of such injury:

1. By phone when possible.
2. By written notification in all cases in addition to phone call.
3. If the injury is serious in nature, the parent will be requested to come for the child and will be referred to the family's medical advisor.
4. After the child has been observed and no symptoms are apparent and child says he feels all right, he/she may return to class.
5. The teacher should be notified of the head injury and instructed to observe the child in the classroom.
6. Documentation of injury includes:
 - a. nature of accident, with child's immediate response including length of unconsciousness if any
 - b. nature of behavior and alertness following initial reaction

WHITE PINE COUNTY SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

Date _____

Dear Parent,

Your child, _____, received a head injury during school today. (Explanation of accident): _____

First aid treatment was administered, and during the remaining time in school he/she was carefully observed.

In as much as many head injuries result in delayed reactions and complications, we ask that you watch for the following symptoms which indicate a need for medical evaluation.

Observation for the first 24 hours is important.

1. Decreased alertness, confusion, lethargy, unconsciousness
2. Extreme drowsiness (child should be aroused every 2 hours for the first 24 hours)
3. Severe headache
4. Stiff neck
5. Nausea
6. Vomiting
7. Dizziness
8. Fluid and/or bleeding from eyes, ears, nose
9. Seizures or convulsions
10. Weakness of arm or leg
11. Unequal size of pupils
12. Blurred vision or slurred speech

Should you have any questions, please check with the school nurse or your medical advisor.

Comments: _____

School Nurse

HEAD INJURY

Student Name _____ Date _____

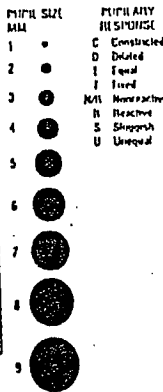
When, where, how injury incurred, plus complaints re: pain & function _____

Time of incident: _____ Arrival in Health Office: _____ Departure _____

Signature: _____ Title: _____

Record assessments & interventions by circling Yes, No, & intervention done, plus filling in blanks.

GLASGOW/COMA SCALE		INITIAL	3 MIN	20 MIN	45 MIN
1. BEST EYE	Spontaneous 4 In voice 3 In pain 2 None 1				
2. BEST VERBAL RESPONSE	Oriented 5 Confused 4 Inappropriate words 3 Incomprehensible sounds 2 None 1				
3. BEST MOTOR RESPONSE	Obeys commands 6 Localizes pain 5 Withdraws to pain 4 Flexes to pain 3 Extends to pain 2 None 1				
GLASGOW/COMA SCALE TOTAL					
PUPILS					
RIGHT	SIZE				
	REACTIVE				
LEFT	SIZE				
	REACTIVE				



* PUPIL-VERBAL
 5 Smiles, coos, cries appropriately
 4 Cries
 3 Inappropriate crying and/or screaming
 2 Grunts
 1 None

A person with significant head injury is always at high risk for a spinal injury. *Always take spinal precautions if a person is down with a head injury.*

Time: _____

Airway obstructed? YES NO

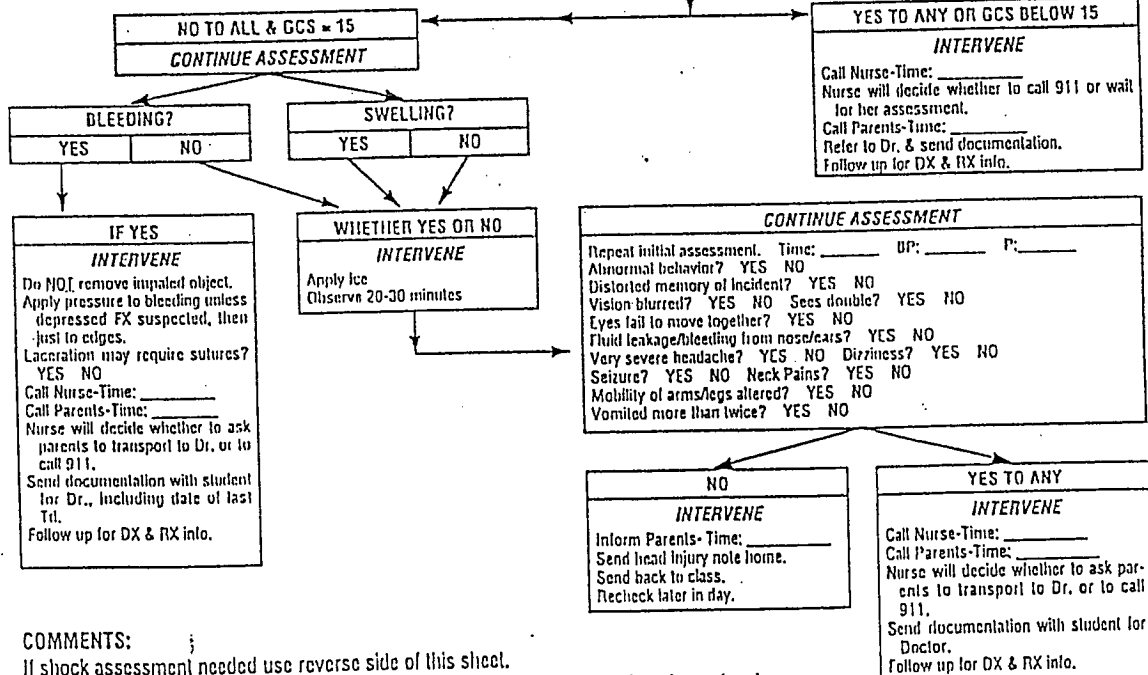
Abnormal breathing pattern/rate? YES NO R _____

Abnormal pulse? YES NO P _____

Abnormal Skull contour? YES NO
Describe: _____

Abnormal reflexes? YES NO
Describe: _____

Hand grips unequal in strength? YES NO
Describe: _____



COMMENTS: _____

If shock assessment needed use reverse side of this sheet.

If assessment is done after a period of time elapses, be alert to the following signs of serious head injury:

CUSHING'S TRIAD - Increased systolic BP, decreased heart rate, widened pulse pressure. Is a sign of increased intracranial pressure.

RACCOON EYES - Discoloration & swelling around both eyes. Suggests basilar skull FX or facial FX.

BATTLE'S SIGN - Discoloration & swelling behind one or both ears. Suggestive of basilar skull FX.

PHYSICIAN PLEASE WRITE REPORT ON REVERSE SIDE.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy Governing Care in Illness

It is against the policy of the White Pine County School District to give medication of any kind which includes aspirin, similar preparations or any other drugs without parental consent. Our policy of not supplying schools with aspirin, etc., is based on the reasons given in the following statements issued by the American Medical Association:

"Since treatment is not a function of school health programs, no drugs should be included in school first aid supplies. Even the simplest and safest drugs sometimes cause reactions. When they mask pain or other symptoms, they may be a factor in delaying correct diagnosis and treatment.

Teachers and other school personnel are expected to limit themselves to the usual and accepted practices of first aid in managing emergencies due to sickness or accident. They should not diagnose illness or administer medication of any sort without written parental consent. First aid materials are not to be used for subsequent treatment of injury and illness as a substitute for physician care."

Legal liability could result from the administration of drugs to minor children without the advice of a physician and the written consent of a parent. By following the policy stated by the American Medical Association that not even the simplest drugs should be given without the direction of a physician, school personnel are not only protecting themselves from possible legal action, but are acting for the best interests of the children.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

ALLERGIC REACTION TO STINGS OR BITES

Hypersensitivity reactions leading to anaphylaxis generally follows a sting by a bee, hornet, wasp, or yellow jacket but rarely after a bite by other insects. Anaphylaxis can also result from hypersensitivity to medication and food.

See accompanying **ANAPHYLAXIS PROTOCOL** for specific details of identification and management. Please note: in the WPCSD, adrenaline (epinephrine) is administered only with a physician order and a parent supplied epi-pen kit and permission for administration. At the discretion of the building principal an epi-pen may be purchased by the district to be kept in the building but is only to be administered under the above conditions.

When a student is known to have a severe reaction to bee stings, a bee sting (Epi-Pen) kit must be kept at school. The student's teacher(s) and school secretary must be instructed in the proper administration of the kit in the event that the school nurse is not immediately available. **ADMINISTRATION OF THE MEDICATION IN THE BEE STING KIT MUST BE GIVEN IMMEDIATELY ACCORDING TO THE DIRECTIONS ON THE KIT OR THE DOCTOR'S ORDER.**

THE STUDENT MUST BE TRANSPORTED TO THE EMERGENCY ROOM FOLLOWING THE ADMINISTRATION OF THE MEDICATION.

Documentation of the allergic reaction, the treatment, time of administration of the medication, notification of parents and principal must be placed in the student's file.

Other helpful information regarding allergic reactions to stings:

1. Greater than five stings by bees, wasps, hornets, or yellow jackets need referral to a doctor due to the danger of severe toxic reaction from amounts of venom.
2. A little black dot in the bite indicates that the stinger is still present. Remove it by scraping it off with tweezers or a fingernail, if out in the field.
3. Application of ice may relieve some of the pain. Discourage "mud packs" or other home remedies of a potential infectious nature.
4. Remind parents of the need for a med-alert bracelet for the student with toxic reactions to bee stings.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

EMERGENCY MEDICATION CARE PLAN
FOR SEVERE ALLERGIC REACTION

Student _____ School _____

D.O.B. _____ Phone/Home _____

Parents _____ During Day _____

Medication Location _____
=====

In the event that _____ has an acute allergic reaction, do the following:

1. "DIRECT SOMEONE TO DIAL 911" Explain the nature of the emergency. Notify parents to come to the school immediately.
2. Have the child chew and swallow _____ (specific amount) of _____ (oral medication) if ordered **before** injection.
3. Injection procedure:
 - a. locate area for injection (outer thigh)
 - b. use alcohol swab, if available
 - c. pull out gray safety cap
 - d. place black tip on outer thigh
 - e. push hard until injection function-leave in place for several seconds
4. Have the child chew and swallow _____ (specific amount) of _____ (oral medication) if ordered after the injection.
5. Record what medications were given and the times.
6. Send child to medical facility via ambulance with EMT's.

=====

I have been taught, understand, and correctly demonstrated my ability to do the above.

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Medication in the School Setting

Parents should make every effort to avoid the necessity of medicating students during school hours. Any student who is expected to take medication during school hours must have on file in the school a signed Consent and request form. The school district has a responsibility to see that a child receives his medication if appropriately requested and ordered by parent and physician.

Short Term Medication (10 school days)

Any student who is on medication for 10 school days or less must have either a Consent and Request Form completed and signed by the parent and physician, or the request may be written on physician's prescription pad and must be accompanied by a written request from the parent or guardian.

Long Term Medication (Continuing over 10 days)

A student who is on medication for a period of time longer than 10 days must have the Consent and Request Form signed by the parent/guardian and physician. A physician's signature is also required for medications administered at school for emergencies. Inhalers used by asthmatics can be carried by the student, but a Consent and Request signed by the parent and physician must also be on file.

*The parent or guardian is responsible for delivering the medication to the school and presenting it to the school nurse or responsible school official. It is not to be sent with the student.

*The school nurse should always be informed of students on medication.

*All medication must be in a container labeled with the student's name, name of physician, name of medication, dosage and time to be given. The amount of medication kept at school will be determined in cooperation with the school nurse, principal and parent, as necessary.

*Any change in type, frequency, or amounts of medication will require a new Consent and Request form.

*Medication stored on the school premises is to be kept in a secured location. At no time should medication be left on a desk or counter top.

*Students must be observed by a designated adult such as school nurse, nurse aide, secretary or teacher when taking medication.

*If a child does not present to the clinic for his medication at the requested time he/she is to be called with discretion from his class to report to the office.

*All medication must be recorded on the Individual Medication Record.

Students in Grades 9-12

With the permission of a parent/guardian, students in Grades 9-12 may self-medicate. Such students may possess medication on district property. Prescription medication must be properly labeled with the name of the student to receive the medication, name and dosage of medication, name of prescribing practitioner and the instructions for administration.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Procedure for Administering Medication in the School Setting

If it becomes necessary for a student to take any form of medication at school, these steps must be followed:

1. Written authorization from the physician for the school stating the student's name, medication, dosage, time to be given, and for how many days.
2. Medication properly identified and in its original pharmacy labeled container.
3. Written permission by the parents giving the school district authorization to assist with medication.
4. A medication log of when medication was given.
5. Medication is to be stored in a secured area.

Procedure:

1. Identify student.
2. Identify medication.
Note student's name on bottle.
Note date of medication on bottle, time to be given.
Note name of medication on bottle.
Note dosage of medication on bottle, method to be given.
Note instructions on bottle for giving the medication.
3. Compare information on medication bottle with medication record information.
4. Record initials of the person administering the medication on the student's medication record.
5. Return medication to secured cupboard.

Name of Delegatee _____ Name of Delegator _____

Date of Instruction _____ Initials of instructor and delegatee _____

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

GUIDELINE FOR DOCUMENTING DELEGATION OF MEDICATION

School _____ Date _____

Delegatee _____ Delegator _____

Criteria	On File	Delegator's Initials	Delegatee's Initials	Comments
Physician's Authorization to give medication				
Parent's permission to give medication				
Health Care Plan (if indicated)				
Medication in pharmacy labeled bottle				
Direction for medication storage				
Demonstration Procedure (how to determine dosage)				
Instruction on documentation of medication given (check to see if med has already been given)				
Return Demonstration (include documentation)				
Process to locate RN				

Monitored Demonstrations		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____

Delegatee's Signature _____	Initials _____
Delegator's Signature _____	Initials _____

HEALTH SERVICES DEPARTMENT

CONSENT AND REQUEST FOR ORAL MEDICATION DURING SCHOOL DAY

The undersigned physician advises you that _____,
(name)
a certified student of the White Pine County School District, requires
the following described medication during the school day:

(identify drug, dosage and provide instructions)

This medication will be provided to the White Pine School District by
the parent or guardian of said child and the undersigned parent or
guardian agrees to assume all responsibility for maintaining the supply
of said medication and replacing such medication when it's effective-
ness has lapsed by reason of time.

The undersigned parent or guardian hereby requests the White Pine
School District, through Health Services and/or school staff to
administer to said child the above described medication during the
school day. Said parent or guardian hereby expressly relieves the
White Pine School District, the Board of Trustees of the district and
all agents of the district from any liability for the administration of
such medication, and further hereby agrees to hold the School District,
the Board of Trustees of the district, and all agents of the district
harmless from any liability for the administration of such medication.

date

signature of physician

date

signature of parent/guardian

* I give my permission for the school nurse to discuss with the above
named physician observations of effects on my child in relation to the
above specified medication or changes in my child as a result of said
medication.

date

signature of parent/guardian

Reviewed by: School Nurse _____ Date: _____
Principal _____ Date: _____

WHITE PINE COUNTY SCHOOL DISTRICT
INDIVIDUAL MEDICATION RECORD

STUDENT NAME _____

SCHOOL NURSE _____ SCHOOL _____ GRADE _____

DESIGNATED PERSON _____ TEACHER _____ YEAR _____

SIGNATURE AND INITIALS OF DESIGNATED PERSONS _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															
July																															

Use one form per student per medication, BID medications require 2 separate forms.
 Initial each entry.
 Signature and initials of designated person(s) assisting with medication are required.
 Note absences (AB), Weekends/Holidays (X)

Medication _____
 Dosage _____
 Time to be given _____
 Start Date _____ D/C _____
 Special Instructions _____

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

MEDICATION USAGE RELEASE FOR ASTHMA INHALERS

_____ uses an inhaler(s):
Student Name

1. _____

2. _____

_____ is responsible for carrying the inhaler on her/his, person/backpack/locker. He/she understands the purpose, appropriate method, and frequency for using the inhaler.

The inhaler(s) has been prescribed by: _____
Physician's Name

I understand that misuse of the inhaler is an indication that supervision of the use of the inhaler needs reevaluation by the parents and school nurse.

The student and parent are responsible in the event of a lost inhaler.

Parent/Guardian Date

School Nurse Date

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Date _____

Dear Parent,

This is a reminder to you that the permission for administration of _____ to your child, _____ will be invalid at the end of this school year. It will need to be renewed if your child will continue to require medication in the new school year.

Attached is a new consent form to be signed by you and the physician prescribing the medication. It is provided for you now so that over the summer you can obtain the authorization of the physician and be able to provide the school with it on the first day of school.

Also attached is a copy of the medication policy summary. Please note that in order for any medication to be given the school nurse must have authorization from the physician. The pharmacy label is not considered the physician authorization.

A prescription labeled container is an essential safety requirement for medication administration at school. A suggestion when obtaining the medication from your pharmacist would be to request duplicate bottle and labels. By doing this you will be able to provide the school with the required prescription labeled container while also having one for home use.

Hopefully this reminder will be helpful to you. Please call me if you have questions. I look forward to working with you and your child.

Sincerely,

School Nurse

Phone

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy on Student's With Specific Health Conditions

A student's health condition may require that medication be immediately available at all times; i.e., inhalers for asthmas, epi-pen kits for severe allergic reactions. In that event:

1. The student's health record must contain a health practitioner's statement reflecting the need.
2. The medication must meet the previously described conditions for prescription medication kept at school.
3. There must be written instructions for administration from the prescribing health care provider.
4. There must be written permission from the parent/guardian for school personnel to administer the medication.
5. In the absence of the nurse, the medication will be administered on an emergency basis by an appropriately instructed delegatee of the nurse.
6. If the need is such that the student must carry the medication, the parent/guardian must sign a statement acknowledging that the student is knowledgeable and responsible for self-administration.
7. The student and parent assume responsibility for loss or misuse of the medication.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

PROCEDURES AND GUIDELINES FOR DEVELOPING A HEALTH CARE PLAN

A Health Care Plan (HCP) is used to achieve standardization of care to select students who have significant medical problems. It provides information on the medical condition and guidelines which describe steps to be taken in the health management at school. It may be appropriate for the HCP to be a part of a 504 accommodation plan or the student's IEP.

The decision regarding which students require a HCP is based on the school nurse's professional judgment. A number of factors determine the development of an HCP, including:

1. Stability of the student's medical condition.
2. Potential for acute alteration in health status.
3. Potential for urgent or life threatening situation.
4. Student requires regular medical procedure at school (blood sugars, breathing treatment).
5. Condition affects the child's physical functioning in the school setting (wheelchair dependent, requires assistance with activities of daily living).
6. Parent request.

In the event a student's condition is stable, and an HCP is not required, the staff should be made aware of the student's medical problem, and guidelines for first aid should be provided. This can be accomplished through a memo to teachers or through the distribution of the Disability List. If a student requires a food or drink substitution due to allergies, a memo should be sent to the Food Services Department.

The following guidelines may be considered when determining if a student requires a Health Care Plan; however the professional judgment of the school nurse is first and foremost in the decision making process.

1. Child has a condition which requires on-going medication at school or at home, routine or PRN, for treatment of a potentially serious health problem (asthma inhaler). HCP's are not usually required for short term medications, such as antibiotics.

2. Requires modification during school day (asthmatic stays indoors on windy days, or student with eye injury requires goggles during P.E. for six weeks).
3. Requires special medical procedure during school day (blood sugar testing, breathing treatment).
4. Student has medical device or prosthesis (shunt, artificial eye).
5. Allergies which are severe. This includes food, environmental or insect reaction.
6. Presence of any chronic health problem such as diabetes, asthma, cystic fibrosis, seizures or cancer with frequent changes in status management, which are likely to impact education and/or student's safety at school. This is information that needs to be shared with school staff; however whether or not a Health Care Plan is indicated for every condition is based on the severity of the problem and the professional judgment of the school nurse.
7. Has a physical abnormality which might affect school functioning (student with deformed arm requires assistance with lunch and P.E.)

PROCEDURE

1. Identify students requiring individual health care plans.
2. Collaborate with the teacher and parent/guardian regarding student's health concerns/educational implications and needs.
3. Develop individual health care plan. Standardized care plan may be utilized and adapted, if appropriate, however, care plan **must** be individualized.
4. Share individual health care plan with parent/guardian.
5. Revise and update care plan to reflect parent/teacher information regarding current health status/changes.
6. Distribute original health care plan to appropriate staff. Discuss individually, as indicated.
7. Provide copy of care plan to parent/guardian.
8. File copies of health care plan in Care Plan Notebook, and cumulative folder. All care plans should be maintained confidentially, however, the information must be readily accessible to school personnel.



Nevada State Board of Nursing

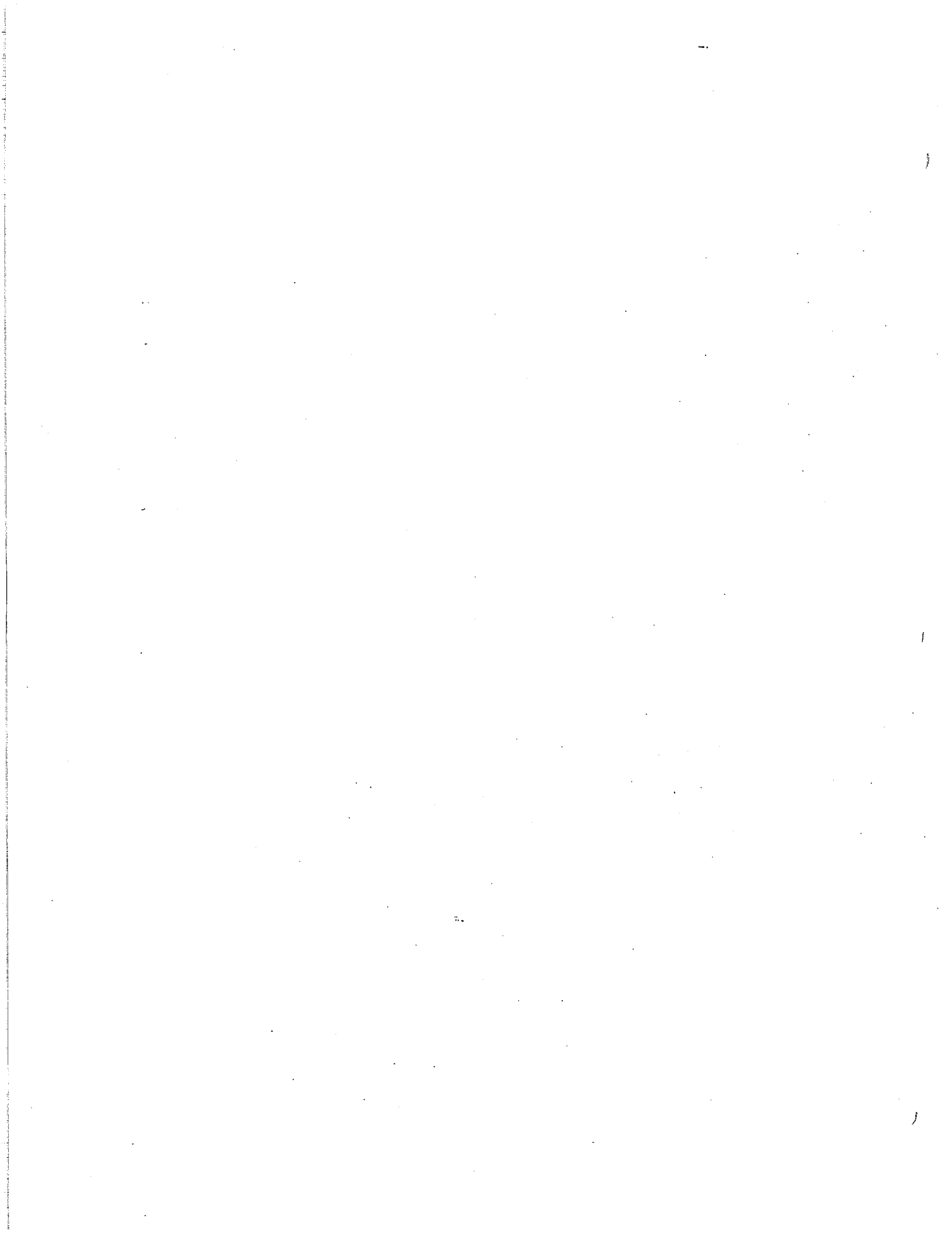
NURSE PRACTICE ACT

Chapter 632

**NEVADA REVISED STATUTES
and
REGULATIONS**

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**Effective November 6, 1995
Including amendments to date**



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GENERAL PROVISIONS

632.010 DEFINITIONS. As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 632.011 to 632.019 inclusive, have the meanings ascribed to them in those sections.

[2:256:1947: A 1949, 536; 1943 NCL § 4756.02] + [2:154:1949; 1943 NCL § 4759.02]—(NRS A 1963, 608; 1973, 522; 1977, 189; 1979, 1870; 1987, 1526; 1989, 2013, 2050)

632. The legislature hereby declares that the practice of nursing is a learned profession affecting the safety, health and welfare of the public and is subject to regulation to protect the public from the practice of nursing by unqualified and unlicensed persons and from unprofessional conduct by persons licensed to practice nursing. The legislature further declares that the purpose of the state board of nursing is to regulate the practice of nursing and to enforce the provisions of this chapter.

(Added to NRS by 1995,)

632.011 "ACCREDITED SCHOOL OF NURSING" DEFINED. "Accredited school of nursing" means a school of nursing which is accredited by the board or another body or agency authorized by law to accredit or approve schools of nursing in the state in which the school is located.

(Added to NRS by 1987, 1524)

632.012 "ADVANCED PRACTITIONER OF NURSING" DEFINED. "Advanced practitioner of nursing" means a registered nurse who:

1. Has specialized skills, knowledge and experience; and
2. Is authorized by the board to provide those services in addition to those that other registered nurses are authorized to provide.

(Added to NRS by 1987, 1524; A 1991, 790)

632.0125 "AGENCY TO PROVIDE NURSING IN THE HOME" DEFINED.

"Agency to provide nursing in the home" has the meaning ascribed to it in NRS 449.0015.

(Added to NRS by 1989, 2007)

632.0127 "BASIC NURSING SERVICES" DEFINED. "Basic nursing services" means the performance of acts designated by the board which are within the practice of nursing under the direction of a registered nurse or a licensed practical nurse that do not require the substantial specialized skill, judgment and knowledge required of a registered nurse or licensed practical nurse.

(Added to NRS by 1989, 2007)

632.013 "BOARD" DEFINED. "Board" means the state board of nursing.

(Added to NRS by 1987, 1524)

632.0135 "CERTIFICATE" DEFINED. "Certificate" means a document which authorizes a person to practice as a nursing assistant.

(Added to NRS by 1989, 2007)

632.014 "CERTIFIED REGISTERED NURSE ANESTHETIST" DEFINED. "Certified registered nurse anesthetist" means a registered nurse who:

1. Has completed a nationally accredited program in the science of anesthesia; and
2. Is certified by the board to administer anesthetic agents to a person under the care of a licensed physician, a licensed dentist or a licensed podiatric physician.

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(Added to NRS by 1987, 1524)

632.015 "EMERGENCY" DEFINED. "Emergency" means an unforeseen combination of circumstances calling for immediate action.

(Added to NRS by 1987, 1525)

632.0155 "FACILITY FOR LONG-TERM CARE" DEFINED. "Facility for long-term care" means a facility for intermediate care, as defined in NRS 449.0038, or a facility for skilled nursing, as defined in NRS 449.0039.

(Added to NRS by 1989, 2007)

632.016 "LICENSED PRACTICAL NURSE" DEFINED. "Licensed practical nurse" means a person who is licensed to practice practical nursing as provided in this chapter.

(Added to NRS by 1987, 1525)

632.0162 "LICENSEE" DEFINED. "Licensee" means a person licensed pursuant to this chapter.

(Added to NRS by 1989, 2050)

632.0164 "MEDICAL FACILITY" DEFINED. "Medical facility" has the meaning ascribed to it in NRS 449.0151.

(Added to NRS by 1989, 2008)

632.0166 "NURSING ASSISTANT" DEFINED. "Nursing assistant" means a person who, under the direction of a licensed nurse in a medical facility and for compensation, performs basic restorative services and basic nursing services which are directed at the safety, comfort, personal hygiene, basic mental health and protection of patients and the protection of patients' rights.

(Added to NRS by 1989, 2008)

632.0168 "NURSING ASSISTANT TRAINEE" DEFINED. "Nursing assistant trainee" means a person who is:

1. Enrolled in a training program required for certification as a nursing assistant; or
2. Awaiting the results of a certification examination.

(Added to NRS by 1989, 2008)

632.0169 "PRACTICE OF NURSING" DEFINED. "Practice of nursing" means the general observation, diagnosis and treatment of changes in a person's health. The term does not include acts of medical diagnosis or prescription of therapeutic or corrective measures, except as authorized by specific statute.

(Added to NRS by 1989, 2050)

632.017 "PRACTICE OF PRACTICAL NURSING" DEFINED. "Practice of practical nursing" means the performance for compensation of selected acts in the care of the ill, injured or infirm under the direction of a registered professional nurse, an advanced practitioner of nursing, a licensed physician, a licensed dentist or a licensed podiatric physician, not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.

(Added to NRS by 1987, 1525)

632.018 "PRACTICE OF PROFESSIONAL NURSING" DEFINED. "Practice of professional nursing" means the performance for compensation of any act in the observation, care and counsel of the ill, injured or infirm,

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the maintenance of health or prevention of illness of others, in the supervision and teaching of other personnel, in the administration of medications and treatments as prescribed by an advanced practitioner of nursing, a licensed physician, a licensed dentist or a licensed podiatric physician, requiring substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social science, but does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

(Added to NRS by 1987, 1525)

632.019 "REGISTERED NURSE" DEFINED. "Registered nurse" means a person who is licensed to practice professional nursing.

(Added to NRS by 1987, 1524)

STATE BOARD OF NURSING

632.020 CREATION; NUMBER OF MEMBERS. The state board of nursing, consisting of seven members appointed by the governor, is hereby created.

[Part 3:256:1947; 1943 NCL § 4756.03]--(NRS A 1963, 609; 1973, 523; 1977, 1251)

632.030 QUALIFICATIONS OF MEMBERS; CONSECUTIVE TERMS.

1. The governor shall appoint:

(a) Four registered nurses who are graduates of an accredited school of nursing, are licensed as professional nurses in the State of Nevada and have been actively engaged in nursing for at least 5 years preceding appointment.

(b) One practical nurse who is a graduate of an accredited school of practical nursing, is licensed as a practical nurse in this state and has been actively engaged in nursing for at least 5 years preceding the appointment.

(c) One nursing assistant who is certified pursuant to the provisions of this chapter.

(d) One member who is a representative of the general public.

2. Each member of the board must be:

(a) A citizen of the United States; and

(b) A resident of the State of Nevada who has resided in this state for not less than 2 years.

3. A representative of the general public may not:

(a) Have a fiduciary obligation to a hospital or other health agency;

(b) Have a material or financial interest in the rendering of health services; or

(c) Be employed in the administration of health activities or the performance of health services.

4. The members appointed to the board pursuant to paragraphs (a) and (b) of subsection 1 must be selected to provide the broadest representation of the various activities, responsibilities and types of service within the practice of nursing and related areas, which may include, without limitation, experience:

(a) In administration.

(b) In education

(c) As an advanced practitioner of nursing.

(d) In an agency or clinic whose primary purpose is to provide medical assistance to persons of low and moderate incomes.

(e) In a licensed medical facility.

5. Each member of the board shall serve a term of 4 years. If a vacancy occurs during a member's term, the governor shall appoint a person qualified under this section to replace that member for the remainder of the expired term.

6. No member of the board may serve more than two consecutive terms. For the purposes of this subsection, service of 2 or more years in filling an unexpired term constitutes a term.

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[Part 3:256:1947; 1943 NCL § 4756.03]--(NRS A 1963, 609; 1973, 523; 1977, 1251; 1983, 256; 1995,

632.040 TIME FOR FILLING VACANCIES. All appointments to the board must be made by the governor within 60 days from the time a vacancy occurs.

[Part 3:256:1947; 1943 NCL § 4756.03]--(NRS A 1963, 610; 1977, 1252; 1981, 525)

632.050 REMOVAL OF MEMBER. The prevailing laws of the State of Nevada controlling the removal from office of public officials shall be applicable to the removal of any member of the board during his term of office.

[4:256:1947; 1943 NCL § 4756.04]

632.060 OFFICERS; EXECUTIVE DIRECTOR.

1. Each year at a meeting of the board, to be held in accordance with NRS 632.070, the board shall elect from its members a president, a vice president and a secretary.

2. The board may appoint an executive director who need not be a member of the board. The executive director appointed by the board must be a professional nurse licensed to practice nursing in the State of Nevada. The executive director shall perform such duties as the board may direct and is entitled to receive compensation as set by the board. The executive director is entitled to receive a per diem allowance and travel expenses at a rate fixed by the board while engaged in the business of the board. The rate must not exceed the rate provided for state officers and employees generally.

[Part 5:256:1947; A 1955, 608]--(NRS A 1963, 150, 610; 1971, 224; 1983, 256; 1989, 1697; 1991, 318)

632.065 OFFICES AND EMPLOYEES OF BOARD. The board may:

1. Maintain offices in as many localities in the state as it finds necessary to carry out the provisions of this chapter.

2. Employ attorneys, investigators and other professional consultants and clerical personnel necessary to the discharge of its duties.

(Added to NRS by 1963, 150)

632.070 MEETINGS; QUORUM; EXAMINATIONS.

1. The board shall meet at least three times a year at approximately 4-month intervals for the purpose of transacting such business as may properly come before the board.

2. The board shall hold not less than one examination each year at such times and places as the board may determine.

3. Special meetings of the board may be held on the call of the president or upon the call of any three members. A written notice of the time, place and object of any special meeting must be mailed by the executive director to all members of the board who are not parties to the call at least 15 days prior to the day of such meeting.

4. A majority of the board constitutes a quorum at any meeting.

[Part 5:256:1947; A 1955, 608]--(NRS A 1963, 611; 1973, 524; 1983, 257)

632.072 ADVISORY COMMITTEE ON NURSING ASSISTANTS: CREATION; APPOINTMENT; DUTIES.

1. The advisory committee on nursing assistants, consisting of 10 members appointed by the board, is hereby created.

2. The board shall appoint to the advisory committee:

(a) One representative of facilities for long-term care;

(b) One representative of medical facilities which provide acute care;

(c) One representative of agencies to provide nursing in the home;

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- (d) One representative of the health division of the department of human resources;
 - (e) One representative of the welfare division of the department of human resources;
 - (f) One representative of the aging services division of the department of human resources;
 - (g) One representative of the American Association of Retired Persons or a similar organization;
 - (h) A nursing assistant;
 - (i) A registered nurse; and
 - (j) A licensed practical nurse.
3. The advisory committee shall advise the board with regard to matters relating to nursing assistants.
(Added to NRS by 1989, 2008)

632. ____ 1. In addition to the advisory committee on nursing assistants created by NRS 632.072, the board may appoint such other advisory committees as it deems appropriate.

2. The members of any advisory committee appointed pursuant to subsection 1 are not entitled to be paid a salary or to receive per diem allowances for conducting the business of the advisory committee, but the board may authorize reimbursement for the actual expenses incurred by a member for traveling to and from a meeting of the advisory committee.

632.080 COMPENSATION AND EXPENSES OF BOARD AND ADVISORY COUNCIL ON CONTINUING EDUCATION FOR NURSES.

1. The compensation of the members of the board must be fixed by the board, but may not exceed \$80 for each day spent by each member in the discharge of his official duties.

2. The compensation of the members of the advisory council on continuing education for nurses must be fixed by the board, but may not exceed \$60 for each day spent by each member in the discharge of his official duties.

3. While engaged in the discharge of his official duties, each member and employee of the board and each member of the advisory committee on continuing education is entitled to receive a per diem allowance and travel expenses at a rate fixed by the board. The rate must not exceed the rate provided for state officers and employees generally.

4. All compensation, per diem allowances and travel expenses of the members and employees of the board and members of the advisory council on continuing education must be paid out of the money of the board.

[Part 5:256:1947; A 1955, 608]--(NRS A 1963, 151, 611; 1971, 224; 1975, 303; 1979, 719; 1981, 1992; 1985, 444; 1989, 1698)

632.085 FISCAL YEAR. The Board shall operate on the basis of a fiscal year commencing on July 1 and terminating on June 30.

(Added to NRS by 1963, 150)

632.090 DEPOSIT AND USE OF MONEY; DELEGATION OF AUTHORITY CONCERNING DISCIPLINARY ACTION; DEPOSIT OF FINES; CLAIM FOR ATTORNEY'S FEES OR COSTS OF INVESTIGATION.

1. Except as otherwise provided in subsection 3, all money received by the board under the provisions of this chapter must be paid to the executive director of the board, who shall deposit the money in banks or savings and loan associations in the State of Nevada. The money may be drawn on by the board for payment of all expenses incurred in the administration of the provision of this chapter.

2. The board may delegate to a hearing officer or panel its authority to take any disciplinary action pursuant to this chapter, impose and collect fines and penalties therefor and deposit the money therefrom in banks or savings and loan associations in this state.

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3. If a hearing officer or panel is not authorized to take disciplinary action pursuant to subsection 2 and the board deposits the money collected from the imposition of fines with the state treasurer for credit to the state general fund, it may present a claim to the state board of examiners for recommendation to the interim finance committee if money is needed to pay attorney's fees or the costs of an investigation, or both.

[14:256:1947; 1943 NCL § 4756.14]--(NRS A 1963, 151, 611; 1969, 66; 1983, 257; 1993, 885)

632.100 RECORDS AND PUBLICATIONS OF BOARD.

1. The board shall make and keep a full and complete record of all its proceedings, including a file of all applications for licenses and certificates under this chapter, together with the action of the board upon each application, and including a register of all nurses licensed to practice nursing in this state.

2. The board shall maintain in its main office a public docket or other record in which it shall record, from time to time as made, the rulings or decisions upon all complaints filed with it, and all investigations instituted by it in the first instance, upon or in connection with which any hearing has been had, or in which the licensee charged has made no defense.

3. At least semiannually, the board shall publish a list of the names and addresses of persons licensed by it under the provisions of this chapter, and of all applicants, licensees and holders of certificates whose licenses or certificates have been refused, suspended or revoked within 1 year, together with such other information relative to the enforcement of the provisions of this chapter as it may deem of interest to the public.

[Part 5:256:1947; A 1955, 608] + [Part 7:154:1949; A 1955, 547] + [Part 16:256:1947; A 1955, 608]--
NRS A 1963, 612; 1973, 524; 1979, 958; 1989, 2014)

632.120 DUTIES; REGULATIONS; ADDITIONAL FEES.

1. The board shall:

(a) Adopt regulations establishing reasonable standards:

(1) For the denial, renewal, suspension and revocation of, and the placement of conditions, limitations and restrictions upon, a license to practice professional or practical nursing.

(2) Of professional conduct for the practice of nursing.

(3) For prescribing and dispensing controlled substances and dangerous drugs in accordance with applicable statutes.

(b) Prepare and administer examinations for the issuance of a license under this chapter.

(c) Investigate and determine the eligibility of an applicant for a license under this chapter.

(d) Carry out and enforce the provisions of this chapter and the regulations adopted pursuant thereto.

2. The board may adopt regulations establishing reasonable;

(a) Qualifications for the issuance of a license under this chapter.

(b) Standards for the continuing professional competence of licensees. The board may evaluate licensees periodically for compliance with those standards.

3. The board may adopt regulations establishing a schedule of reasonable fees and charges, in addition those set forth in NRS 632.345, for:

(a) Investigating licensees and applicants for a license under this chapter;

(b) Evaluating the professional competence of licensees;

(c) Conducting hearings pursuant to this chapter;

(d) Duplicating and verifying records of the board; and

(e) Surveying, evaluating and accrediting schools of practical nursing, and schools and courses of professional nursing, and collect the fees established pursuant to this subsection.

4. The board may adopt such regulations, not inconsistent with state or federal law, as may be necessary carry out the provisions of this chapter relating to nursing assistant trainees and nursing assistants.

5. The board may adopt such other regulations, not inconsistent with law, as are necessary to enable it administer the provisions of this chapter.

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[Part 5:256:1947; A 1955, 608]--(NRS A 1985, 311; 1989, 2008, 2050; 1993, 1218)

632.122 ACCEPTANCE OF GIFTS, GRANTS AND PAYMENTS; CONTRACTS. The board may:

1. Accept gifts or grants of money to pay for the costs of administering the provisions of this chapter.
2. Enter into contracts with other public agencies and accept payment from those agencies to pay the expenses incurred by the board in carrying out the provisions of this chapter relating to nursing assistant trainees and nursing assistants.

(Added to NRS by 1989, 2008)

632.125 HOSPITALS AND AGENCIES EMPLOYING NURSES TO SUBMIT LIST OF PERSONNEL TO BOARD; MEDICAL FACILITIES TO CONFIRM QUALIFICATIONS BEFORE EMPLOYMENT OF NURSING ASSISTANT OR NURSING ASSISTANT TRAINEE.

1. Each hospital or agency in the state employing professional or practical nurses or nursing assistants shall submit a list of such nursing personnel to the board at least three times annually as directed by the board.
2. A medical facility shall, before hiring a nursing assistant or nursing assistant trainee, obtain validation from the board that the prospective employee has a current certificate, is enrolled in a training program required for certification or is awaiting the results of a certification examination.

(Added to NRS by 1963, 610; A 1989, 2013, 2014)

PROFESSIONAL NURSING

632.130 PRACTICING OR OFFERING TO PRACTICE WITHOUT LICENSE UNLAWFUL.

1. For the purposes of safeguarding life and health and maintaining high professional standards among nurses in this state, any person who for compensation practices or offers to practice nursing in this state must submit evidence that he is qualified to practice and must be licensed as provided in this chapter.

2. Any person who:

(a) Practices or to offers to practice nursing in this state or uses any title, abbreviation, sign, card or device to indicate that he is practicing nursing in this state unless that person has been licensed pursuant to the provisions of this chapter; or

(b) Does not hold a valid and subsisting license to practice nursing issued pursuant to the provisions of this chapter who practices or offers to practice in this state as a registered nurse, licensed practical nurse, graduate nurse, trained nurse, certified nurse or under any other title or designation suggesting that he possesses qualifications and skill in the field of nursing is guilty of a misdemeanor.

3. The executive director may, on behalf of the board, issue an order to cease and desist to any person who is practicing nursing without a license issued pursuant to the provisions of this chapter.

4. The executive director shall forward to the appropriate law enforcement agency any information submitted to the board concerning a person who is practicing nursing without a license issued pursuant to the provisions of this chapter.

[Part 1:256:1947; A 1949, 536; 1943 NCL § 4756.01] + [9:256:1947; A 1949, 536; 1943 NCL § 4756.09]--(NRS A 1973, 524; 1995,)

632._____ In addition to any other penalty:

1. The board may issue a citation to a person who violates the provisions of NRS 632.130.
2. A citation issued pursuant to subsection 1 must be in writing and describe with particularity the nature of the violation. The citation also must inform the person of the provisions of subsection 5. A separate citation must be issued for each violation.
3. If appropriate, the citation must contain an order of abatement of the violation.

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4. The board shall assess an administrative fine of:
 - (a) For the first violation, \$500.
 - (b) For the second violation, \$1,000.
 - (c) For the third or subsequent violation, \$1,500.
5. To appeal the finding of a violation of NRS 632.130, the person must request a hearing by written notice of appeal to the board within 30 days after the date of issuance of the citation.

632.140 QUALIFICATIONS AND FEE FOR APPLICANTS FOR LICENSE.

1. Every applicant for a license to practice as a professional nurse in the State of Nevada shall submit to the board written evidence under oath that he:
 - (a) Is of good moral character.
 - (b) Is in good physical and mental health.
 - (c) Has completed a course of study in an accredited school of professional nursing and holds a diploma therefrom.
 - (d) Meets such other reasonable preliminary qualification requirements as the board may from time to time prescribe.
2. Each applicant shall remit the fee required by this chapter with his application for a license to practice as a professional nurse in this state.
[6:256:1947; A 1949, 536: 1943 NCL § 4756.06] + [Part 8:256:1947; A 1955, 608]—(NRS A 1963, 612; 1973, 525)

632.150 EXAMINATION OF APPLICANTS AND ISSUANCE OF LICENSES.

1. Each applicant who is otherwise qualified for a license to practice nursing as a professional nurse shall be required to write and pass an examination on such subjects and in such form as the board may from time to time determine. Such written examination may be supplemented by an oral or practical examination in the discretion of the board.
2. The board shall issue a license to practice nursing as a professional nurse in the State of Nevada to each applicant who successfully passes such examination or examinations.
[Part 7:256:1947; 1943 NCL § 4756.07]

632.160 ADMISSION TO PRACTICE WITHOUT EXAMINATION. The board shall, without examination, issue a license to practice nursing as a professional nurse to any applicant who otherwise meets the qualifications required of professional nurses in this state and who has been duly licensed or registered as a registered nurse under the laws of any other jurisdiction after passing an examination required by that jurisdiction, if it appears to the board that the requirements and scope of the required examination were at least equivalent to those prescribed by this chapter for examinations. If the applicant was trained as a nurse in a jurisdiction where English is not the prevalent language, the board shall require that the applicant pass an examination testing his proficiency in reading, writing and speaking English.

[Part 7:256:1947; 1943 NCL § 4756.07] + [Part 8:256:1947; A 1955, 608]—(NRS A 1963, 613; 1973, 525; 1979, 434)

632.170 OUTSTANDING LICENSES OR REGISTRATIONS NOT AFFECTED. Each person holding a valid and subsisting license or certificate of registration to practice nursing as a registered nurse in this state on July 1, 1947, shall thereafter be deemed to be licensed as a professional nurse under the provisions of this chapter.
[10:256:1947; 1943 NCL § 4756.10]

632.235 AUTHORIZED ACTS UNDER EMERGENCY OR SPECIAL CONDITIONS. A registered nurse may perform such acts, under emergency or other special conditions prescribed by regulations adopted by the

board, which include special training, as are recognized by the medical and nursing professions as proper to be performed by a registered nurse under those conditions, even though the acts might otherwise be considered diagnosis and prescription, but nothing in this chapter authorizes registered nurses to perform those functions and duties specifically delegated by law to persons licensed as dentists, podiatric physicians, optometrists or chiropractors.

(Added to NRS by 1987, 1525)

632.237 ADVANCED PRACTITIONER OF NURSING: CERTIFICATE OF RECOGNITION; REGULATIONS.

1. The board may grant a certificate of recognition as an advanced practitioner of nursing to a registered nurse who has completed an educational program designed to prepare a registered nurse to:

- (a) Perform designated acts of medical diagnosis;
- (b) Prescribe therapeutic or corrective measures; and
- (c) Prescribe poisons, dangerous drugs and devices,

and who meets the other requirements established by the board for such certification.

2. An advanced practitioner of nursing may:

- (a) Engage in selected medical diagnosis and treatment; and
- (b) If authorized pursuant to NRS 639.2351, prescribe poisons, dangerous drugs and devices,

pursuant to a protocol approved by a collaborating physician. A protocol must not include and an advanced practitioner of nursing shall not engage in any diagnosis, treatment or other conduct which the advanced practitioner of nursing is not qualified to perform.

3. The board shall adopt regulations:

- (a) Specifying the training, education and experience necessary for certification as an advanced practitioner of nursing.
- (b) Delineating the authorized scope of practice of an advanced practitioner of nursing.
- (c) Establishing the procedure for application for certification as an advanced practitioner of nursing.

(Added to NRS by 1987, 1525; A 1991, 790)

632.240 SUPERVISION BY CHIEF ADMINISTRATIVE NURSE REQUIRED FOR NURSING SERVICES AND SYSTEMS FOR DELIVERY OF HEALTH CARE; EXCEPTION.

1. The provision of nursing services in any system for the delivery of health care must be under the direction and supervision of a chief administrative nurse who is a registered nurse.

2. As used in this section, "system for the delivery of health care" means a licensed medical facility as defined in NRS 449.0151, or other organization which provides organized nursing services.

3. The provisions of this section do not apply to a county school district whose enrollment is fewer than 35,000 pupils.

[17:256:1947; 1943 NCL § 4756.17]--(NRS A 1973, 526; 1989, 2051)

PRACTICAL NURSING

632.260 PRACTICING OR OFFERING TO PRACTICE WITHOUT LICENSE UNLAWFUL.

1. In order to safeguard life and health, any person practicing or offering to practice practical nursing in this state for compensation shall be required to submit evidence that he is qualified so to practice.

2. After May 1, 1950, it shall be unlawful for any person to practice or offer to practice practical nursing in this state or to use any title, abbreviation, sign, card or device to indicate that he is practicing practical nursing unless such person holds a valid and subsisting license issued under the provisions of this chapter.

[1:154:1949; 1943 NCL § 4759.01]

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632.270 QUALIFICATIONS OF APPLICANT FOR LICENSE. Each applicant for a license to practice as a practical nurse shall submit to the board written evidence, under oath, that he:

1. Is of good moral character.
2. Has a high school diploma or its equivalent as determined by the state board of education.
3. Is at least 18 years of age.
4. Has:
 - (a) Successfully completed the prescribed course of study in an accredited school of practical nursing or professional nursing and been awarded a diploma by the school; or
 - (b) Been registered or licensed as a registered nurse under the laws of another jurisdiction.
5. Meets any other qualifications prescribed in regulations of the board.
[4:154:1949; A 1955, 547] + [Part 5:154:1949; A 1955, 547]—(NRS A 1959, 241; 1961, 182; 1963, 615; 1973, 527; 1979, 435; 1981, 525; 1989, 2051)

632.280 ISSUANCE OF LICENSE; ADMISSION WITHOUT EXAMINATION. The board shall grant a license to practice as a practical nurse in this state to each applicant who has the preliminary qualifications set forth in NRS 632.270 and who:

1. Passes the practical nurses examination, which examination must be given by the board not less than once each calendar year; or
2. Holds a license as a practical nurse under the laws of another jurisdiction after passing an examination required by that jurisdiction, if it appears to the board that the requirements and scope of the required examination were at least equivalent to those prescribed by this chapter for examinations. If the applicant was trained as a nurse in a jurisdiction where English is not the prevalent language, the board shall require that the applicant pass an examination testing his proficiency in reading, writing and speaking English.
[Part 5:154:1949; A 1955, 547]—(NRS A 1979, 435)

NURSING ASSISTANTS

632.285 PRACTICING OR OFFERING TO PRACTICE WITHOUT CERTIFICATE UNLAWFUL.

1. Any person, except a nursing assistant trainee, who for compensation practices or offers to practice as a nursing assistant in this state is required to submit evidence that he is qualified so to practice and must be certified as provided in this chapter.

2. It is unlawful for any person:

(a) To practice or to offer to practice as a nursing assistant in this state or to use any title, abbreviation, sign, card or device to indicate that he is practicing as a nursing assistant in this state unless he has been certified pursuant to the provisions of this chapter.

(b) Except as otherwise provided in section 1 of this act, who does not hold a certificate authorizing him to practice as a nursing assistant issued pursuant to the provisions of this chapter to perform or offer to perform basic nursing services in this state, unless the person is a nursing assistant trainee.

(c) To be employed as a nursing assistant trainee for more than 4 months.
(Added to NRS by 1989, 2008; A 1991, 318; A 1995, . . .)

632.2852 APPLICATION FOR CERTIFICATE; CERTIFICATION BY EXAMINATION OR ENDORSEMENT; ISSUANCE OF CERTIFICATE.

1. An applicant for a certificate to practice as a nursing assistant must submit to the board written evidence under oath that he:

- (a) Is of good moral character;
- (b) Is in good physical and mental health;

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- (c) Is at least 16 years of age; and
- (d) Meets such other reasonable requirements as the board prescribes.
2. An applicant may be certified by examination if he:
 - (a) Submits a completed written application and the fee required by this chapter;
 - (b) Completes a training program approved by the board and supplies a certificate of completion from the program;
 - (c) Passes the certification examination approved by the board; and
 - (d) Has not committed any acts which would be grounds for disciplinary action if committed by a nursing assistant, unless the board determines that sufficient restitution has been made or the act was not substantially related to nursing.
3. An applicant who is licensed or certified as a nursing assistant in another state may be certified by endorsement if he:
 - (a) Submits a completed written application and the fee required by this chapter;
 - (b) Submits proof of successful completion of a training program approved by the appropriate agency of another state;
 - (c) Has passed a certification examination approved by the board to be equivalent to the examination required in this state; and
 - (d) Has not committed any acts which would be grounds for disciplinary action if committed by a nursing assistant, unless the board determines that sufficient restitution has been made or the act was not substantially related to nursing.
4. The board shall issue a certificate to practice as a nursing assistant to each applicant who meets the requirements of this section.

(Added to NRS by 1989, 2009; A 1991, 318)

632.2856 TRAINING PROGRAMS.

1. The training program required for certification as a nursing assistant must consist of 75 hours of instruction. The program must include no less than 60 hours of theory and learning skills in a laboratory setting.
2. Except as otherwise provided in this subsection, the instructor of the program must be a registered nurse with:
 - (a) Three years of nursing experience which includes direct care of patients and supervision and education of members of the staff; and
 - (b) Proof of successful completion of training for instructors which has been approved by the board.The board may approve a licensed practical nurse as an instructor if the board determines that requiring instruction by a registered nurse would create a hardship.
3. Upon completion of the program, a nursing assistant trainee must pass a test in theory with an overall score of 80 percent and a test of skills on a pass or fail basis. The test of skills must be given by a registered nurse. If the nursing assistant trainee fails either of the tests, he must repeat the training in the areas in which he was deficient before taking the certification examination.
4. In a program which is based in a facility, a nursing assistant trainee may only perform those tasks he has successfully completed in the training program, and must perform those tasks under the direct supervision of a registered nurse or a licensed practical nurse.
5. The board shall adopt regulations not inconsistent with law;
 - (a) Specifying the scope of the training program and the required components of the program;
 - (b) Establishing standards for the approval of programs and instructors; and
 - (c) Designating the basic nursing services which a nursing assistant may provide upon certification.
6. Any medical facility, educational institution or other organization may provide a training program if the program meets the requirements set forth in this chapter and in the regulations of the board, and is approved by the board. Such a program must be administered through:

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- (a) The University and Community College System of Nevada;
- (b) A program for occupational education approved by the state board of occupational education;
- (c) A public school in this state; or
- (d) Any other nationally recognized body or agency authorized by law to accredit or approve such programs.

7. An educational institution or agency that administers a training program shall:

- (a) Develop or approve the curriculum for training provided in its service district;
- (b) Manage the training program; and
- (c) Work with medical and other facilities to carry out the requirements of paragraphs (a) and (b).

(Added to NRS by 1989, 2009; A 1991, 319, 885, 886; 1993, 418)

632.2858 EXAMINATION OF APPLICANTS.

1. The board shall authorize the administration of the examination of applicants for certification as nursing assistants.

2. The board may employ, contract with or cooperate with any person in the preparation, administration and grading of a uniform national examination, but shall retain sole discretion and responsibility for determining the standards of successful completion of the examination.

3. The board shall determine whether an examination may be repeated and the frequency of authorized re-examinations.

4. If an applicant fails the examination three times, he must repeat the training program prescribed in NRS 632.2856.

(Added to NRS 1989, 2010; A 1991, 320)

632.286 LIST OF APPROVED TRAINING PROGRAMS; BOARD TO SHARE INFORMATION WITH STATE AGENCY CONCERNING DISCIPLINARY ACTION AGAINST NURSING ASSISTANTS EMPLOYED IN AGENCY'S FACILITIES.

1. The board shall supply the health division of the department of human resources upon request with a list of each training program approved by the board.

2. The board shall share with each state agency which regulates medical facilities and facilities for the dependent any information the board receives concerning disciplinary action taken against nursing assistants who work in the facilities.

(Added to NRS by 1989, 2013)

632.2862 PERSONS REQUIRED TO REPORT ON CONDUCT OF NURSING ASSISTANTS; VOLUNTARY REPORTS.

1. The following persons shall report in writing to the executive director of the board any conduct of a licensee or holder of a certificate which constitutes a violation of the provisions of this chapter:

(a) Any physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, nursing assistant, physician's assistant, psychiatrist, psychologist, marriage and family therapist, alcohol or drug abuse counselor, driver of an ambulance, advanced emergency medical technician or other person providing medical services licensed or certified to practice in this state.

(b) Any personnel of a medical facility or facility for the dependent engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a medical facility or facility or the dependent upon notification by a member of the staff of the facility.

(c) A coroner.

(d) Any person who maintains or is employed by an agency to provide nursing in the home.

(e) Any employee of the department of human resources.

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(f) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.

(g) Any person who maintains or is employed by a facility or establishment that provides care for older persons.

(h) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect or exploitation of an older person and refers them to persons and agencies where their requests and needs can be met.

(i) Any social worker.

2. Every physician who, as a member of the staff of a medical facility or facility for the dependent, has reason to believe that a nursing assistant has engaged in conduct which constitutes grounds for the denial, suspension or revocation of a certificate shall notify the superintendent, manager or other person in charge of the facility. The superintendent, manager or other person in charge shall make a report as required in subsection 1.

3. A report may be filed by any other person.

4. Any person who in good faith reports any violation of the provisions of this chapter to the executive director of the board pursuant to this section is immune from civil liability for reporting the violation.

(Added to NRS by 1989, 2012; A 1991, 137; 1993, 2218; 1995,)

LICENSING AND CERTIFICATION GENERALLY; FEES

632.300 TEMPORARY LICENSE OR CERTIFICATE.

1. Upon application and payment of the required fee, the board may without examination grant a:

(a) Temporary license to practice professional or practical nursing; or

(b) Temporary certificate to practice as a nursing assistant,

to a person whose corresponding license or certificate from another jurisdiction is in good standing.

2. Only one temporary license or certificate may be issued to any one person during any 12-month period. [6.5:154:1949; added 1955, 547]--(NRS A 1963, 616; 1973, 527; 1979, 435; 1989, 2051; A 1991, 320)

632.____ An applicant for a license or certificate shall submit to the board a complete set of his fingerprints and written permission authorizing the board to forward those fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report.

632.305 INTERIM PERMIT.

1. The board may, after verifying that the applicant meets the requirements of:

(a) NRS 632.140, issue an interim permit authorizing the applicant to practice professional nursing until the results of the examination required by NRS 632.150 are received.

(b) NRS 632.270, issue an interim permit authorizing the applicant to practice as a practical nurse until the results of the examination required by NRS 632.280 are received.

2. If the applicant does not pass the examination, the interim permit expires upon notification by the board. The interim permit is not renewable.

3. The board may adopt regulations for the re-examination of an applicant who does not pass the examination.

(Added to NRS by 1975, 1124; A 1989, 2052)

632.310 INVESTIGATION OF LICENSEE'S ACTIONS BY BOARD OR EXECUTIVE DIRECTOR.

1. The board may, upon its own motion, and shall, upon the verified complaint in writing of any person, the complaint alone or together with evidence, documentary or otherwise, presented in connection therewith, is

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sufficient to require an investigation, investigate the actions of any licensee or holder of a certificate or any person who assumes to act as a licensee or holder of a certificate within the State of Nevada.

2. The executive director may, upon receipt of information from a governmental agency, conduct an investigation to determine whether the information is sufficient to require an investigation for referral to the board for its consideration.

[Part 7:154:1949; A 1955, 547]-(NRS A 1989, 2052; 1993, 1219; 1995,)

632.320 GROUNDS FOR DENIAL, REVOCATION OR SUSPENSION OF LICENSE OR OTHER DISCIPLINARY ACTION. The board may deny, revoke or suspend any license or certificate applied for or issued pursuant to this chapter, or take other disciplinary action against a licensee or holder of a certificate, upon determining that he:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter.
2. Is guilty of a felony or any offense --
 - (a) Involving moral turpitude; or
 - (b) Related to the qualifications, functions or duties of a licensee or holder of a certificate, in which case the record of conviction is conclusive evidence thereof.
3. Has been convicted of violating any of the provisions of NRS 616.630, 616.635, 616.640 or 616.675 to 616.700, inclusive.
4. Is unfit or incompetent by reason of gross negligence in carrying out usual nursing functions.
5. Usually any controlled substance, dangerous drug as defined in chapter 454 of NRS, or intoxicating liquor to an extent or in a manner which is dangerous or injurious to any other person or which impairs his ability to conduct the practice authorized by his license or certificate.
6. Is mentally incompetent.
7. Is guilty of unprofessional conduct, which includes but is not limited to the following:
 - (a) Conviction of practicing medicine without a license in violation of chapter 630 of NRS, in which case the record of conviction is conclusive evidence thereof.
 - (b) Impersonating any applicant or acting as proxy for an applicant in any examination required pursuant to this chapter for the issuance of a license or certificate
 - (c) Impersonating another licensed practitioner or holder of a certificate.
 - (d) Permitting or allowing another person to use his license or certificate to practice as a licensed practical nurse, registered nurse or nursing assistant.
 - (e) Repeated malpractice, which may be evidenced by claims of malpractice settled against him.
 - (f) Physical, verbal or psychological abuse of a patient.
 - (g) Conviction for the use or unlawful possession of a controlled substance or dangerous drug as defined in chapter 454 of NRS.
8. Has willfully or repeatedly violated the provisions of this chapter. The voluntary surrender of a license or certificate issued pursuant to this chapter is prima facie evidence that the licensee or certificate holder has committed or expects to commit a violation of this chapter.
9. Is guilty of aiding or abetting any person in a violation of this chapter.
10. Has falsified an entry on a patient's medical chart concerning a controlled substance.
11. Has falsified information which was given to a physician, pharmacist, podiatric physician or dentist to obtain a controlled substance.
12. Has been disciplined in another state in connection with a license to practice nursing or a certificate to practice as a nursing assistant or has committed an act in another state which would constitute a violation of this chapter.
13. Has engaged in conduct likely to deceive, defraud or endanger a patient or the general public.

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14. Has willfully failed to comply with a regulation, subpoena or order of the board. For purposes of this section, a plea or verdict of guilty or a plea of nolo contendere constitutes a conviction of an offense. The board may take disciplinary action pending the appeal of a conviction and regardless of any other order entered pursuant to NRS 176.225 dismissing an indictment or information.

[Part 7:154:1949; A 1955, 547]--(NRS A 1963, 616; 1971, 2034; 1973, 527; 1981, 592; 1983, 831; 1987, 1557; 1989, 2052; 1993, 785; 1995,)

632.325 DISCIPLINARY ACTIONS BOARD MAY TAKE AGAINST LICENSEES.

1. If the board determines that a licensee or holder of a certificate has committed any of the acts set forth in NRS 632.320, it may take any one or more of the following disciplinary actions:

- (a) Place conditions, limitations or restrictions on his license or certificate.
- (b) Impose and collect an administrative fine of not more than \$5,000.
- (c) Require the licensee or holder of a certificate to pay all costs incurred by the board relating to the discipline of the licensee or holder of a certificate.
- (d) Reprimand the licensee or holder of a certificate.
- (e) Accept the voluntary surrender of a license or certificate in lieu of imposing any other disciplinary action set forth in this subsection.

2. If the board determines that:

(a) A person whose license or certificate is suspended or voluntarily surrendered, or has been placed on an inactive list pursuant to NRS 632.341, has committed, during the period his license or certificate was valid, inactive or would have been valid if not for the suspension or surrender; or

(b) An applicant for the renewal or reinstatement of a license or certificate has committed, at any time after the most recent renewal of his license or certificate or the issuance of his original license or certificate if it has not been renewed, any of the acts set forth in NRS 632.320, the board may take any one or more of the disciplinary actions set forth in subsection 1.

(Added to NRS by 1989, 2050; A 1993, 886; A 1995,)

632.____ 1. The board may place any condition, limitation or restriction on any license or certificate issued pursuant to this chapter if the board determines that such action is necessary to protect the public health, safety or welfare.

2. The board shall not report any condition, limitation or restriction placed on a license or certificate issued pursuant to this section to the National Council of State Boards of Nursing Disciplinary Data Bank or any other repository which records disciplinary action taken against licensees or holders of certificates, unless the licensee or holder of the certificate fails to comply with the condition, limitation or restriction placed on the license or certificate. The board may, upon request, report any such information to an agency of another state which regulates the practice of nursing.

3. The board may modify any condition, limitation or restriction placed on a license or certificate issued pursuant to this section if the board determines it is necessary to protect the public health, safety or welfare.

4. Any condition, limitation or restriction placed on a license or certificate issued pursuant to this section shall not be deemed to be disciplinary action taken pursuant to NRS 632.325.

(Added to NRS by 1995,)

632.330 REISSUANCE OF LICENSE AFTER REVOCATION. The board may adopt regulations which prescribe the period during which a licensee or holder of a certificate may not apply for the reissuance of his license or certificate after that license or certificate is revoked.

[Part 7:154:1949; A 1955, 547]--(NRS A 1963, 616; 1989, 2053; A 1995,)

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RENEWAL OF LICENSURE; FEES

632.340 EXEMPTIONS FROM REQUIRED LICENSING. The provisions of NRS 632.130 do not prohibit:

1. Gratuitous nursing by friends or by members of the family of a patient.
2. The incidental care of the sick by domestic servants or persons primarily employed as housekeepers as long as they do not practice nursing within the meaning of this chapter.
3. Nursing assistance in the case of an emergency.
4. The practice of nursing by students enrolled in accredited schools of nursing, or by graduates of those schools or courses pending the results of the first licensing examination scheduled by the board following graduation. A student or graduate may not work as a nursing assistant unless he is certified to practice as a nursing assistant pursuant to the provisions of this chapter.
5. The practice of nursing in this state by any legally qualified nurse or nursing assistant of another state whose engagement requires him to accompany and care for a patient temporarily residing in this state during the period of one such engagement, not to exceed 6 months, if the person does not represent or hold himself out as a nurse licensed to practice in this state or as a nursing assistant who holds a certificate to practice in this state.
6. The practice of any legally qualified nurse of another state who is employed by the United States Government or any bureau, division, or agency thereof, while in the discharge of his official duties in this state.
7. Nonmedical nursing for the care of the sick, with or without compensation, if done by the adherents of, or in connection with, the practice of the religious tenets of any well-recognized church or religious denomination, if that nursing does not amount to the practice of practical or professional nursing as defined in NRS 632.017 and 632.018, respectively.
8. A personal assistant from performing services for a person with a physical disability pursuant to section 1 of Assembly Bill No. 645 of this session.
[8:154:1949; A 1955, 547]—(NRS A 1963, 617; 1973, 528; 1975, 1125; 1989, 2053; A 1991, 320; A 1995,

632.341 RENEWAL AND REINSTATEMENT OF LICENSES; TRANSFER TO INACTIVE LIST.

1. Every nurse licensed under the provisions of this chapter must renew his license biennially on a date or according to a schedule of dates prescribed by regulation of the board. If the date or schedule is changed, the board may prorate the required fee.
2. A licensee who fails to renew his license may have his license reinstated by completing an application for renewal and payment of the reinstatement fee in addition to the renewal fee.
3. Upon written request to the board, a licensee in good standing may cause his name and license to be transferred to an inactive list, and the licensee may not practice nursing during the time the license is inactive and no renewal fee accrues. If an inactive licensee desires to resume the practice of nursing, the board, except as otherwise provided in subsection 4, shall renew the license upon demonstration, if deemed necessary by the board, that the licensee is then qualified and competent to practice, and upon completion of an application and payment of the current fee for biennial renewal of the license.
4. The board may:
 - (a) Issue a temporary license to an applicant for the renewal or reinstatement of his license pending final action by the board upon the application.
 - (b) After a hearing, refuse to renew or reinstate the license of any person who, at any time since the most recent renewal of his license or the issuance of his original license if it has not been renewed, has been out of compliance with the requirements of this chapter.

(Added to NRS by 1973, 521; A 1979, 719; 1983, 257, 296; 1989, 2054)

632.342 RENEWAL OF CERTIFICATE.

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1. The certificate of a nursing assistant must be renewed biennially on the date of the certificate holder's birthday.
2. The board shall renew a certificate if the applicant:
 - (a) Submits a completed written application and the fee required by this chapter;
 - (b) Submits documentation of completion of continuing training, as required by the board, in the previous 24 months in the type of facility in which he works;
 - (c) Has not committed any acts which are grounds for disciplinary action, unless the board determines that sufficient restitution has been made or the act was not substantially related to nursing; and
 - (d) Submits documentation of employment as a nursing assistant during the 2 years immediately preceding the date of the renewal.

The training program completed pursuant to paragraph (b) must be approved by the board.
3. Failure to renew the certificate results in forfeiture of the right to practice unless the nursing assistant qualifies for the issuance of a new certificate.
4. Renewal of a certificate becomes effective on the date on which the application is filed or the date on which the renewal fee is paid, whichever is the later.
(Added to NRS by 1989, 2011)

632.3425 RENEWAL OF SUSPENDED CERTIFICATE. A suspended license or certificate is subject to expiration and must be renewed as provided in NRS 632.342. Renewal does not entitle the licensee or nursing assistant to engage in activity which requires licensure or certification until the completion of the suspension.
(Added to NRS by 1989, 2011; A 1995,)

632.343 CONTINUING EDUCATION: PREREQUISITE TO RENEWAL OF LICENSE; EXEMPTION; REVIEW OF COURSES BY BOARD.

1. The board shall not renew any license issued under this chapter until the licensee has submitted proof satisfactory to the board of completion, during the 2-year period before renewal of the license, of 30 hours in a program of continuing education approved by the board. The licensee is exempt from this provision for the first biennial period after graduation from an accredited school of professional nursing or practical nursing.
2. The board shall review all courses offered to nurses for the completion of the requirement set in subsection 1. The board may approve nursing and other courses which are directly related to the practice of nursing as well as others which bear a reasonable relationship to current developments in the field of nursing or any special area of practice in which a licensee engages. These may include academic studies, workshops, extension studies, home study and other courses.
(Added to NRS by 1979, 719; A 1981, 25)

632.345 FEES.

1. The board shall establish and may amend a schedule of fees and charges for the following items and within the following ranges:

	Not less than	Not more than
Application for license to practice professional nursing (registered nurse)	\$ 45	\$100
Application for license to practice practical nursing	30	90
Application for temporary license to practice professional nursing or practical nursing pursuant to NRS 632.300, which fee must be credited toward the fee required for a regular license, if the applicant applies for a license	15	50

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Application for a certificate as a nursing assistant	5	15
Application for temporary certificate to practice as a nursing assistant pursuant to NRS 632.300, which fee must be credited toward the fee required for a regular certificate, if the applicant applies for a certificate	5	40
Biennial fee for renewal of a license	40	100
Biennial fee for renewal of a certificate	10	20
Fee for reinstatement of a license	10	100
Application for recognition as an advanced practitioner of nursing	50	200
Application for recognition as a certified registered nurse anesthetist	50	200
Biennial fee for renewal of recognition as an advanced practitioner of nursing or certified registered nurse anesthetist	50	200
Examination fee for license to practice professional nursing	20	100
Examination fee for license to practice practical nursing	10	90
Rewriting examination for license to practice professional nursing	20	100
Rewriting examination to practice practical nursing	10	90
Duplicate license	5	30
Duplicate certificate	3	5
Proctoring examination for candidate from another state	25	150
Fee for approving one course of continuing education	10	50
Fee for reviewing one course of continuing education which has been changed since approval	5	30
Annual fee for approval of all courses of continuing education offered	100	500
Annual fee for review of training program	25	60
Certification examination	10	90
Approval of instructors of training programs	20	50
Approval of proctors for certification examinations	20	50
Approval of training programs	50	150
Validation of licensure or certification	5	25

2. The board may collect the fees and charges established pursuant to this section, and those fees or charges may not be refunded.

(Added to NRS by 1973, 521; A 1979, 189; 1981, 26; 1983, 512; 1989, 2015, 2054; 1991, 321)

DISCIPLINARY ACTION

632.350 NOTICE AND HEARING; PROVISION OF RELATED DOCUMENTS; PROVISION OF RELATED DOCUMENTS.

1. Before suspending or revoking any license or certificate or taking other disciplinary action against licensee or holder of a certificate, the board shall notify the licensee or holder of the certificate in writing of the charges against him, accompanying the notice with a copy of the complaint, if any is filed.

2. Written notice may be served by delivery of it personally to the licensee or holder of the certificate, or by mailing it by registered or certified mail to his last known residential address.

3. If the licensee or holder of the certificate submits a written request, the board shall furnish the licensee or holder of the certificate with copies of any communications, reports and affidavits in possession of the board, touching upon or relating to the matter in question.

4. As soon as practicable after the filing of a complaint or, if no complaint is filed, after notice of the charges is given to a licensee or holder of a certificate, the board, or a majority thereof, shall hold a hearing on the charges at such time and place as the board prescribes. If the board receives a report pursuant to subsection 5 of NRS

28.420, the hearing must be held within 30 days after receiving the report. The hearing must be held, if the licensee or holder of the certificate desires, within the county where he resides.

[Part 16:256:1947; A 1955, 608] + [Part 7:154:1949; A 1955, 547]--(NRS A 1963, 617; 1969, 95; 1977, 89; 1981, 100; 1989, 2016, 2055; 1991, 322; 1993, 786)

632.355 DELEGATION OF AUTHORITY TO CONDUCT HEARING CONCERNING DISCIPLINE OF HOLDER OF CERTIFICATE. The board may delegate its authority to conduct hearings pursuant to NRS 632.350 concerning the discipline of a licensee or holder of a certificate to a hearing officer. The hearing officer has the powers of the board in connection with the hearings, and shall report to the board with findings of fact and conclusions of law within 30 days after the final hearing on the matter. The board may take action based upon the report of the hearing officer, refer the matter to the hearing officer for further hearings or conduct its own hearings on the matter.

(Added to NRS by 1989, 2013; A 1995,)

632.360 PROCESS OF BOARD: SERVICE

1. The board or any person designated by the board may certify to all official acts and issue subpoenas for attendance of witnesses and the production of books and papers relating to any investigation or hearing conducted by the board.

2. In any investigation or hearing in any part of the state the process issued by the board extends to all parts of the state and may be served by any person authorized to serve process of courts of record or by certified mail to the last known address of the witness.

3. The person serving the process is entitled to receive the compensation allowed by the board, which must not exceed the fees prescribed by law for similar services.

[Part 16:256:1947; A 1955, 608] + [Part 7:154:1949; A 1955, 547]--(NRS A 1981, 100; A 1995,)

632.380 DEPOSITIONS OF WITNESSES.

1. The board may, in any hearing before it, cause the depositions of witnesses residing within or without the state to be taken in the manner prescribed by law and the Nevada Rules of Civil Procedure for like depositions in civil actions in the district courts of this state, and to that end may compel the attendance of witnesses and the production of books and papers.

2. The district court in and for the county in which any hearing may be held by the board shall, upon the application of the board, issue commissions to other states for the taking of evidence therein for use in any proceedings before the board.

[Part 16:256:1947; A 1955, 608] + [Part 7:154:1949; A 1955, 547]

632.390 POWER OF DISTRICT COURT TO COMPEL ATTENDANCE OF WITNESS AND PRODUCTION OF BOOKS AND PAPERS.

1. The district court in and for the county in which any hearing may be held by the board shall have the power to compel the attendance of witnesses, the giving of testimony and the production of books and papers as required by any subpoena issued by the board.

2. In case of the refusal of any witness to attend or testify or produce any books and papers required by a subpoena, the board may report to the district court in and for the county in which the hearing is pending, by petition setting forth:

(a) That due notice has been given of the time and place of attendance of the witness or the production of books or papers;

(b) That the witness has been subpoenaed in the manner prescribed by this chapter; and

(c) That the witness has failed and refused to attend or produce the books or papers required by subpoena before the board in the cause or proceeding named in the subpoena, or has refused to answer questions

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propounded to him in the course of the hearing, and ask an order of the court compelling the witness to attend and testify or produce the books or papers before the board.

3. The court, upon petition of the board, shall enter an order directing the witness to appear before the court at a time and place to be fixed by the court in the order, the time to be not more than 10 days from the date of the order, and then and there show cause why he has not attended or testified or produced the books or papers before the board. A certified copy of the order shall be served upon the witness.

4. If it shall appear to the court that the subpoena was regularly issued by the board, the court shall thereupon enter an order that the witness appear before the board at the time and place fixed in the order, and testify or produce the required books or papers. Upon failure to obey the order the witness shall be dealt with as for contempt of court.

[Part 16:256:1947; A 1955, 608] + [Part 7:154:1949; A 1955, 547]

632.400 DECISION OF BOARD AFTER HEARING: NOTICE TO COMPLAINANT AND LICENSEE OR HOLDER OF CERTIFICATE; EFFECTIVE DATE OF DECISION.

1. The board shall render a decision on any complaint within 60 days from the final hearing thereon. For the purposes of this subsection, the final hearing on a matter delegated to a hearing officer pursuant to NRS 632.355 is the final hearing conducted by the hearing officer unless the board conducts a hearing with regard to the complaint.

2. The board shall notify the person of its decision in writing by certified mail, return receipt requested. The decision of the board becomes effective on the date the person receives the notice or on the date the board receives a return by the United States Postal Service stating that the person refused to accept delivery or could not be located.

[Part 16:256:1947; A 1955, 608] + [Part 7:154:1949; A 1955, 547]--(NRS A 1969, 95; 1989, 2016; A 1995,)

632.405 CONFIDENTIALITY OF RECORDS AND INFORMATION OBTAINED DURING INVESTIGATION; LIMITATIONS ON DISCLOSURE.

1. Any records of information obtained during the course of an investigation by the board and any record of the investigation are confidential until the investigation is completed. Upon completion of the investigation the information and records are public records, only if:

(a) Disciplinary action is imposed by the board as a result of the investigation; or

(b) The person regarding whom the investigation was made submits a written request to the board asking that the information and records be made public records.

2. This section does not prevent or prohibit the board from communicating or cooperating with another licensing board or any agency that is investigating a licensee, including a law enforcement agency.

(Added to NRS by 1993, 1218)

NURSING SCHOOLS

632.430 SCHOOLS OF PRACTICAL NURSING: STANDARDS, CURRICULA AND ACCREDITATION. The board shall have the power to prescribe standards and curricula for schools of practical nursing, to visit, survey and accredit such schools, and to remove such schools from an accredited list for just cause.

[Part 3:154:1949; 1943 NCL § 4759.03] - (NRS A 1959, 189)

632.440 SCHOOLS OF PROFESSIONAL NURSING: STANDARDS, CURRICULA AND ACCREDITATION. The board shall prescribe curricula and standards for schools and courses of professional nursing. The board shall provide for surveys of such schools and courses at such times as it may deem necessary.

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It shall accredit such schools and courses as meet the requirements of this chapter and of the board. It shall evaluate and approve courses for affiliation with accredited schools of nursing in this state or with schools of nursing which have applied for accreditation.

[Part 1:256:1947; A 1949, 536; 1943 NCL § 4756.01] + [Part 3:256:1947; 1943 NCL § 4756.03] + [Part 5:256:1947; A 1955, 608]

632.450 SCHOOLS OF PROFESSIONAL NURSING: MINIMUM LENGTH OF COURSE OF INSTRUCTION. Any institution desiring to conduct a school of professional nursing in this state shall submit evidence to the board that it is prepared to give a course of instruction of not less than 2 years.

[Part 15:256:1947; 1943 NCL § 4756.15]--(NRS A 1963, 618; 1973, 528)

632.460 SCHOOLS OF PROFESSIONAL NURSING: SURVEY BY BOARD BEFORE ACCREDITATION.

1. No school of professional nursing shall be accredited by the board until the board has caused a thorough survey of the facilities of such school to be made. No such survey shall be deemed complete for the purposes of this section until a full and complete written report shall have been made to the board and until such written report shall have received the full consideration of the whole board.

2. If any school of professional nursing making application for accreditation shall indicate that one or more of the courses required by the prescribed curriculum is or are to be offered by an institution or institutions affiliated with such applicant, the board shall cause a survey of the facilities of such affiliated institution or institutions to be made, and the written report thereon shall receive the full consideration of the board before accreditation.

[Part 15:256:1947; 1943 NCL § 4756.15]

632.470 SCHOOLS OF PROFESSIONAL NURSING: SURVEY OF ACCREDITED SCHOOLS; SPECIFICATION OF WEAKNESSES; REVOCATION OF ACCREDITATION.

1. Not less than once every 3 years, the board shall cause to be surveyed all accredited schools of professional nursing in this state. Full and complete written reports of such surveys shall be submitted to and considered by the full board.

2. If, after consideration of such reports, the board determines that any such school of professional nursing is not maintaining the standards required by this chapter and by the board, notice thereof in writing specifying the weaknesses shall immediately be given to such school.

3. The board shall revoke the accreditation of any school of professional nursing which fails to remedy such weaknesses within a reasonable time after receiving written notice thereof.

[Part 15:256:1947; 1943 NCL § 4756.15]--(NRS A 1973, 529)

MISCELLANEOUS PROVISIONS

632.473 TREATMENT OF PATIENTS BY NURSE EMPLOYED BY DEPARTMENT OF PRISONS.

1. A nurse licensed pursuant to the provisions of this chapter, while working at an institution of the department of prisons, may treat patients, including the administration of a dangerous drug, poison or related device, pursuant to orders given by a physician's assistant if those orders are given pursuant to a protocol approved by the board of medical examiners and the supervising physician. The orders must be co-signed by the supervising physician or another physician within 72 hours after treatment.

2. A copy of the protocol under which orders are given by a physician's assistant must be available at the institution for review by the nurse.

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3. This section does not authorize a physician's assistant to give orders for the administration of any controlled substance.

4. For the purposes of this section:

(a) "Physician's assistant" means a physician's assistant certified by the board of medical examiners pursuant to chapter 630 of NRS who:

(1) Is employed at an institution of the department of prisons;

(2) Has been awarded a bachelor's degree from a college or university recognized by the board of medical examiners; and

(3) Has received at least 40 hours of instruction regarding the prescription of medication as a part of either his basic educational qualifications or a program of continuing education approved by the board of medical examiners.

(b) "Protocol" means the written directions for the assessment and management of specified medical conditions, including the drugs and devices the physician's assistant is authorized to order, which the physician's assistant and the supervision have agreed upon as a basis for their practice.

(c) "Supervising physician" has the meaning ascribed to it in NRS 630.025.

(Added to NRS by 1987, 1584; A 1989, 915)

632.474 PRONOUNCEMENT OF DEATH BY REGISTERED NURSE. A registered nurse who is authorized by a physician pursuant to NRS 440.415 may make a pronouncement of death.

(Added to NRS by 1993, 1158)

632.475 UNLAWFUL TO REQUIRE PARTICIPATION IN ABORTION.

1. An employer shall not require a registered nurse, a licensed practical nurse, a nursing assistant or any other person employed to furnish direct personal health service to a patient to participate directly in the induction or performance of an abortion if such employee has filed a written statement with the employer indicating a moral, ethical or religious basis for refusal to participate in the abortion.

2. If the statement provided for in subsection 1 is filed with the employer, the employer shall not penalize or discipline the employee for declining to participate directly in the induction or performance of an abortion.

3. The provisions of subsections 1 and 2 do not apply to medical emergency situations.

4. Any person violating the provisions of this section is guilty of a misdemeanor.

(Added to NRS by 1983, 898, 1639; A 1989, 2017)

632.480 INJUNCTIONS AGAINST VIOLATIONS OF CHAPTER. Whenever the board believes from evidence satisfactory to it that any person has violated or is about to violate any of the provisions of this chapter, or any order, license, certificate, permit, decision, demand or requirement, or any part or provision thereof, it may bring an action, in the name of the board, in the district court in and for the county wherein the person resides, against the person to enjoin him from continuing the violation or engaging therein or doing any act or acts in furtherance thereof. In the action, an order or judgment may be entered awarding such preliminary or final injunction as may be proper, but no preliminary injunction or temporary restraining order may be granted without at least 5 days' notice to the opposite party.

[Part 16:256:1947; A 1955, 608] + [Part 7:154:1949; A 1955, 547]--(NRS A 1989, 2017)

632.490 PROSECUTION OF VIOLATORS.

1. The board shall cause the prosecution of all persons violating the provisions of this chapter.

2. The board, or any person designated by the board, may prefer a complaint for violation of NRS 632.130 or 632.260 before any court of competent jurisdiction, and it may take the necessary legal steps through the proper legal officers of this state to enforce the provisions thereof.

[Part 16:256:1947; A 1955, 608] + [Part 3:154:1949; 1943 NCL § 4759.03] + [Part 7:154:1949; A 1955, 547] (A 1995,)

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632.500 PENALTIES.

1. Unless a greater penalty is provided by a specific statute, any person violating any of the provisions of this chapter shall be guilty of a misdemeanor.

2. A Court of competent jurisdiction has full power to try any violation of this chapter, and upon conviction may, at its discretion, revoke the license or certificate of the person so convicted, in addition to imposing the other penalties herein provided.

[Part 16:256:1947; A 1955, 608] + [19:256:1947; 1943 NCL § 4756.19] + [Part 7:154:1949; A 1955, 547] + [9:154:1949; 1943 NCL § 4759.09]—(NRS A 1967, 641; 1989, 2017; A 1955,)

MISSION STATEMENT

The mission of the Nevada State Board of Nursing is public protection and advocacy by effectively regulating the practice of nursing.

GOALS AND OBJECTIVES

To actualize this mission the Board will:

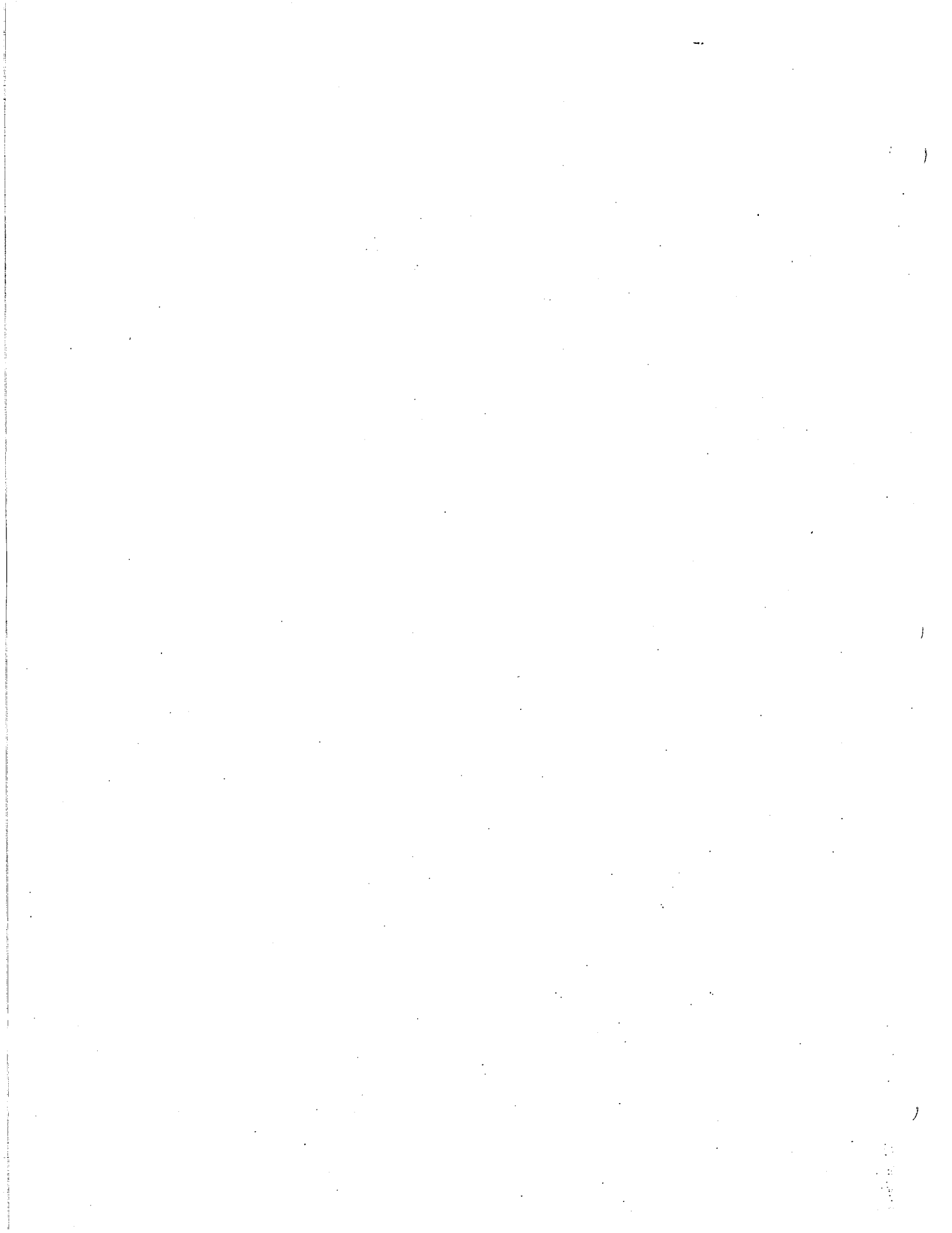
- I. Communicate and cooperate with individuals, agencies, associations or groups in order to facilitate safe and effective health care;
 - A. Provide education to consumers regarding standards for safe and effective care.
 - B. Create and utilize alternate mechanisms for Board and staff to interact with licensees or certificate holders.
 - C. Share analyzed data regarding nursing and other information of interest.
 - D. Include rationale with the Board decisions.
 - E. Create and utilize mechanisms to improve communication with other groups.
 - F. Identify issues and trends affecting the practice of nursing.

- II. Require that persons licensed or certified under the Nurse Practice Act meet the qualifications to practice in Nevada;
 - A. Evaluate national standards for licensure and certification.
 - B. Evaluate statutes and regulations regarding qualifications for licensing/certification for each level of practice.
 - C. Provide work related examinations for licensure and certification.
 - D. Ensure that nursing education programs meet minimum standards.
 - E. Monitor Computer Adaptive Testing (CAT).

- III. Require that persons licensed or certified by the NSBN maintain established standards for safe practice;
 - A. Provide education to nurses regarding standards for safe and effective care.
 - B. Investigate all complaints of alleged violations of the Nurse Practice Act.

- IV. Utilize human and fiscal resources efficiently in decision-making;
 - A. Provide fiscal impact data to support board decisions.
 - B. Develop alternate renewal mechanism. (Competence)
 - C. Explore implementation of the Nurse Information System (NIS).

- V. Evaluate and revise the Nurse Practice Act.
 - A. Promulgate the regulations related to the Nurse Practice Act.



NEVADA STATE BOARD OF NURSING
NURSING PRACTICE DECISIONS: 1984-1993
Readopted by the Board June 2, 1995

In addition to Nevada Revised Statute (NRS) 632 (Nurse Practice Act) and Nevada Administrative Code (NAC) 632 (Regulations of the Board of Nursing), the following are Practice Decisions rendered by the Nevada State Board of Nursing:

If they meet the requirements of NAC 632.225, 255, and NRS 450B.160 **REGISTERED NURSES may:**

do neonatal transport under the direction of, and in concert with policies and procedures of their employer. (3/91)

perform intubation. (06/86)

remove mediastinal drainage tubes. (11/86)

perform amniotome, place spiral (fetal scalp) electrodes. (09/87)

insert intraosseus lines. (09/88)

instill reversible opioid agonists (e.g., Fentanyl is reversed by Narcan) via an epidural catheter. (12/88)

insert prostaglandin suppositories or gel for the induction of labor when fetal demise has occurred. (06/90)

perform vaginal examinations with a speculum and/or colposcope only in the function of a sexual assault nurse examiner. (12/91)

perform post-coital testing (including the examination and interpretation of specimens). (12/92)

place a peripherally inserted central catheter. PICC insertion in the home setting should be limited to subclavian distal tip placement. (12/92)

give medical directions to EMS field personnel (632.235). (04/89)

use Real Time and Doppler Ultrasound for antepartum testing to assess fetal well-being. (10/89)

infuse antithrombolytic agents via the arterial system; physician prescribes the drug in the dose parameters that would produce the outcome effects intended. (12/93)

administer "local" anesthetic agents for the purpose of analgesia; physician must indicate reduced amount of medication required for the effect of analgesia. Order must be for purposes of analgesia and effect must be analgesia. If anesthesia occurs, a physician or CRNA must assume responsibility for care. (12/93)

replace a gastrostomy tube or suprapubic catheter that is not sutured in a patient, has been in place for an extended time, and there is a clearly established passageway. (09/86)

perform postmortem enucleation. (06/87)

remove a respirator when a patient has been determined to be brain dead and pronounced dead by a physician. The nurse may refuse to remove the respirator for medical, ethical, or moral reasons. (09/87)

if nurses want to practice as paramedics in the EMS system, they must be certified as such and not present themselves as a nurse. (12/88)

sign death certificates or pronounce death in a licensed medical facility, if there is a physician's order, if death is expected, there are no unusual circumstances and the nurse has the knowledge/skill/ability and is ready to be accountable. (Legislative decision 10/93, per NRS 440.415)

administer intrahepatic arterial chemotherapy (provided procedure is approved by Chief Nurse and included in facility policies and procedures) (9/15/94)

perform vaginal speculum examination and specimen collection/evaluation if: 1) procedure is performed for routine STD screening and/or routine pelvic/pap evaluation; 2) collection, exam and screenings are an extension to a physician/APN and under his/her direct supervision; 3) appropriate formal specialized training and education is completed; 4) treatment prescription is by authorized practitioner via standardized policy/procedure; and 5) competency evaluations by APN, MD and/or employer are established and maintained. (9/15/94)

If they meet the requirements of NAC 632.242, **LICENSED PRACTICAL NURSES** may:

insert and check placement of NG tube. (9/86)

administer tube feedings. (9/86)

insert oral gastric tubes. (11/86)

perform postmortem enucleation. (06/87)

remove a respirator when a patient has been determined to be brain dead and pronounced dead by a physician. The nurse may refuse to remove the respirator for medical, ethical, or moral reasons. (09/87)

supervise in a long term care facility. LPNs may delegate nursing to other LPNs or CNAs, but work at the direction of an RN. (12/89)

in the care of a patient with a temporary Central Venous Catheter: assess the insertion site, superimpose approved IV solutions, and administer IV piggybacked drugs including antibiotics and Histamine H₂ receptor antagonists only. These duties may only be performed under the immediate supervision of a physician or a registered nurse. (09/91)

OUT OF SCOPE OF NURSES' PRACTICE

The Board had determined that **REGISTERED NURSES** and **LICENSED PRACTICAL NURSES** may not:

insert an intrauterine pressure catheter (IUPC). (09/87)

remove medications in the event of death of a home care client. Medications ordered for that client become a part of the client's estate. A nurse removing drugs is acting unprofessionally and may be subject to disciplinary action for violating NAC 632.890, ss 15, 16, and/or 18. (12/87)

advance a Swan-Ganz catheter. (12/88)

perform apnea testing for confirmation of brain death. (06/90)

administer epidural anesthetics. This procedure is reserved for CRNAs and physicians. Licensed nurses must not be solely responsible for management of the patient under the effects of epidural anesthesia, but may assist the physician in the patient's care. (06/90)

accept employment as a Nursing Assistant, unless they hold a CNA certificate; activity must be limited to the scope of practice for which the nurse is employed. (08/90)

perform intrauterine insemination (12/92)

LICENSED PRACTICAL NURSES may not:

perform arterial blood draws. (06/90)

insert PICC lines. (11/89, reconfirmed 12/92)

WITHIN SCOPE OF PRACTICE FOR ADVANCED PRACTITIONERS OF NURSING

ADVANCED PRACTITIONERS OF NURSING:

may act as the agent of a prescribing practitioner and may orally transmit orders to a pharmacist if a requisite agency relationship is established. (Attorney General Opinion) (12/86)

who have expertise in Women's Health Care, may perform intrauterine insemination. (12/92)

CERTIFIED NURSING ASSISTANTS

Must attend 24 hours of inservice in two years, or 12 hours in one, for renewal of the nursing assistant certificate. (10/90)

May administer selected OTC ointments and enemas and may convert from oxygen concentrators to portable tanks (with proper inservice) for those who were not taught those tasks in basic curriculum. (03/91)

May perform digital rectal stimulation to assist patients. (06/91)

STUDENT/GRADUATE NURSES

Interim permit holders should indicate their status by using the word "graduate" on their name tags, in their introduction to patients, and in their documentation of clinical activities. (09/85)

OTHER

Director of Nursing subject to discipline if more than 3 people not credentialed for practice.

Registered Nurses knowledgeable in school nursing should direct and provide school health services. The School Nurse (R.N.) is responsible to develop, implement, evaluate and revise the plan of health care for each student with special health care needs under his supervision. Delegation/assignment of specific procedures to licensed or qualified persons is addressed in the opinion. (12/91)

Guidelines for implementation of "prescription" (NAC 632.071) have been developed by the Nursing Practice Advisory Committee and adopted by the Board. They are available from the Board of Nursing offices. (9/15/94)

NEVADA STATE BOARD OF NURSING STATEMENT OF CLARIFICATION

Adopted as advisory opinion by NSBN 9/94

The passage of NAC 632.071 ("Prescription" defined), nurses in Nevada may carry out the orders of a prescribing practitioner in a variety of ways. A prescribing practitioner must be designated by a statute which authorizes the diagnosis and treatment of illness and must be named in nursing law in NRS 632.018 ("Practice Professional Nursing" defined), which include: advanced practitioner of nursing, licensed physician, licensed dentist or licensed podiatrist. The orders are necessary if the act falls in the realm of dependent nursing function.

Pharmacists, physician assistants or other groups, named by the facility and attending physician, who wish to utilize the parameters provided by the new regulation implement orders using pre-existing treatment guidelines. Such "prescriptions" must be initially authorized by consumer's practitioner and approved by the licensed medical facility within which the nursing service is provided; actual details are reflected in the policy and procedures or treatment protocols established for the licensed medical facility and approved by medicine and nursing.

The Nevada State Board of Nursing (NSBN), through this new law, is recognizing that other licensed or certified practitioners may act in assistance and as a conduit for the practice of the prescribing practitioner. It is always assumed by the NSBN that individual nurses will exercise judgement and act as patient advocate in the carrying out of any order. Nurses, like their colleagues, have an independent responsibility to safeguard the consumer's health, safety and welfare. Therefore, they may refuse an order (given by any means) that they believe is unsafe utilizing the appropriate pre-established mechanisms within a licensed medical facility.

refer to the following Nurse Practice Act citations for actual legal language relating to this statement.)

632.018 "PRACTICE OF PROFESSIONAL NURSING" DEFINED.

632.071 "Prescription"

632.220 Registered nurses: Medication and treatment of patients.

632.224 Registered nurses: Supervision of others.

632.225 Registered nurses: Additional duties beyond Basic Nursing Program.

632.242 Practical nurses: Additional duties beyond Basic Nursing Program.

Issues/Initiated By:
R Licensed Physician
R Licensed Dentist
R Licensed Podiatric Physician
R Certified Adv Prac of Nsg

Traditional:
• Written Order
• Oral Order

1. Concurrent to situation
2. Generated by one prescribing practitioner
3. Specific to one patient in one given situation

Individual Nurse Responsibility:
o Scope of Practice
o Knowledge/skill/ability = competency
o Judgement

Evaluated for:
 Appropriateness
 Effectiveness
 Benefit

Expanded
✓ Policy
✓ Procedure
✓ Treatment Protocol
✓ Standing Order
✓ Critical Path

1. Preapproved in advance
2. Specific to a defined patient population
3. Generated and approved collaboratively

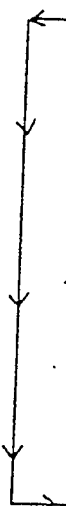
Approved By:
X Administration
X Medical Staff
X Nursing Director

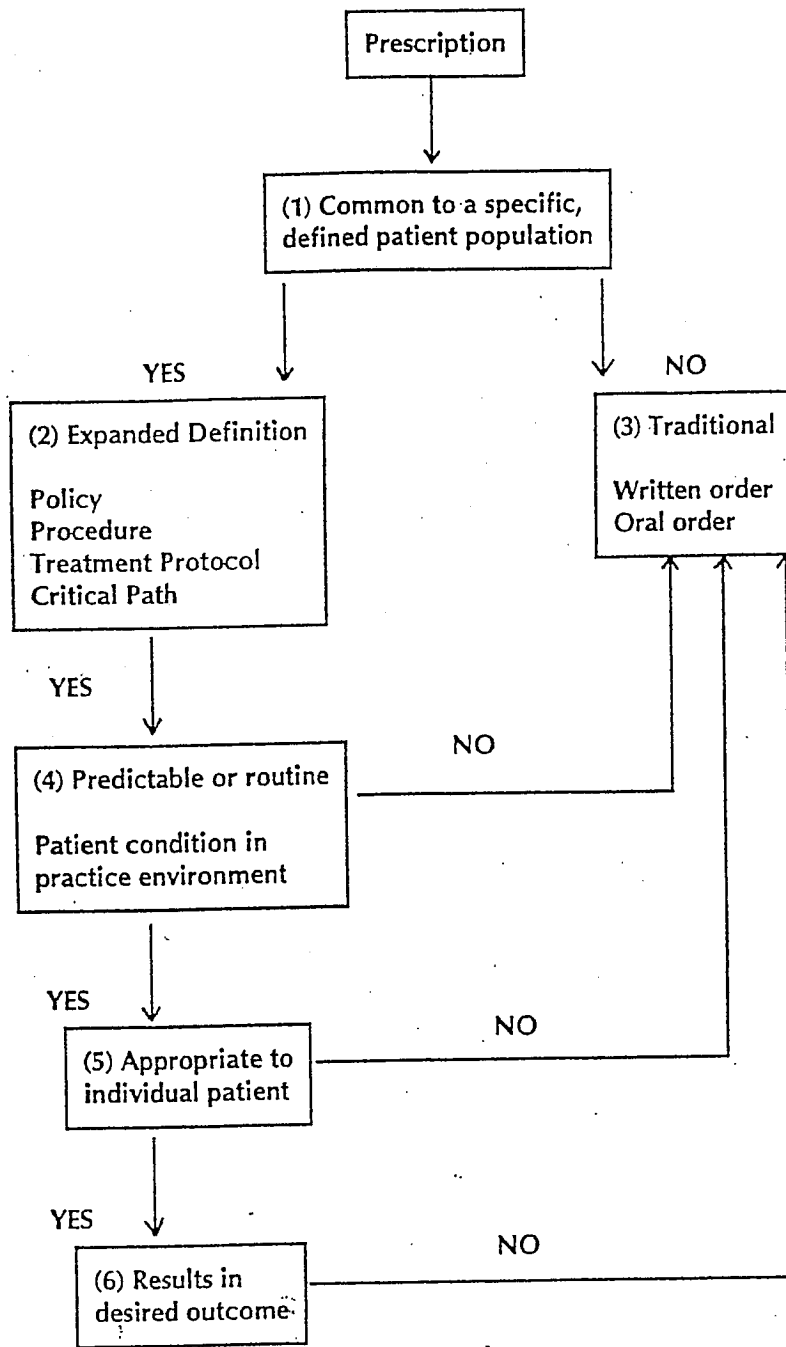
Evaluated for:
✓ Appropriateness
✓ Effectiveness
✓ Benefit

Benefits:
+ Effectiveness
+ Efficiency
+ Timeliness
+ Accessibility to Care
+ Efficacy
+ Professional Satisfaction
+ Patient Satisfaction

Chief Nurse Responsibility
~ Approval
~ Criteria for Implementation
~ Competency Criteria
~ Availability in Written Form
~ On-Site
~ Monitoring of Implementation

Individual Nurse Responsibility:
> Scope of Practice
> Knowledge/Skill/Ability/Competency
> Nursing Judgement
> Evaluation



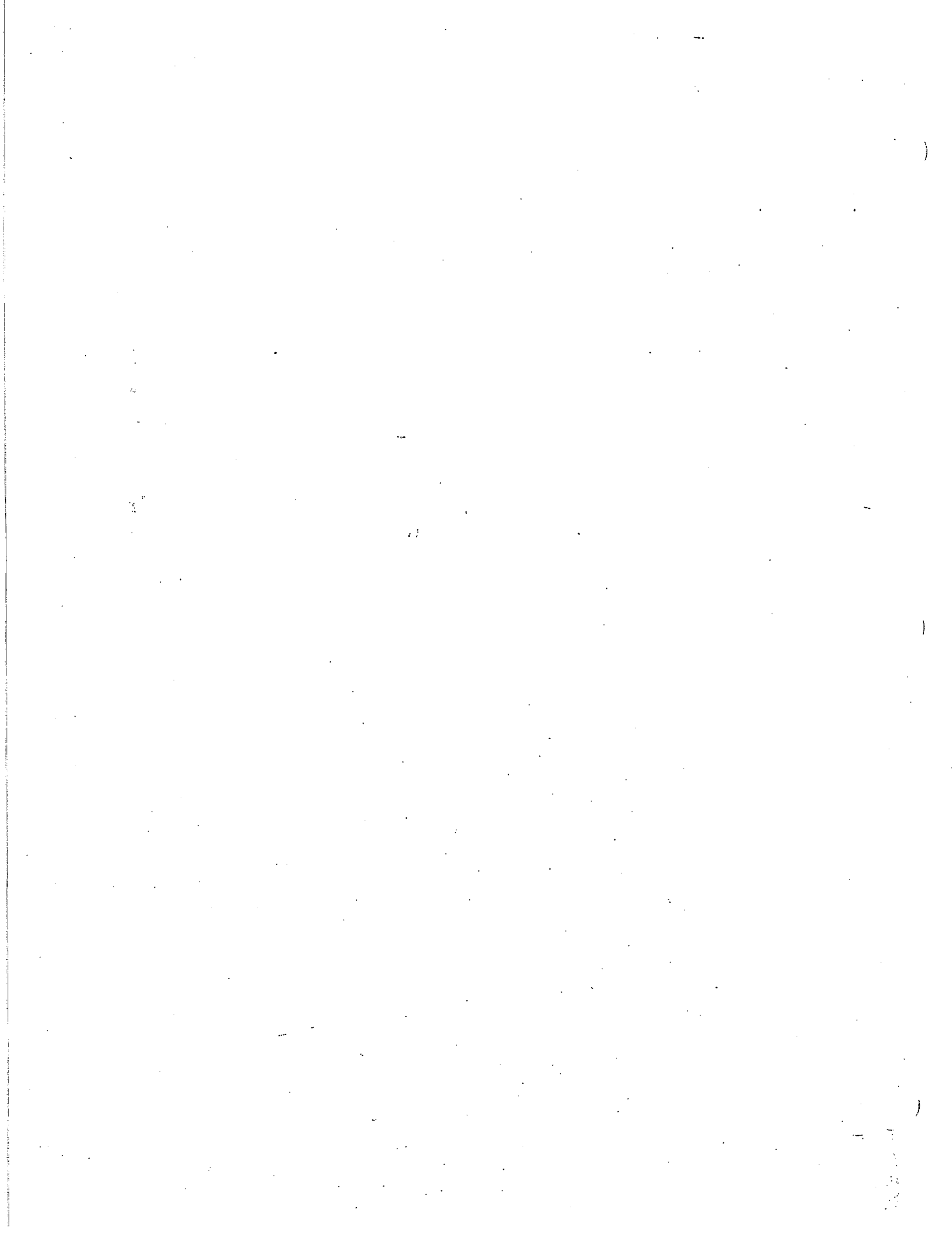


Example A

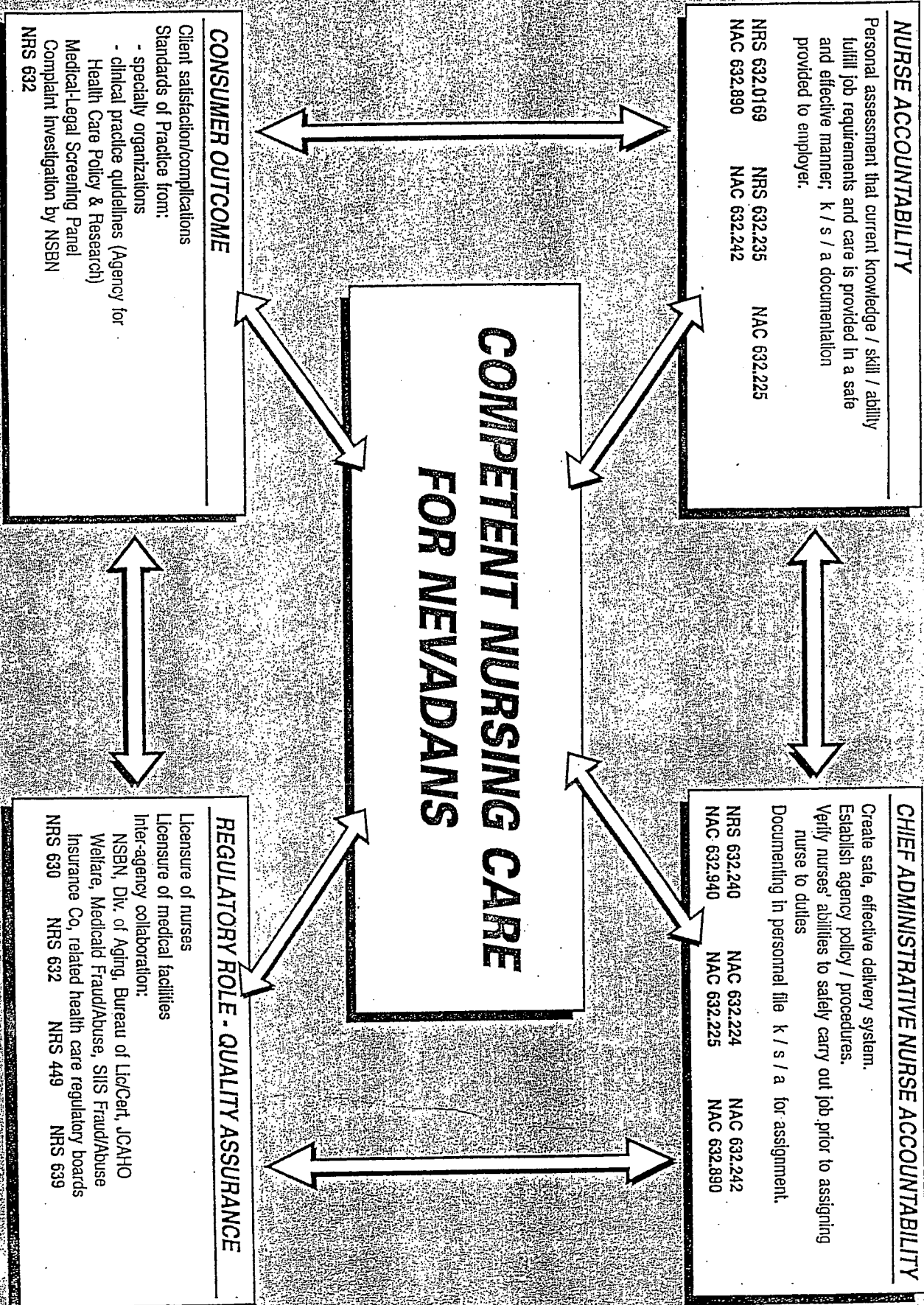
-) Patients with chest pain appear to benefit from oxygen and nitroglycerin.
-) A treatment protocol is generated that patients with chest pain will be placed on 4 L oxygen n.c. and be given nitro gr 1/150 SLx2 q 5 min apart.
-) This is common to the practice environment.
-) Mr. Smith fits this picture and has no contra-indications.
-) His pain is relieved.

Example B

Mr. Jones, however, has COPD and is severely hypertensive, therefore, the treatment protocol is not implemented and Dr. Heart is contacted for orders specific to Mr. Jones.



NEVADA STATE BOARD OF NURSING COMPETENCY NETWORK



DETERMINING YOUR SCOPE OF PRACTICE

The Board of Nursing has been diligently working to empower Nevada nurses regarding determining their own scope of practice. The Board's mission is the regulation of nursing practice in Nevada; this regulation does not mean dictating how individual nurses and nursing facilities should carry out that practice, but whether or not that practice meets the standards established by the Nurse Practice Act. Using the following guidelines and the attached algorithm, the Chief Nurse may decide what is within scope, document that for individual nurses and provide policies and procedures to reflect that practice. For individual nurses, the responsibility is to make certain the Chief Nurse has authorized the practice and that it is documented in policies and procedures.

A. Basic Nursing Education Preparation

1. Was the skill/ task taught in your basic nursing program? (NAC 632.225 or 242)
2. If a task has become so routine in the nursing literature and in nursing practice (e.g. I.V.'s), it can be reasonably and prudently assumed within scope
3. Is the task/ skill in your hiring agency policy and procedure manual? (NAC 632.225 or 242)
4. If it was not included in your basic nursing education, have you since completed a comprehensive training program, which included clinical experience, approved by the Nevada Board of Nursing? (NAC 632.225 or 242) Has this training been documented in your personnel file?
5. Is the skill/task listed in the Board approved skills for area of specialization? (Obtain Board of Nursing "Roles and Responsibilities" handout or check with your hospital references)
6. Does carrying out the duty pass the "Reasonable and Prudent" standard for nursing?
7. Is the action reflective of the consumer's desires and is it appropriately authorized?

If you can answer "yes" to all the above questions, the task is within your scope of practice and you do not need to seek a practice question decision from the Board. If you cannot answer "yes" to the above, please proceed to option B.

B. Board of Nursing Advisory Opinion

1. Has the Nevada State Board of Nursing made an Advisory Opinion or Board Decision regarding the task/skill (e.g. Epidural)? List available from Board of Nursing offices
2. Is the task/skill in your hiring agency policy and procedure manual? (NAC 632.225 or 242)
3. Is your competency in performing this task/skill documented in your personnel file?
4. Does carrying out the duty pass the "Reasonable and Prudent" standard for nursing?
5. Is the action reflective of the consumer's desires and is it appropriately authorized?

If you can answer "yes" to questions in section B, the task is within your scope of practice and you do not need to seek a practice question decision from the Board. If you cannot answer "yes" to the above, please proceed to option C.

C. Cumulative Index of Nursing and Allied Health Literature

1. Is this a big, new task you have never done in your facility before?
2. Using the CINAHL articles (those published in English and focusing on U.S. nursing practice), is the task/skill found in at least two (2) articles?
3. Does the task/skill meet the requirements of the Nevada nursing law (Nurse Practice Act)?
4. Does carrying out the duty pass the "Reasonable and Prudent" standard for nursing?

If you can answer "yes" to these questions, the Chief Nurse may include the task/skill in the policies and procedures (according to the requirements of NAC 632.224), document individual competency (NAC 632.225 or 632.242) and proceed with performance of the task/skill. If he/she desires, the Chief Nurse may seek the assistance of the Board's Competency (formerly C.E.) Advisory Committee by submitting an application for review of the task to the Committee.

If you cannot answer "yes" to the questions in section C above, you may request a Board Advisory Opinion by obtaining the proper forms from a Board office, doing the research using criteria provided by the Board, and submitting 12 copies of your results for review and reconsideration by the Board's Nursing Practice Advisory Committee. After the Committee makes a recommendation, the Board's conclusion will be relayed to the requester following the next regularly scheduled Board meeting.

Mechanism for Determining Scope of Practice

BASIC NURSING EDUCATION PREPARATION

NO

YES

Make certain task is included in facility P&P.
Go forward within scope.

BOARD OF NURSING ADVISORY OPINION

NO

YES

Make certain task is included in facility P&P.
Go forward within scope.

CINAHL

NO

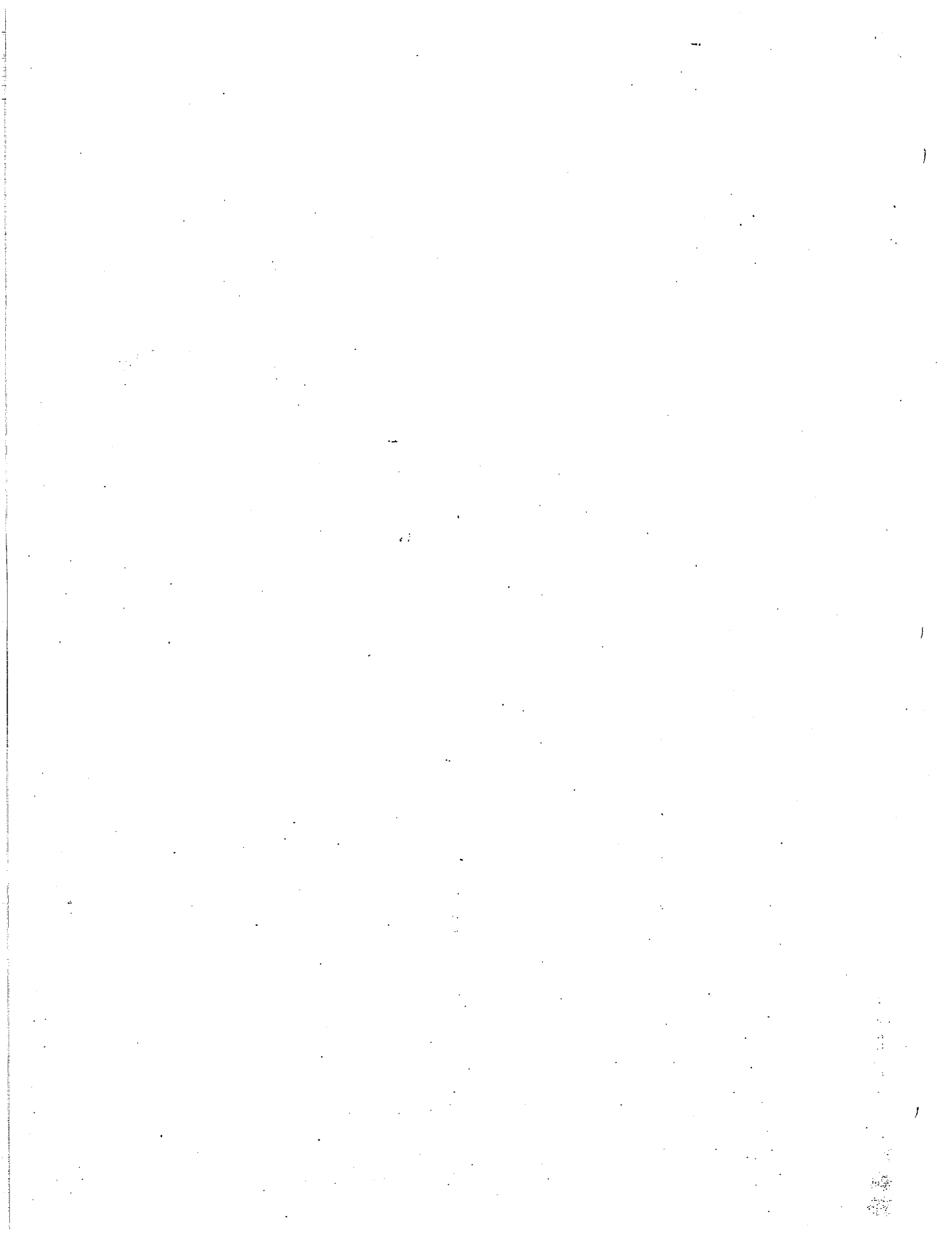
YES

Omit task
OR
Request Board Advisory Opinion
 Written request to NSBN
 Do research; use criteria provided by NSBN
 Use criteria provided
 Submit 12 copies to NSBN for review & reconsideration by Practice Committee
 Possible presentation at Board Meeting

Chief nurse may seek assistance by submitting application for review of the task to the Competency Advisory Committee; the Committee will determine if the task:
 Meets criteria (Article written in English, reflects U.S. based nursing practice, found in at least 2 CINAHL references)
 Meets requirements of nursing law (Nevada NPA)
 Passes "reasonable and prudent" nursing scrutiny

If the answer to the question is, "Yes, this item could be within my scope of practice," the nurse should make certain the following are in place.

- Duty is covered generally in job description
- Duty is described in facility policy and procedures
- Documentation if individual competency related to duty is in personnel file (knowledge/skill/ability)
- Carrying out the duty would pass the reasonable & prudent standard
- Action is reflective of consumers desires & is appropriately authorized



NEVADA STATE BOARD OF NURSING

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ADVISORY OPINION REGARDING ASSIGNMENT OF DUTIES TO UNLICENSED PERSONS

Licensed Nurses: Delegation of Nursing Care and Assignment of Duties to Unlicensed Personnel

1. A licensed 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 licensed nurse shall perform or supervise any act necessary to ensure the quality and sufficiency of the nursing care of a patient which is delegated to or by other nurses under his supervision.
3. Before assigning the care of a patient to unlicensed persons, a licensed nurse shall consider the following:
 - a. The amount of direction required by the unlicensed person to whom the care is being assigned;
 - b. The complexity of the 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 judgement, direction and supervision;
 - c. The competency, training, and demonstrated skill of the unlicensed person to whom the care is assigned; 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 licensed nurse who delegates nursing care to another nurse or assigns duties relating to that care to other personnel is responsible for the actions taken by those persons in carrying out the duties delegated or assigned.
5. A registered nurse who delegates nursing care to another nurse or assigns duties relating to that care to other personnel is responsible for the actions taken by those persons in carrying out the duties delegated or assigned.
6. A licensed nurse shall not assign the administration of a controlled substance, dangerous drug, poison or device to other personnel unless the person to whom it is assigned is authorized to administer the controlled substance, dangerous drug, poison or device.
7. Unlicensed personnel may not be assigned those duties which require the knowledge and skill of a licensed professional nurse or a licensed practical nurse as described in Chapter 632 of NRS.

REGISTERED NURSE

LICENSED PRACTICAL NURSE

NURSING ASSISTANT

NURSING INTERVENTIONS

- Delegates/assists staff in implementing care
- Delegates/assigns duties as specified in rules and regulations
- Considers complexity of care, educational preparations and facility policies when delegating care
- Remains responsible for all acts delegated

N/A

N/A

MAINTAINING SAFE AND EFFECTIVE CARE

- Maintains safe environment
- Institutes standard procedures to stabilize patient's condition or prevent serious complications in emergency situations
- Acts as patient advocate
- Only APN Nurse-Midwife may perform uncomplicated delivery of babies

- Consults with RN and others and seeks guidance as necessary
- Initiates standard emergency procedures until RN or Dr. is available
- Applies principles of asepsis and infection control
- With proper training, serves as a scrub nurse in OR
- Participates in development, revision and implementation of policies and procedures
- Only APN Nurse-Midwife may perform uncomplicated deliveries of babies

- Seeks guidance from a licensed Nurse as necessary
- Performs CPR when necessary
- Follows principles of asepsis and infection control
- Shares pertinent information with a licensed nurse

EVALUATING RESPONSES TO INTERVENTIONS

- Utilizes identified goals to:
 - ...determine data to be collected to evaluate outcome of care
 - ...document and communicate evaluation data
 - ...evaluate responses of individuals and groups to nursing interventions (involving patient and others in the evaluation process)
 - ...use evaluation data to reassess patient status, modify problems, prescribe changes in nursing interventions and revise care plans

- Documents and communicates outcomes of care given
- Assists with collection of evaluation data
- Contributes to modification of strategy of care

- Documents and communicates patient responses
- Assists with collection of data

TEACHING THEORY AND PRACTICE OF NURSING

- Teaches nursing theory in educational programs when qualified by education and experience
- Assists personnel/students who are supervised to develop and maintain competency
- Teaches and exemplifies nursing practice based upon knowledge and skills

N/A

N/A

MANAGING PRACTICE OF NURSING

- Gives direct, individualized care or assigns functions according to education and demonstrated competence
- Supervises persons to whom nursing functions are delegated
- Provides leadership in formulating, interpreting, implementing and evaluating nursing service objectives and policies
- Functions as circulating nurse in OR
- Directs and evaluates quality of nursing services
- Evaluates nursing personnel

- Assigns duties to auxiliary workers as specified in rules and regulations
- Assists auxiliary workers to carry out assigned care
- Supervises auxiliary workers to whom care is delegated

N/A

REPORTING WITH OTHER HEALTH PROFESSIONALS

- Communicates significant changes in patient status
- Consults as necessary to meet needs

- Shares pertinent information

- Shares pertinent information

REGISTERED NURSE

LICENSED PRACTICAL NURSE

NURSING ASSISTANT

**ADVANCED
CATIONAL
PARATION**

- Meets the requirements of NAC 632.225
- ...additional duties are within the authorized scope of practice
- ...follows written policies and procedures approved by medical staff, nursing and agency administration
- ...completes Board approved comprehensive program including supervised clinical OR documents completion of such from another state OR states has previously acquired the additional knowledge/skill/ability and can provide evidence thereof to employer
- ...maintains evidence (both RN and employer) of original documentation and demonstration of acquired knowledge/skill/ability
- ...verification of continued competency via recertification or annual evaluation
- The requirements for special CE are outlined in NAC 632.358

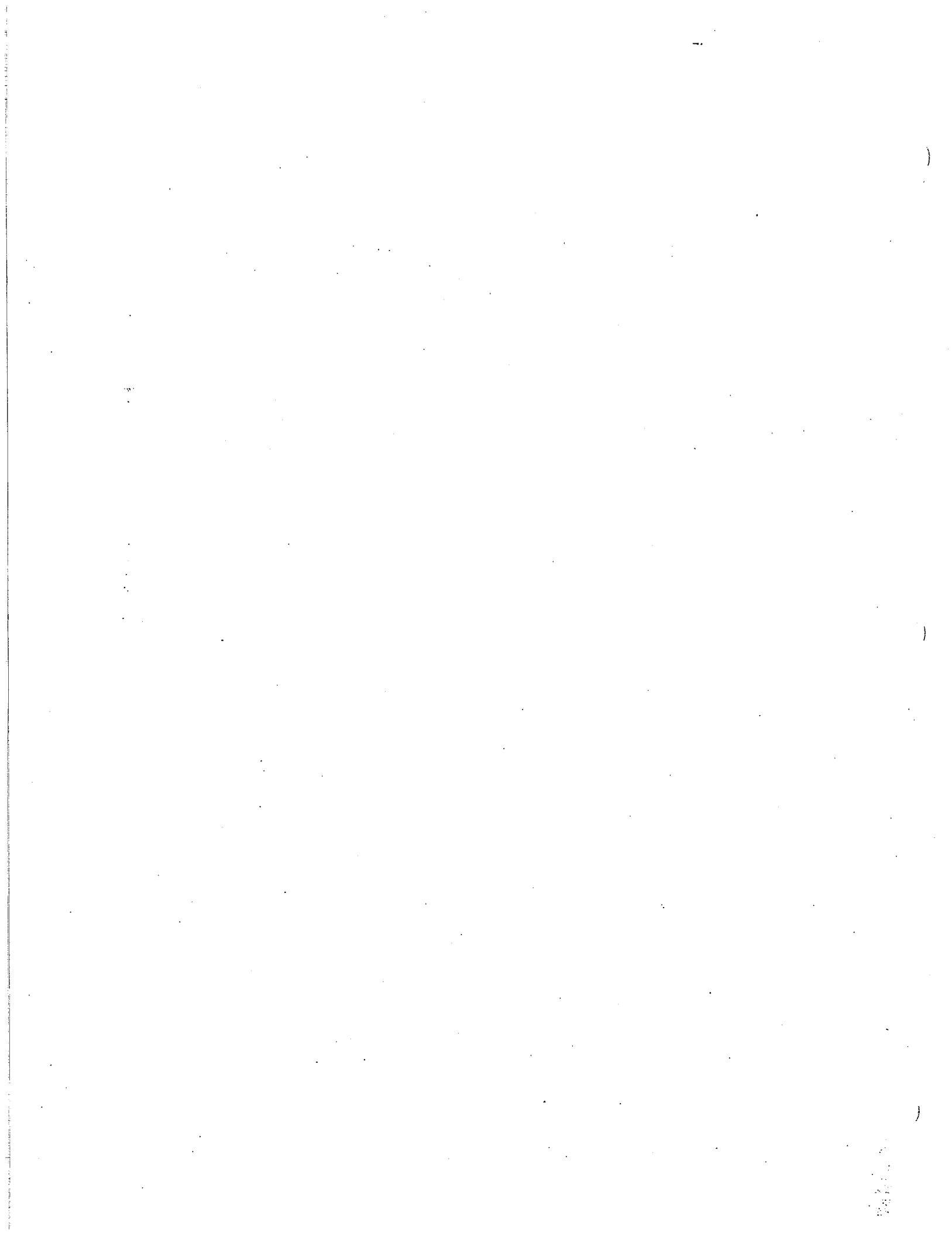
- Meets the requirements of NAC 632.242
- ...has at least 1500 hours of clinical experience
- ...additional duties are within scope of practice
- ...follows written policies and procedures approved by medical staff, nursing, and administration
- ...completes Board approved comprehensive program including supervised clinical OR documents completion of such from another state OR states has previously acquired the additional knowledge/skill/ability and can provide evidence thereof to employer
- ...maintains evidence (both LPN and employer) of original documentation and demonstration of acquired knowledge/skill/ability
- ...verification of continued competency via recertification or annual evaluation
- The requirements of special CE are outlined in NAC 632.358

**UNLICENSED
PERSONNEL**

- NAC 632.248 - Unlicensed personnel may not be assigned those duties which require the knowledge and skill of a registered nurse or a licensed practical nurse, i.e. assist with personal hygiene. Assist nurses. Never delegate administration of medications in licensed medical facility.

same

same



**NURSING RESPONSIBILITIES AS SPECIFIED IN
NURSE PRACTICE ACT (NRS 632) AND REGULATIONS (NAC 632)**

Approved June 5, 1992

REGISTERED NURSE

**LICENSED PRACTICAL
NURSE**

NURSING ASSISTANT

ASSESSMENT

Independent, dependent and inter-dependent functions

- Assesses and evaluates health status of groups and individuals:
 - ...collect objective and subjective data
 - ...analyze, report and record data
 - ...validate, refine and modify data

At the direction of RN, APN, licensed physician, or licensed dentist

- Contributes to assessment of health status by:
 - ...collecting, reporting, and recording objective and subjective data
 - ...observation of conditions or change in condition
 - ...signs and symptoms of deviation from normal health status

At the direction and under the supervision of RN or LPN

- Collects data related to health status by collecting, reporting and recording basic objective and subjective data
- Observes for change in health status and signs and symptoms or deviations from normal health status

IDENTIFICATION OF HEALTH PROBLEMS

- Utilizes all data to identify and document health care problems

- Assists in formulating lists of needs/problems

- Provides basic information which licensed nurses use in making lists of problems and needs

ESTABLISHING GOALS

- Collaborates with patient, family, significant others and health team to:
 - ...identify present and predicted needs
 - ...establish short and long term goals
 - ...set realistic and measurable goals

- Contributes to setting realistic and measurable goals by identifying major short and long term goals

- Provides basic information regarding the patient which assists the licensed nurse in setting goals

DEVELOPING A STRATEGY OF CARE

- Develops a written care plan to include:
 - ...cultural, ethnic, spiritual aspects and decisions regarding treatment
 - ...measures to support human functions and maintain hygiene, comfort and safe environment
 - ...educational and counseling needs to promote, maintain, restore health
 - ...community resources for continued care
 - ...priority needs
 - Reviews and revises care plan as necessary

- Participates in development of written care plan
- Recognizes, understands, respects cultural, spiritual, religious backgrounds, beliefs, needs and rights to choice
- Assists in identification of measures to maintain hygiene and comfort
- Supports human functions
- Maintains environment conducive to wellbeing
- Provides health teaching
- Participates in identification of priorities

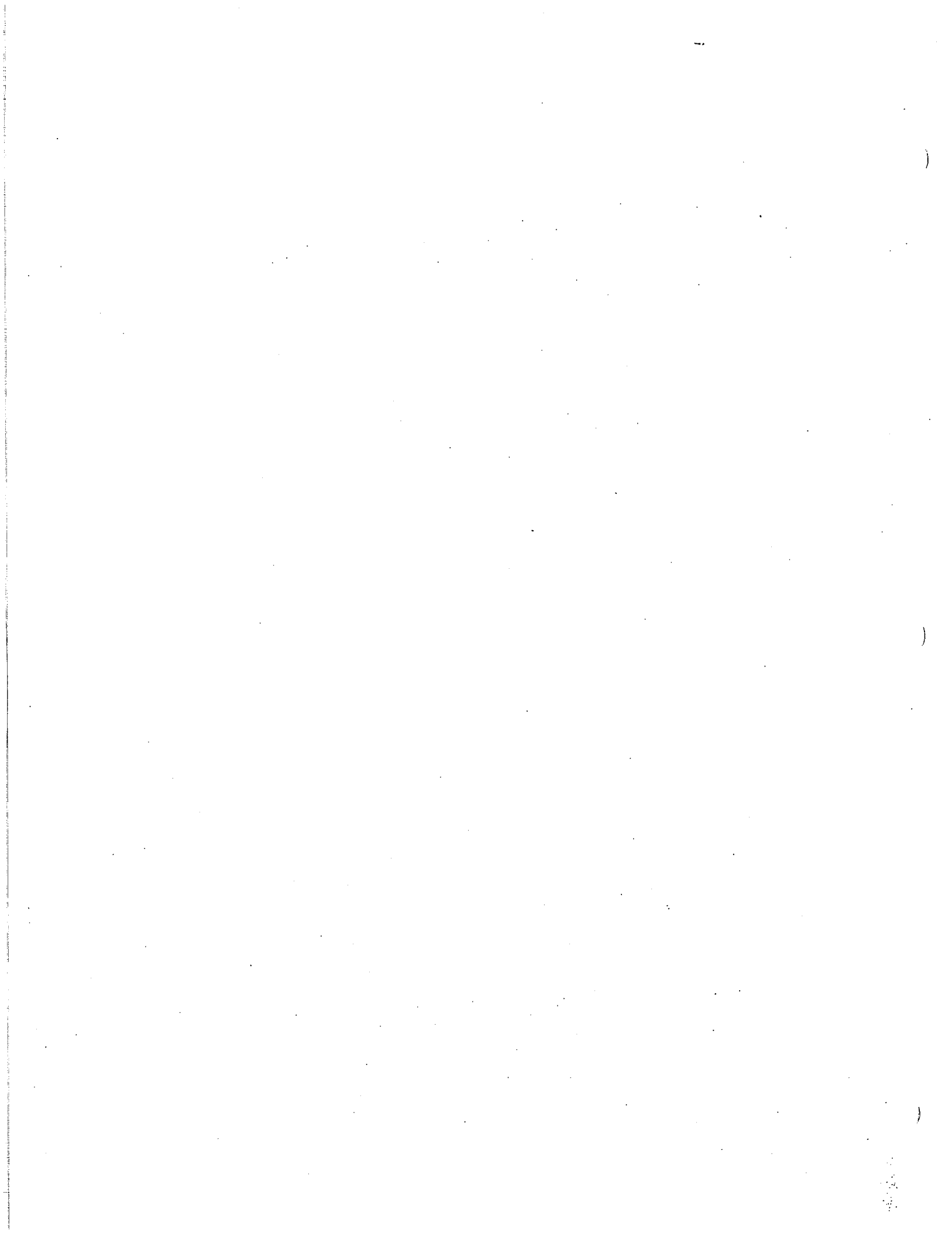
- Contributes to the development and revision of the plan of care by providing basic information regarding the patient which assists the licensed nurse in the development and revision of the plan of care

IMPLEMENTING STRATEGY OF CARE

- Initiates, gives, assists with delegating care
- Verifies medical orders accurate, properly authorized, no documented contraindications;
- Administers prescribed medications and IV therapy
- Provides education and counseling
- Documents interventions and responses
- Communicates interventions and responses
- Makes judgements, decisions and modifies care

- Assists patient with ADL's, encourages self-care
- Provides direct medical care, comfort measures, emotional support to patients whose condition is stable or predictable
- Provides care to patient whose condition is complex or unstable under direct supervision
- Assists with rehabilitation - ROM, alignment, body mechanics
- Provides environment conducive to safety and health
- Carries out functions taught in approved PN program
- Executes orders of APN, doctor, or dentist based on knowledge of cause and effect of order after verifying accuracy and no documented contraindications
- Administers prescribed treatment and medication, except by intravenous route
- Performs selected IV therapy functions as delegated and supervised by RN
- Assists with patient teaching
- Documents interventions and responses
- Communicates interventions and responses whose condition is stable or predictable
- Carries out duties performed by auxiliary workers

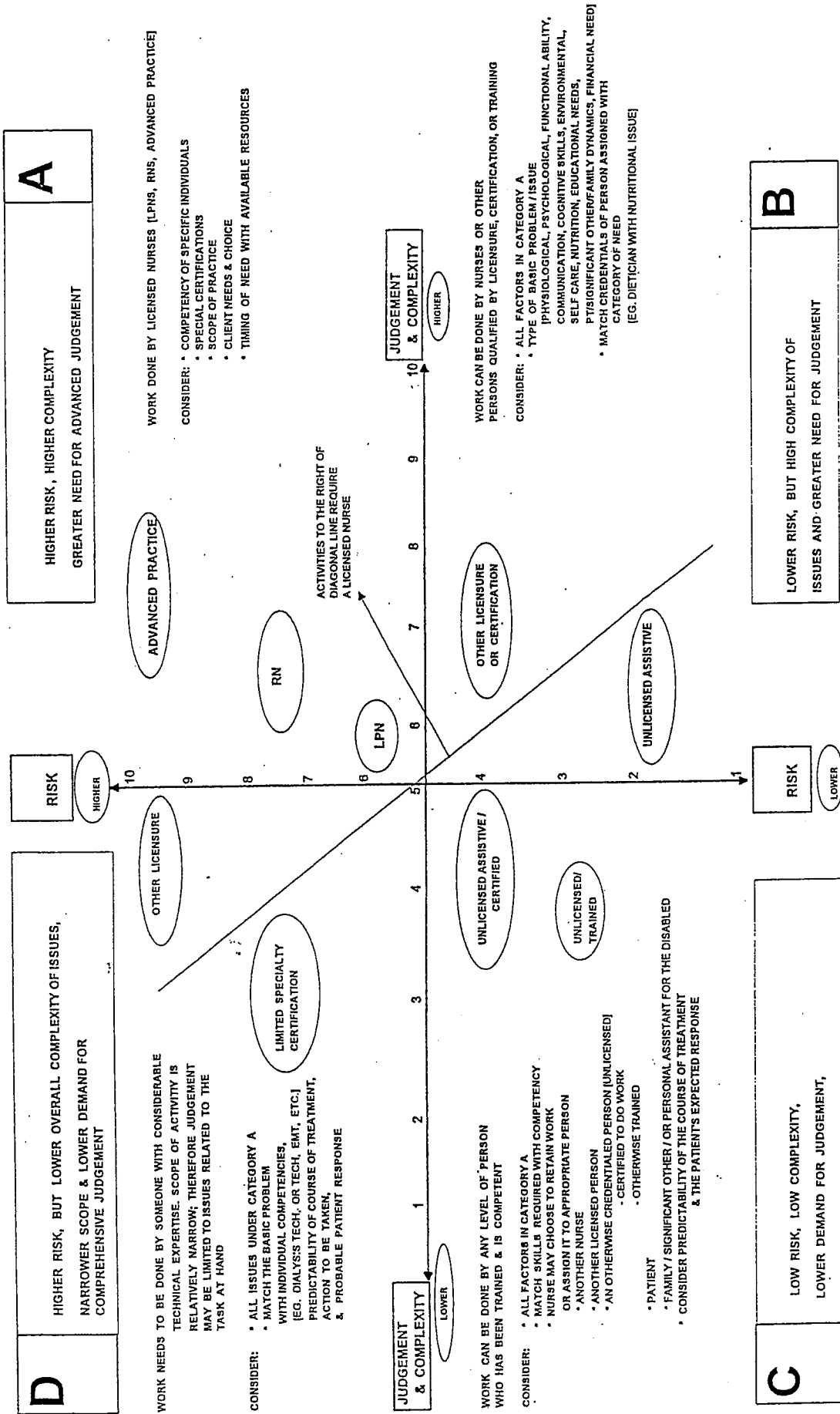
- Provides total personal care or assists patient with ADL's, encourages self-care
- Provides physical care, comfort measures, emotional support to patient whose condition is stable or predictable
- Assists with basic restorative nursing, bladder training
- Provides a safe and healthy environment
- Provides functions taught in approved nursing assistant programs
- Completes basic duties delegated by a licensed nurse
- Repeats patient teaching instructions as given by the licensed nurse
- Documents and communicates completion of assigned duties and patient responses



THIS CHART REPRESENTS THE DOMAIN OF NURSING'S PRACTICE. NURSING'S RELATIONSHIP TO OTHER HEALTH CARE PROVIDERS. THE NUMBERS ON THE TWO AXIS ARE INTENDED TO PROVOKE A DISCUSSION DIRECTED TOWARDS DEVELOPING RATIONALE TO BACK UP THE DECISION TO DELEGATE, ASSIGN OR MAINTAIN RESPONSIBILITY FOR PERFORMING A NURSING INTERVENTION

NEVADA STATE BOARD OF NURSING

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NEVADA STATE BOARD OF NURSING
ADVISORY OPINION

NURSING ASSISTANT: Additional Training

1. A nursing assistant may perform duties in addition to those identified in NRS 632.0166, if:
 - a. The task is performed under the direction of a registered nurse or licensed practical nurse and does not require the substantial skill, judgement and knowledge required of a licensed nurse; and
 - b. Those duties are identified in written policies and procedures of the employing agency; and
 - c. Prior to performing those duties the CNA demonstrates to his employer that he has the knowledge, skill and ability to safely and effectively carry out those duties and competently handle any adverse outcome.
2. The nursing assistant and his employer shall each maintain evidence of the original documentation and demonstration of the acquired knowledge/skill/ability and be able to present them to the Board upon request.
 - a. Annual verification of the nursing assistant'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 nursing assistant's area of practice.
3. The chief nurse is responsible in the creation of a safe and effective health care delivery system to identify the roles and responsibilities of a nursing assistant;
 - a. Determining that the roles and responsibility: (1) reflect duties which are relatively simple, follow a predictable course and do not include substantial risk to the client, and (2) do not include inherent on-going interpretations, decision making or assessments as part of carrying out the duty.

Adopted November 1, 1995

GENERAL PROVISIONS

632.010 **Definitions.** As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 632.015 to 632.101, inclusive, have the meanings ascribed to them in those sections.

(Supplied in codification; A by Bd. of Nursing, 3-28-86, eff. 4-3-86; 6-23-88; 8-18-88; 3-26-90; 1-24-92; 3-4-92; 11-19-93; 11-19-93; 7-7-94)

632.015 **"Academic Study" defined.** "Academic study" means a course provided by an accredited institution of higher learning for quarter or semester credits.

[Bd. of Nursing, § II subsec D par. 14 subpar. a, eff. 12-20-79; A 12-11-81]—(NAC A 2-6-90)

632.020 **"Advanced practitioner of nursing" defined.** "Advanced practitioner of nursing" 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 defined by NAC 632.255 to 632.295, inclusive, to provide designated services in addition to those which a registered nurse is authorized to perform. The term includes a nurse midwife and a nurse psychotherapist.

[Bd. of Nursing, § III subsec. C par. 1 subpar. d, eff. 5-16-79]—(NAC A 3-28-86, eff. 4-3-86; 3-26-90; 11-19-93)

632.024 **"Approved program" defined.** "Approved program" means a training program for nursing assistants which complies with the standards established by the board.

[Added to NAC by Bd. of Nursing effective 3-26-90]

632.028 **"Basic" defined.** "Basic" means elementary processes or activities which are easy to perform.

(Added to NAC by Bd. of Nursing, eff. 6-23-88)

632.030 **"Board" defined.** "Board" means the state board of nursing.

[Bd. of Nursing, § III subsec. C par. 1 subpar. b, eff. 5-16-79; A 8-21-81]

632.033 **"Charge nurse" defined.** "Charge nurse" means a registered nurse who has basic skills in supervision and leadership and has the authority to function as a manager of other nurses.

(Added to NAC by Bd. of Nursing, eff. 6-23-88)

632.037 **"Clinical nurse specialist" defined.** "Clinical nurse specialist" means a registered nurse who, through study and supervised practice at the graduate level, is proficient in a defined area of knowledge and practice in a selected clinical area of nursing.

(Added to NAC by Bd. of Nursing, eff. 8-18-88)

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 concerning the advanced practitioner's performance of designated medical services. (Added to NAC by Bd of Nursing, eff. 3-3-92)

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.
(Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.040 "Contact hour" defined. "Contact hour" means 50 minutes of participation in a course of continuing education.

[Bd. of Nursing, § II subsec. D par. 14 subpar. b, eff. 12-20-79; A 12-11-81]

632.045 "Continuing education" defined. "Continuing education" means participation in a learning experience offered in an organized course which is designed to increase or improve a nurse's knowledge, skill or ability related to the authorized scope of practice of the nurse.

[Bd. of Nursing, § II subsec. D par. 14 subpar. c, eff. 12-20-79]—(NAC A 8-8-94)

632.048 "Direct supervision" defined. "Direct supervision" means the direction given by a supervisor of nurses who is periodically available at the site where care is provided to a patient or available for immediate guidance. (Added to NAC by Bd. of Nursing, eff. 6-23-88)

632.057 "Graduate nurse" defined. "Graduate nurse" means a person who:

1. Has graduated from a nursing program approved by the board;
2. Holds an interim permit;
3. Is awaiting the results of the examination for licensure; and
4. Works under the supervision of a registered nurse who is at the site where care is provided.

(Added to NAC by Bd. of Nursing, eff. 8-18-88)

632.058 "Home study" defined. "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)

632.059 "Immediate supervision" defined. "Immediate supervision" means the direction given by supervisor of nurses who is physically present at the site where care is provided to a patient and directly observing or assisting in that care, or both.

(Added to NAC by Bd. of Nursing, eff. 6-23-88)

632.060 "Intravenous therapy" defined. "Intravenous therapy" means an infusion of fluids through vein at a regulated rate of flow as prescribed by a physician for the purpose of replacing fluid, maintaining fluid balance or adding medications or nutrients.

[Bd. of Nursing, § V subsec. A par. 2, eff. 8-21-81]

632.062 "Nurse psychotherapist" defined. "Nurse psychotherapist" means a nurse who has a master's degree in psychiatric or mental health nursing, counseling, social work or psychology.

(Added to NAC by Bd. of Nursing, eff. 11-19-93)

632.063 "Nursing student" defined. "Nursing student" means a person who is:

1. Enrolled in a program of professional nursing or practical nursing at a school of nursing accredited by the board;
2. Taking at least three credits of nursing theory or clinical courses related to nursing in an academic semester; and
3. Continuously progressing toward obtaining a certificate or degree in nursing.

(Added to NAC by Bd. of Nursing, eff. 8-18-88; 6-21-94)

632.070 "Physician" defined. "Physician" means a person who is licensed to practice medicine, including osteopathy, in this state or another state of the United States.
[Bd. of Nursing, § III subsec. C par. 1 subpar. e, eff. 5-16-79]--(NAC A 3-3-92)

632.071 "Prescription" defined. "Prescription" means authorization to administer medications or treatments issued by an advanced practitioner of nursing, a licensed physician, 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.
(Added to NAC by Bd. of Nursing, eff. 11-19-93)

632.072 "Protocol" defined. "Protocol" means the written directions for assessment and management of specified medical conditions that the advanced practitioner of nursing and collaborating physician have agreed upon as a basis for their practice.
(Added to NAC by Bd. of Nursing, 3-28-86, eff. 4-3-86, A 3-3-92)

632.085 "Superimpose" defined. "Superimpose" means to connect a container of fluid to tubing through which intravenous fluid from another container has been administered.
[Bd. of Nursing, § V subsec. A par. 3, eff. 8-21-81]

632.091 "To piggyback" defined. "To piggyback" means to connect a secondary intravenous line to the upper or lower Y-port of a primary intravenous line for intermittent or simultaneous drug infusion.
(Added to NAC by Bd. of Nursing, eff. 1-24-92)

632.096 "Trainee" defined. "Trainee" means a person admitted to an approved program.
(Added to NAC by Bd. of Nursing eff. 3-26-90)

632.101 "Write" and "written" defined. "Write" or "Written" in reference to an examination means to take the examination by paper and pencil, computer, or any other electronic device the board deems appropriate.
(Added to NAC by Bd. of Nursing, eff. 11-19-93)

LICENSING AND CERTIFICATION

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 the examination for licensure.

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 passing score as determined by the board on the examination for licensure.

[Bd. of Nursing, part p. 8, eff. 10-11-58; A part p. 3, 7-1-65; A and renumbered as § II subsec. A par. 1, 7-11-69 & § II subsec. A par. 1, 11-26-69; A and renumbered as §. II subsec. A par. 1, subpars. a & b, 7-10-75; 12-20-79; 4-20-82]--(NAC A 6-1-88; 7-16-92; 11-19-93)

632.155 Application and examination for license.

1. An application must be completed and filed in the office of the board at least 4 weeks before the date of the examination.
2. The application must be accompanied by:
 - (a) Two identical photographs of the applicant taken within the preceding 2 year;
 - (b) A complete set of the applicant's fingerprints; and
 - (c) The appropriate fee
3. Examinations will be offered at least once a year at a time and place determined by the board.
4. The candidate must write the first examination offered after filing an application.

[Bd. of Nursing, part p. 8, eff. 10-11-58; A and renumbered as § II subsec. 1 par. A part subpar. 3 & subpar. 4 & part par. B, 1964; A part p. 3, 7-1-65; + § II subsec. A par. 2 & part par. 4, 11-26-69; A and renumbered as § II subsec. A par. 1 part subpars. a & b & subpar. c, 7-10-75]--(NAC A 6-21-94)

632.160 Interim permit.

1. An interim permit without a fee may be issued to the applicant at the time the application is filed. This permit allows the applicant to practice as a licensed nurse (registered nurse or licensed practical nurse) under supervision until such time as the examination results are received and a permanent license is issued.
2. 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 interim permit will be issued.

[Bd. of Nursing, § II subsec. 1 par. A subpar. 5, eff. 1964; A p. 1 par. 7, 7-1-65; A and renumbered as § I subsec. A par. 3, 7-11-69 & § II subsec. A par. 3, 11-26-69; A and renumbered as § II subsec. A par. 1 subpar. 1, 7-10-75]--(NAC A 9-6-88)

632.165 Rewriting examination for license. An applicant for licensing as a registered nurse or as a practical nurse may rewrite the examination twice. The fee for rewriting must be paid before the deadline date for each filing. If the applicant is unsuccessful on the second attempt, he must present a plan, acceptable to the board, or preparation to rewrite the examination. If the applicant is unsuccessful on the third attempt, courses in nursing theory must be repeated in a nursing program approved by the board before the applicant may rewrite the examination or the fourth time.

[Bd. of Nursing, § II subsec. 1 part par. B, 1964; A p. 2, 7-1-65; A and renumbered as § II subsec. A part par. 4, 7-11-69 & § II subsec. A, part par. 4, 11-26-69; A and renumbered as § II subsec. A par. 1 subpar. e, 7-10-75; A 12-20-79]

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 or certification to practice as a nursing assistant.

(Added to NAC by Bd. of Nursing, eff. 3-26-90;--NAC 07-16-92)

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. 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) A 2 inch x 2 inch photograph of himself taken within the preceding 2 years. The photograph may not be taken with a camera that produces pictures instantly.
 - (c) The appropriate fee.
 - (d) A complete set of the applicant's fingerprints
- (Added to NAC by Bd. of Nursing, eff. 3-26-90; 11-19-93; A 6-21-94)

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.
- (Added to NAC by Bd. of Nursing, eff. 3-26-90; 11-19-93)

632.169 Competency evaluation test: Failure of one or both components.

- 1. A trainee who fails one component of a competency evaluation test is required to retake only that component.
 - 2. A trainee who fails one or both components of a competency evaluation test three times must repeat an approved program. Upon the successful completion of that program, he may reapply to take the competency evaluation test.
- (Added to NAC by Bd. of Nursing, eff. 3-26-90;--NAC 07-16-92)

632.170 Qualifications for license or certificate without examination. 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) Hold a current license in good standing from another state or foreign country which was issued by a recognized legal agency.
 - (c) Submit to the board:
 - (1) A completed application;
 - (2) A photograph of himself taken within the preceding 2 years;
 - (3) A complete set of his fingerprints; and
 - (4) 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 photograph of himself taken within the preceding 2 years;
 - (3) A complete set of his fingerprints; and
 - (4) The appropriate fee.
- 3. An applicant for certification to practice as a nursing assistant must:

(a) Submit to the board:

- (1) A completed application accompanied by a complete set of his fingerprints; and
- (2) A 2 inch x 2 inch photograph of himself taken within the preceding 2 years.

(b) Request and confirm receipt by the board of verification from the appropriate agency that he holds current certificate to practice as a nursing assistant.

[Bd. of Nursing, part p. 1, eff. 10-4-63; A pp. 1 & 2, 7-1-65; A and numbered as § II subsec. B par. 1, 7-11-69 & § II subsec. B par. 1, 11-26-69; A 7-10-75; 12-20-79]—(NAC A 3-26-90; 07-16-92; 11-19-93; 6-21-94)

632.173 Additional requirements for obtaining license or certificate without examination. 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.

[Bd. of Nursing, eff 6-21-94]

632.175 Temporary license.

1. A temporary license may be issued upon application for a period of 4 months. The fee for the temporary license applies toward the permanent license fee.

2. A nurse seeking renewal of his license may be issued a temporary license 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 practice nursing 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 will be issued.

[Bd. of Nursing, part p. 2, eff. 7-1-65; A and numbered as § II subsec. B par. 2, 7-11-69 & § II subsec. B par. 3, 11-26-69; A and renumbered as § II subsec. B par. 2, 7-10-75]—(NAC A 6-23-88; 9-6-88)

632.180 Graduation from program outside United States.

1. After an application for a license is filed by a graduate of a program outside of the United States who holds a license from another jurisdiction in the United States, the applicant's credentials will be reviewed by the board and eligibility for licensure established. Translations must be paid for by the applicant. The ability to read, write and speak English must be shown by proof that the applicant has satisfactorily passed:

- (a) The State Board Test Pool Examination;
- (b) The National Council Licensing Examination;
- (c) The examination given by the Commission on Graduates of Foreign Nursing Schools; or
- (d) Another test of competency in English acceptable to the board.

2. All graduates of programs in professional nursing outside of the United States who graduated on or after January 1, 1952, must have completed courses of study in the theory and clinical practice in medical nursing, surgical nursing, obstetric nursing, nursing of children and psychiatric nursing and must pass a licensing test in each of these areas. Deficiencies may be removed by participation in an accredited program in nursing or as determined by the board.

3. All graduates of programs in practical nursing outside of the United States who graduated on or after January 1, 1952, must have completed courses of study in the theory and clinical practice in medical nursing, surgical nursing, obstetric nursing, nursing of children and principles of mental health. Deficiencies may be removed by participation in an accredited program in nursing or as determined by the board.

[Bd. of Nursing, part p. 1, eff. 10-4-63; A part p. 2, 7-1-65; A and numbered as § II subsec. C, 7-11-69 & § II subsec. C, 11-26-69; A 7-10-75; 12-20-79]—(NAC A 8-5-86; 9-6-88; 7-7-94)

632.185 Lapse of application for license or certificate. An application for a permanent license or certificate which is not completed within 1 year automatically lapses and the fees are forfeited.
 [Bd. of Nursing, part p. 2, eff. 7-1-65; A and numbered as § II subsec. B par. 3, 7-11-69 & § II subsec. B par. 4, 11-26-69; A and renumbered as § II subsec. B par. 3, 7-10-75]--(NAC A 3-26-90)

632.188 Denial of license or certificate: Notice; hearing.

1. A member of the board's staff will issue a license or certificate or renew a license or certificate based on the criteria determined by the board. Any member of the board's staff may submit a candidate's credentials to the board to determine the candidate's eligibility for a license or certificate or renewal of a license or certificate.

2. A member of the board's staff will give any applicant for a license or certificate whose application is denied written notice stating:

- (a) That the applicant has failed to qualify to be examined, licensed, or certificated;
- (b) The reason for disqualification; and
- (c) That the applicant may appeal the denial to the board.

3. A hearing will be granted to an applicant who, within 30 days after the notice required in subsection 2 is mailed to him, requests a hearing in a certified letter addressed to the board.

4. When a license or certificate is not renewed by a member of the board's staff, the licensee or holder of the certificate may appeal to the board in writing within 30 days and request a hearing at the next regularly scheduled meeting of the board.

[Bd. of Nursing, § II subsec. D par. 9, eff. 12-20-79; A and renumbered as § II subsec. D par. 10, 12-11-81]--(NAC A 8-5-86)--(Substituted in revision for NAC 632.405)--(NAC A 6-21-94)

632.190 Fees 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	200.00
	Fee for examination on law relating to pharmacy	
	for advanced practitioner of nursing	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 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 registered nurses and practical nurses:	
	Biennial renewal fee	\$100.00
	Duplicate license	30.00
	Fee for reinstatement of a license	100.00
	Proctoring an examination	150.00
4.	For nursing assistants:	
	Application for a certificate	\$ 15.00
	Biennial renewal fee	20.00
	Duplicate certificate	5.00
	Certification examination	90.00

	Approval of proctors for certification examination	50.00
	Approval of training programs:	
	If using model curriculum	150.00
	If using alternate curriculum	150.00
	Annual approval of instructors of training programs	50.00
	Annual fee for review of training programs	60.00
5.	Validation of licensure or certification:	
	For a registered nurse	\$ 25.00
	For a licensed practical nurse	25.00
	For a nursing assistant	25.00
6.	Survey and evaluation of school of practical nursing, or school and course of professional nursing	150.00/day
7.	Miscellaneous:	
	For duplicating the records of the board	\$0.60/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

[Bd. of Nursing, § II subsec. 1 par. A part subpar. 3, eff. 1964; A part p. 3, 7-1-65; A and renumbered as II subsec. A part par. 4, 7-11-69 & § II subsec. A part par. 4, 11-26-69; A and renumbered as § II subsec. A par. , 7-10-75; A 7-26-77; 12-20-79; 4-20-82; + part p. 3, eff. 7-1-65; A and renumbered as § II subsec. D part par. , 7-11-69 & § II subsec. D part par. 1, 11-26-69; A 7-10-75; 7-26-77; 12-20-79]—(NAC A 12-14-83; 2-6-90; 3-26-0; 12-17-91; 1-24-92; 7-16-92; 11-19-93)

632.192 Expiration and renewal of license or certificate.

1. Two months before the expiration of each license or certificate, the board will mail to the person authorized to practice as a registered nurse, licensed practical nurse or nursing assistant, at his address of record, a form to apply for the renewal of his license or certificate. The application for renewal must be received in the office of the board on or before the end of the business day on which the authorization to practice expires.

2. The board will find that the holder of the license or certificate has made sufficient application for renewal of the authorization to practice if:

(a) The application for renewal is:

(1) Truthful, accurate and complete, and made on the form supplied by the board.

(2) Accompanied by payment of the required fee. If the fee is paid in a form other than cash, it must be made on an account with a sufficient amount of money for payment of the instrument.

(3) Accompanied by proof that the requirement of continuing education is met.

(4) Accompanied by a complete set of the applicant's fingerprints, if the renewal is the first renewal of the license or certificate after June 21, 1994.

(b) The applicant attests that he has committed no act which could subject his application to denial nor developed any condition which may interfere with his ability to practice in a safe and effective manner.

3. If an application does not meet the requirements of subsection 2, the staff of the board must not renew the license or certificate. The applicant may apply for reinstatement, appear before the board, or both. If a timely application to appear before the board is made, the staff may issue a temporary license or certificate which remains valid until the board hears the case and makes a determination. If the license or certificate is not renewed because the applicant paid the required fee with an instrument written on an account with an insufficient amount of money for payment of the instrument, the staff may require the payment of a late fee and a fee to cover the administrative cost of handling the instrument.

4. An original license or certificate is valid for the period from the date of issuance to the licensee's or certificate holder's second birthday after issuance. Thereafter each license or certificate will expire biennially on the

licensee's or certificate holder's birthday. In a leap year the license or certificate of a licensee or certificate holder on February 29 expires on February 28.

(Added to NAC by Bd. of Nursing, eff. 11-19-85; A 11-2-87; 2-6-90; 11-19-93)--(substituted in revision for NAC 632.392)--(A 6-21-94)

632.193 Renewal of certificate: Continuing training.

1. To renew his certificate, a nursing assistant must submit documentation of completion of 24 hours of continuing training in the previous 2 years by submitting a photocopy of a certificate of completion to the board.

2. 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 works;
- (b) An academic study;
- (c) A workshop approved by the board;
- (d) An extension course approved by the board; or
- (e) Home study.

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 4 years.

(Added to NAC by Bd. of Nursing, eff. 3-4-92; A 11-19-93)

632.195 Duplicate license or certificate. If a license or certificate is lost, a duplicate may be issued if the licensee or holder of the certificate submits to the board a notarized affidavit on a form provided by the board, accompanied by the fee for a duplicate license or certificate.

[Bd. of Nursing, § II subsec. E, eff. 7-11-69 & § II subsec. E, eff. 11-26-69; A 7-10-75; 4-20-82]--(NAC A 3-26-90)

632.200 Change of name. The name of a registered nurse, licensed practical nurse, certified nursing assistant 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.

[Bd. of Nursing, § II subsec. F, eff. 7-11-69 & § II subsec. F, eff. 11-26-69; A 7-10-75]--(NAC A 3-26-90)

632.205 Notification of address for mailing notices.

1. Each licensee or holder of a certificate shall file with the board his current residential address.

2. A licensee or holder of a certificate shall notify the board of any change in his residential address within 30 days after the change.

3. If the board is required by law or the provisions of this chapter to deliver any notice by mail to a licensee or holder of a certificate, the notice shall be deemed validly given if it is mailed to the last address of the licensee or holder of a certificate which was filed with the board.

(Added to NAC by Bd. of Nursing, eff. 2-6-90)

GENERAL STANDARDS FOR PRACTICE OF NURSING

632.210 Committee to advise board on nurses impaired by disability.

The board will appoint a committee to advise and report to the board on matters related to nurses impaired by a disability. The committee will consist of at least six persons who are knowledgeable concerning disabilities, including a member of the board or its representative, who shall serve as the chairperson.

(Added to NAC by Bd. of Nursing, eff. 8-5-86)

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. The board will appoint a committee to advise and report to the board on matters related to the establishment of state standards 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 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. 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)

632.212 Registered nurses: 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 authorized 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) Delegating appropriate duties to other nurses;

(f) Administering medication and carrying out treatments which are properly authorized; and

(g) Evaluating and altering, if appropriate, the plan of care.

(Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.214 Registered nurses: Observation of patients. A registered nurse shall:

1. Perform or supervise the direct observation of patients under his care;

2. Ensure the effectiveness, use and maintenance of procedures used to communicate to other providers of health care a patient's symptoms, reactions and progress; and

3. Recognize, understand and allow for a patient's choice regarding his psychological, biological, social and cultural needs and religious beliefs.

(Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.216 Registered nurses: Care of patients.

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 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; and

(2) The delivery is performed under the direction of a physician; and

(c) The duties of a licensed practical nurse.

(Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.218 Registered nurses: Maintenance of patient's health. A registered nurse shall perform or supervise:

1. The identification of the immediate and long-term goals for the care of patients under his care;

2. The assessment of the need for and the provision of health education and counseling of a patient under his care based on the needs of the patient, involving the patient and his family and friends, so that the patient may better understand the immediate and long-term goals for his care;

3. The recognition of the various psychological and social needs of the patients;

4. The provision and encouragement of an environment conducive to the safety and health of patients;

5. The collaboration with other providers of health care to provide safe care for the patient; and

6. The use of resources in the community to continue the proper care of a patient after he leaves the care of the registered nurse.

(Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.220 Registered nurses: Medication and treatment of patients.

1. A registered nurse shall perform or supervise:

(a) The verification of an order given for the care of a patient is 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, dentist, podiatric physician or advanced practitioner of nursing. A registered nurse may refuse an order if he takes appropriate action to ensure the safety of a patient.

(Added to NAC by Bd. of Nursing, eff. 11-2-87; A 03-18-94)

632.222 Registered nurses: Delegation 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 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;
- (b) The complexity of the nursing care needed by the patient, recognizing that simple care may be performed 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 to whom the care is delegated;
- (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 is responsible for the actions taken by those persons in carrying out the duties delegated or assigned. (Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.224 Registered nurses: Supervision of others; Establishment of authorized scope of practice.

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 he supervises and establish and document a process to carry out, maintain and improve the 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, a licensed physician, 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 the delivery of nursing care which complies with nationally recognized standards.

(f) Maintain a copy 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.

(Added to NAC by Bd. of Nursing, eff. 11-2-87; A 11-19-93; 6-21-94)

632.225 Registered nurses: 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; or

(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.

(Added to NAC by Bd. of Nursing, eff. 3-17-86; A 6-1-88; 2-6-90; 7-16-92; 5-18-94; 9-9-94)

632.228 Practical nurses: Duties included. The board will interpret the practice of practical nursing to include, but not be limited to, those duties and acts specified in NAC 632.230 to 632.242, inclusive.

(Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.230 Practical nurses: 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 duties delegated or assigned.

(Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.232 Practical nurses: Recording and reporting. A licensed practical nurse shall contribute to the plan of care established for a patient by recording and reporting to the appropriate person his observations, assessments and activities relating to the physical and mental condition of the patient, including any symptoms which may indicate a change in the patient's status.

(Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.234 Practical nurses: Carrying out therapeutic procedures.

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, physician, dentist or podiatric physician is available;
 - (g) Clarifying with his supervisor which situations require a greater degree of direction and supervision than 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.
(Added to NAC by Bd. of Nursing, eff. 11-2-87; A 03-18-94)

632.236 Practical nurses: Understanding and verifying orders. Before carrying out an order, a licensed practical nurse must:

1. Understand the reason for the order;
 2. Verify that the order is appropriate; and
 3. Verify that there are no documented contraindications in carrying out the order.
- (Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.238 Practical nurses: Preparing and administering medication. A licensed practical nurse may:

1. Prepare the required dosage of a medication; and
 2. Except as otherwise provided in NAC 632.455, administer medication.
- (Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.240 Practical nurses: Knowledge of resources; participation concerning policies and procedures. A licensed practical nurse shall:

1. Have the knowledge of the resources in the community which are available to continue proper care of a patient after he has left a medical facility; and
2. Participate in developing, revising and carrying out policies and procedures for the practice of practical nursing.

(Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.242 Practical nurses: Additional duties in area of specialization.

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

- (a) He has at least 1,500 hours of clinical experience in nursing after receiving his license;
- (b) The performance of the additional skill, assessment, intervention or other duty is within the authorized scope of practice of a licensed practical nurse in this state;

(c) In performing the additional 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;

(d) 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; 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;
- (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 (b) of subsection 1, a skill, assessment, 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 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.
- (Added to NAC by Bd. of Nursing, eff. 11-2-87; A 2-6-90; 7-16-92; 5-18-94; 9-9-94)

632.246 **Assignment to unauthorized person of duty to administer certain substances prohibited.**
A registered nurse or a licensed practical nurse shall not assign the administration of a controlled substance, dangerous drug, poison or device to other personnel unless the person to whom it is assigned is authorized to administer the controlled substance, dangerous drug, poison or device.
(Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.248 **Assignment to unlicensed personnel of certain nursing duties prohibited.** Unlicensed personnel may not be assigned those duties which require the knowledge and skill of a licensed professional nurse or a licensed practical nurse as described in chapter 632 of NRS.
(Added to NAC by Bd. of Nursing, eff. 11-2-87)

632.251 **Identification of graduate nurses.** Until he has been issued a license to practice as a registered nurse or practical nurse, a graduate nurse shall identify himself as a graduate nurse on his name tag when recording patients' records and in his introduction to patients.
(Added to NAC by Bd. of Nursing, eff. 8-18-88)

632.252 **Performance of tasks by nursing students.**

1. A nursing student may, as an apprentice nurse, perform those tasks which he has successfully demonstrated in his program of education if:

(a) The nursing student works as an apprentice nurse in a licensed hospital for acute care or a licensed hospital for long-term care and works under the supervision of a registered nurse who is at the site where care is provided;

(b) The nursing student presents to his employer satisfactory evidence from his school of nursing of successful demonstration of his skills;

(c) The nursing student has been evaluated by the chief nurse as safe to perform those tasks in the health care facility employing him;

(d) The description of the position of apprentice nurse provided by the health care facility employing the nursing student identifies the roles and responsibilities of the position;

(e) The tasks delegated to the nursing student acting as an apprentice nurse are identified in the health care facility's description of the position and have been approved by the board as tasks that are delegable to the nursing student;

(f) There is a formal procedure for the nursing student to refuse to perform any task until he is comfortable with his ability to do so safely; and

(g) The nursing student, acting as an apprentice nurse, identifies himself as an apprentice nurse on his name tag when recording patients' records and in his introduction to patients.

2. While performing nursing functions as an apprentice nurse, the nursing student is subject to the provisions of the Nurse Practice Act and regulations adopted by the Board.

(Added to NAC by Bd. of Nursing, eff. 8-18-88; A 3-3-92)

632.253 Prohibited acts of nursing students. A nursing student who is working as an apprentice nurse may not delegate his duties or supervise other personnel.

(Added to NAC by Bd. of Nursing, eff. 8-18-88)

ADVANCED PRACTITIONER OF NURSING

632.255 Scope of practice. An advanced practitioner of nursing may perform the following acts in addition to the ordinary functions of a registered nurse if he is properly prepared and the acts are currently within the standard of medical practice for his specialty and appear in his protocols:

1. Systematically assess the health status of persons and families by:

(a) Taking, recording and interpreting medical histories and performing physical examinations; and

(b) Performing or initiating selected diagnostic procedures.

2. Based on information obtained in the assessment of a person's health, manage the care of selected persons and families with common, acute, recurrent or long-term health problems. Management may include:

(a) Initiation of a program of treatment;

(b) Evaluation of responses to health problems and programs of treatment;

(c) Informing a person or family of the status of the patient's health and alternatives for care;

(d) Evaluation of compliance with a program of treatment agreed upon by the person or family and the advanced practitioner of nursing;

(e) Modification of programs of treatment based on the response of the person or family to treatment;

(f) Referral to appropriate providers of health care;

(g) Treatment of minor lacerations which do not involve damage to a nerve, tendon or major blood vessel; and

(h) Commencement of care required to stabilize a patient's condition in an emergency until a physician can be consulted.

3. Any other act if:

(a) The advanced practitioner of nursing is certified to perform that act by an organization recognized by the board;

(b) The performance of the act was taught in the program of education attended by the advanced practitioner of nursing;

(c) The performance of the act was taught in a comprehensive program of instruction successfully completed by the advanced practitioner of nursing, which included clinical experience; or

(d) The act is within the scope of practice of an advanced practitioner of nursing as determined by the board.

[Bd. of Nursing, § III subsec. C par. 4, eff. 5-16-79]—(NAC A 4-27-84; 3-28-86, eff. 4-3-86; 9-6-88)

632.2555 Requirements for a protocol.

1. A protocol must:

(a) Reflect the current practice of the advanced practitioner of nursing;

(b) Reflect established national or customary standards for his medical specialty;

(c) Be maintained at the place of his practice; and

(d) Be available for review by the board.

2. A comprehensive review and revision of the protocols of an advanced practitioner of nursing must be conducted and documented by the advanced practitioner and the collaborating physician at the time of renewal.
(Added to NAC by Bd. of Nursing, 3-28-86; eff. 4-3-86; A 3-26-90)

632.256 Records.

1. An advanced practitioner of nursing shall maintain accurate records documenting all physical findings concerning a patient, the diagnosis and treatment, and any prescriptions written for a patient for whom he provides care.

2. A representative sample of these records must be reviewed by the collaborating physician for compliance with the protocols of the advanced practitioner of nursing.

3. All the records must be available for review by the board. Any review will be conducted in accordance with the laws relating to the confidentiality of medical records.

(Added to NAC by Bd. of Nursing, 3-28-86; eff. 4-3-86; A 3-26-90)

632.257 Authorization to issue written prescriptions for poisons, dangerous drugs or devices.

1. An applicant for a certificate of recognition as an advanced practitioner of nursing will be authorized to issue written prescriptions for poisons, dangerous drugs and devices only if he:

- (a) Is authorized to do so by the board; and

- (b) Submits an application for authority to issue written prescriptions for poisons, dangerous drugs or devices to the board.

2. In addition to the information contained in the application for a certificate of recognition as an advanced practitioner of nursing, the application for authority to write a prescription for poisons, dangerous drugs and devices must include:

- (a) Documentation of 1,000 hours of active practice in the immediately preceding 2 years as an advanced practitioner of nursing under a collaborating physician. The documentation must consist of a signed statement from the collaborating physician indicating to the board that the applicant is competent to prescribe those drugs listed in his protocols.

- (b) If the applicant has prescribed poisons, dangerous drugs or devices in another state within the 2 years immediately preceding the application to write prescriptions in this state, a complete description of the requirements of that state, the poisons, dangerous drugs or devices he had authority to prescribe and any disciplinary action taken against him.

3. If an advanced practitioner of nursing who is authorized to prescribe certain poisons, dangerous drugs and devices changes his medical specialty, he must submit an application to the board, which includes documentation of 1,000 hours of active practice in the new medical specialty as an advanced practitioner of nursing under a collaborating physician, for authority to prescribe those poisons, dangerous drugs and devices which are currently within the standard of medical practice in that specialty.

(Added to NAC by Bd. of Nursing, eff. 4-27-84; A 3-28-86, eff. 4-3-86; 8-5-86; 3-26-90)

632.258 Review of application for authority to prescribe poisons, dangerous drugs or devices.

Each application for authority to prescribe poisons, dangerous drugs or devices will be reviewed by the board or its designee for compliance with current policy established by the board.

(Added to NAC by Bd. of Nursing, 3-28-86, eff. 4-3-86)

632.259 Poisons, dangerous drugs or devices which may be prescribed; change and review of list.

1. An advanced practitioner of nursing may only prescribe poisons, dangerous drugs or devices which are:

- (a) Currently within the standard of medical practice in his identified medical specialty; and

- (b) Listed in his protocols.

2. The collaborating physician must approve, in writing, any change in the list of poisons, dangerous drugs or devices in the protocol. He may approve the change only if the advanced practitioner of nursing is capable of safely prescribing the poison, dangerous drug or device.

3. A comprehensive review and revision of the list of drugs must be conducted and documented by the advanced practitioner of nursing and the collaborating physician at least once each year.

(Added to NAC by Bd. of Nursing, 3-28-86, eff. 4-3-86; A 3-26-90)

632.2595 Certification to dispense controlled substances, poisons, dangerous drugs and devices.

1. The state board of nursing will issue a certificate to dispense controlled substances, poisons, dangerous drugs and devices to an advanced practitioner of nursing if the practitioner:

(a) Successfully completes an examination administered by the state board of nursing on Nevada law relating to pharmacy; and

(b) Submits to the state board of nursing his affidavit verifying that he has made application with the state board of pharmacy for a certificate of registration.

2. An advanced practitioner of nursing who receives a certificate of registration from the state board of pharmacy shall, upon receipt, submit a copy of the certificate to the state board of nursing.

(Added to NAC by Bd. of Nursing, eff. 1-24-92)

632.260 Qualifications for certificate of recognition; practice by student

1. An applicant for a certificate of recognition as an advanced practitioner of nursing must:

(a) Have completed a program designed to prepare an advanced practitioner of nursing which must be:

(1) At least 1 academic year in length including at least 4 months of instruction in the classroom and clinical experience with a qualified physician or advanced practitioner of nursing; and

(2) Accredited or approved by an organization approved by the board to accredit or approve such programs.

(b) Except as otherwise provided in this paragraph, present to the board evidence of continuous practice 3 of the 5 years immediately preceding the date of the application as an advanced practitioner of nursing in the specialty for which certification is requested. The continuous practice must include 400 hours of practice per year. Applicant is not required to comply with the provisions of this paragraph if:

(1) Within a time before the date of his application which is specified by the board, he completed a program to prepare an advanced practitioner of nursing; or

(2) He presents evidence to the board that he will complete 1000 hours of practice, without the privilege of writing prescriptions, under the supervision of a qualified physician or certified advanced practitioner of nursing, within a time specified by the board.

(c) If previously licensed or certified as an advanced practitioner of nursing in another state or jurisdiction, have maintained the licensure or certification in good standing and complied with the requirements for continuing education of that state or jurisdiction.

(d) If the applicant completes a program designed to prepare an advanced practitioner of nursing on or after July 1, 1992:

(1) Be certified as an advanced practitioner of nursing by a nationally recognized certification agency; or

(2) Hold a bachelor's degree in nursing from an accredited school or present to the board evidence of work towards completing the requirements for such a degree. An applicant who is working toward a bachelor's degree in nursing must enter into an agreement with the board that sets forth the progress that must be made for completing the requirements for the degree.

(e) If the applicant completes a program designed to prepare an advanced practitioner of nursing on or after June 1, 2005, hold a master's degree in nursing or in a related health field approved by the board.

2. A student enrolled in a formal educational program for an advanced practitioner of nursing may perform the functions of an advanced practitioner of nursing, except writing prescriptions, if he does so under the supervision of a licensed physician or a certified advanced practitioner of nursing. The student:

(a) Must hold a current license as a registered nurse in Nevada; and

(b) Shall notify the board in writing of the agreement concerning the practice between the student and the supervisor.

[Bd. of Nursing, § III part subsec. C, eff. 7-10-75; A and renumbered as § III subsec. C par. 2, 5-16-79]--
(NAC A 3-28-86, eff. 4-3-86; 9-6-88; 3-26-90; 7-7-94)

632.265 Certificate of recognition: Submission of application and other documents; temporary certificate.

1. A nurse registered in Nevada who wishes to obtain a certificate of recognition as an advanced practitioner of nursing must submit the following for the board's approval:

(a) An application on forms provided by the board.

(b) An agreement signed by the applicant and a collaborating physician whose scope of practice includes the medical specialty of the applicant. The agreement must identify the medical, therapeutic or corrective measures the advanced practitioner will perform in collaboration with the physician. The measures must have been included in the advanced practitioner's basic educational program or the advanced practitioner must have successfully completed a comprehensive educational program approved by the board that prepares him to perform those measures.

(c) Protocols signed by the collaborating physician, any other collaborating physician who will collaborate with the applicant in his absence, and the applicant.

(d) A statement signed by the collaborating physician that the applicant has demonstrated proficiency in the functions for which he is seeking authority to perform as an advanced practitioner of nursing.

(e) Any other information deemed relevant by the board.

2. If an applicant has an agreement with more than one collaborating physician, he must submit the documentation required pursuant to subsection 1 for each such physician.

3. Upon the receipt of a completed application, a temporary certificate of recognition as an advanced practitioner of nursing may be issued to an applicant for the length of time specified by the board. A temporary certificate does not authorize the holder to write a prescription or dispense medication.

[Bd. of Nursing, § III part subsec. C, eff. 7-10-75; A and renumbered as § III subsec. C par. 3, 5-16-79]--
(NAC A 3-28-86, eff. 4-3-86; 9-6-88; 3-26-90; 3-3-92)

632.285 Change in medical specialty or location. An advanced practitioner of nursing shall immediately:

1. Submit to the board a new application for a certificate of recognition if there is any change in his medical specialty; and

2. Notify the board in writing of any change in location set forth in the agreement for its approval and shall submit a new agreement if the board so requires.

[Bd. of Nursing, § III subsec. C par. 3 subpar. e, eff. 5-16-79]--(NAC A 3-28-86, eff. 4-3-86)

632.290 Certificate of recognition: Expiration; renewal; reinstatement.

1. The certificate issued to an advanced practitioner of nursing expires at the same time as a license for a registered nurse.

2. An advanced practitioner of nursing may renew his certificate by :

(a) Renewing his license as a registered nurse; and

(b) Submitting documentation of maintenance and improvement of his skills by a statement from the collaborating physician or by peer review.

3. To reinstate a certificate of recognition which has expired because the fee for renewal has not been paid, the applicant must submit:

(a) The information required for an original application for a certificate on forms provided by the board and submit the fee required;

(b) The information required to renew a certificate; and

(c) The fee for renewal.

[Bd. of Nursing, § III subsec. C par. 5, eff. 5-16-79]—(NAC A 3-28-86, eff. 4-3-86, eff 3-3-92)

632.291 Renewal of certificate; issuance of temporary certificate. When he renews his certificate, an advanced practitioner of nursing must submit, on forms supplied by the board:

1. Proof that he has reviewed the protocols with the collaborating physician.
2. Proof that he has practiced a minimum of 800 hours in his area of specialization.
3. A statement that:
 - (a) He has not been named as a defendant in any malpractice suits; and
 - (b) He has never had his clinical privileges limited, suspended or revoked.

If an advanced practitioner of nursing answers yes to these questions, a temporary certificate may be issued until the next board meeting.

4. Proof that he has completed satisfactorily 45 hours of continuing education directly related to his area of specialization which may include the requirements for continuing education for renewal of a license for a registered nurse.

5. Any other information required by the board.

(Added to NAC by Bd. of Nursing, 3-28-86, eff. 4-3-86; A 9-6-88; 3-26-90)

632.292 Placement of certificate on inactive status.

1. An advanced practitioner of nursing must submit to the board a written notification that he wishes his certificate of recognition to be placed on inactive status.

2. During the time an advanced practitioner of nursing is on inactive status, he retains his title and certification.

(Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.293 Application to renew practice after period of inactivity or infrequent activity. If an advanced practitioner of nursing has not engaged in at least 800 hours of active practice during the previous 2 years, and wishes to return from inactive to active status, he must submit to the board an application to renew his practice which includes evidence that:

1. He has satisfactorily completed the continuing education required for that period; and
2. He has entered into an agreement with a collaborating physician or an advanced practitioner of nursing who is in the same medical specialty which provides that the practice of the applicant will be closely supervised by that physician or advanced practitioner of nursing.

(Added to NAC by Bd. of Nursing, 3-28-86, eff. 4-3-86; A 3-26-90; 3-3-92)

632.295 Denial, suspension or revocation of a certificate; unprofessional conduct.

1. The board may deny the issuance or renewal of, or suspend or revoke a certificate of recognition as an advanced practitioner of nursing after a hearing if it finds that an advanced practitioner of nursing has:

- (a) Performed tasks beyond those permitted pursuant to this chapter or otherwise authorized by the board, breached an approval agreement or a protocol;
- (b) Been negligent in performing services for patients;
- (c) Impersonated a physician or permitted others to represent to the public that he is a physician;
- (d) Represented himself as able to practice without a collaborating physician;
- (e) Violated any provision or failed to meet any requirement of this chapter;
- (f) Made, or caused to be made, a false, fraudulent or forged statement or representation to procure or attempt to procure a certificate of recognition as an advanced practitioner of nursing; or
- (g) Violated any statute or regulation relating to prescribing, dispensing or administering any controlled substance, poison, dangerous drug or device.

2. Any licensed practical nurse or registered nurse who:

- (a) Uses the title "advanced practitioner of nursing" or any similar title or who acts as an advanced practitioner of nursing without having obtained a certificate pursuant to this section; or
 - (b) Writes prescriptions for poisons, dangerous drugs or devices or who dispenses a controlled substance without authority, is guilty of unprofessional conduct.
- [Bd. of Nursing, § III subsec. C par. 6, eff. 5-16-79]--(NAC A 3-28-86, eff. 4-3-86; 3-3-92)

CLINICAL NURSE SPECIALISTS

632.300 General requirements.

1. A nurse using the title "clinical nurse specialist" must:
 - (a) Be licensed to practice nursing as a registered nurse in this state;
 - (b) Have a master's or doctorate degree in nursing; and,
 - (c) Be educated in an area of clinical specialty by completing a program designed to prepare clinical nurse specialists.
2. A nurse using the title "clinical nurse specialist" shall present his credentials to any client, employer or representative of the board upon request.
(Added to NAC by Bd. of Nursing, eff. 8-18-88)

632.305 Duties; scope of practice.

1. A clinical nurse specialist must, in addition to other duties, demonstrate competence in the ability to:
 - (a) Assess, conceptualize and diagnose nursing problems; and
 - (b) Analyze complex problems related to health.
2. A clinical nurse specialist may act directly in the care of patients as an expert clinician and indirectly as a consultant, leader of other nurses, educator, researcher and agent to ensure the quality of health care provided.
(Added to NAC by Bd. of Nursing, eff. 8-18-88)

632.310 Unauthorized use of title.

1. Any person who does not meet the requirements set forth in NAC 632.300 may not use the title "clinical nurse specialist" or any abbreviation or other words, letters or signs to indicate that he is a clinical nurse specialist.
2. Any nurse who misrepresents himself as a clinical nurse specialist in violation of this section is guilty of unprofessional conduct and subject to disciplinary proceedings.
(Added to NAC by Bd. of Nursing, eff. 8-18-88)

CONTINUING EDUCATION

632.340 Attestation of compliance; audits; certificates of completion.

1. Each nurse shall attest to his compliance with the requirements for continuing education at the time for the renewal of his licensure. The attestation must be made on forms provided by the board.
2. The board will perform random audits of nurses for compliance with the requirements for continuing education.
3. If audited by the board, a nurse shall prove that he has participated in 30 contact hours of continuing education during the 24 months which immediately precede the nurse's most recent birthday by presenting authenticated photocopies of original certificates of completion to the board. The certificate of completion must include:
 - (a) The title of the course;
 - (b) The name of the provider of the course;
 - (c) The name of the body which approved the course;
 - (d) The date on which the course was presented;

- (e) The name and license number of the nurse; and
- (f) The number of contact hours earned in the course;
- 4. A nurse shall retain an original certificate of completion for 4 years.
(Added to NAC by Bd. of Nursing, eff. 8-8-94)

632.355 Approval of courses; employment of coordinator; review of courses; audits of courses; expiration of approval.

- 1. A course of continuing education shall be deemed to be approved by the board if the course:
 - (a) Meets the requirements of NRS 632.343; and
 - (b) Is provided by:
 - (1) A provider approved by the board;
 - (2) A national nursing organization;
 - (3) An academic institution;
 - (4) A provider of continuing education that is recognized by another board of nursing; or
 - (5) A provider of continuing education that is recognized by the regulatory body of a related discipline that approves courses of continuing education.
- 2. Each provider shall employ a coordinator and shall notify the board of the name of its coordinator. The coordinator shall hold a current license as a registered nurse in Nevada and is responsible for ensuring that:
 - (a) The contents of the course of continuing education meet the national standards for the continuing education of nurses;
 - (b) The course incorporates principles of instruction which are specifically designed to facilitate learning adult students; and
 - (c) The certificates of completion which are provided to the successful participants of the course are accurate and comply with the requirements set forth in NAC 632.340.
- 3. The board will review all courses offered for the completion of the requirements for continuing education by:
 - (a) Considering each application to the board for approval to act as a provider of continuing education;
 - (b) Maintaining a list of all providers approved by the board; and
 - (c) Investigating any complaint regarding a course of continuing education.
- 4. The board will perform random audits of courses of continuing education. For the purposes of an audit by the board, a provider shall maintain a description of the contents of a course of continuing education, a list of persons who attended the course and copies of the certificates of completion provided to the participants of the course for at least 4 years after the course was presented. If a provider or its coordinator fails to reflect the national requirements for the continuing education of nurses in its business practices, the board will remove the provider from list of providers approved by the board.
- 5. Approval of a course of continuing education by the board expires on the date specified by the board on July 31 of the year after the date on which the course is deemed approved.
[Bd. of Nursing, § II subsec. D par. 4, eff. 12-20-79; § II subsec. D par. 5, eff. 12-20-79; A 12-11-81]—
(NAC A 11-19-85; 2-6-90; 3-4-92; 8-8-94)

632.400 Inactive or delinquent license. When a licensee holds an inactive or delinquent license and desires to reinstate it, he must submit evidence to the board of his participation in 30 contact hours of continuing education during the 2 years immediately preceding the period for which the license is requested.

[Bd. of Nursing, § II subsec. D par. 7, eff. 12-20-79; A and renumbered as § II subsec. D par. 8, 12-11-81]—
(NAC A 8-5-86)

632.415 Penalties.

The board may discipline a licensee for unprofessional conduct if the licensee:

- 1. Within 30 days after a request by the board, fails to provide the board with information of his participation in a course of continuing education; or

2. Submits to the board false or inaccurate information of his participation in a course of continuing education.

[Bd. of Nursing, § II subsec. D par. 12, eff. 12-20-79; § II subsec. D par. 13 subpar. j, eff. 12-20-79; A and renumbered as § II subsec. D par. 13 subpar. m, 12-11-81]--(NAC A 12-21-82; 8-8-94)

VENIPUNCTURE AND INTRAVENOUS THERAPY

632.450 Procedures delegable to licensed practical nurses. A licensed practical nurse who has at least 1 year of experience in nursing after receiving his initial license, who has completed a course in intravenous therapy approved by the board pursuant to NAC 632.242, and who acts pursuant to a written order of a physician and under the immediate supervision of a physician or registered nurse may:

1. Start peripheral intravenous therapy using devices which act like needles and are not longer than 3 inches;
2. Introduce one or more solutions of electrolytes, nutrients or vitamins;
3. Piggyback solutions of electrolytes, nutrients or vitamins;
4. Administer antibiotics or histamine H₂ receptor antagonists by adding a solution by piggyback;
5. Administer fluid from a container which is properly labeled and contains antibiotics or histamine H₂ receptor antagonists that were added by a pharmacist or a registered nurse designated by the pharmacist;
6. Flush locks with saline;
7. Except as otherwise provided in subsection 8, administer fluid by continuous or intermittent infusion through a peripheral device which uses a mechanism to control the flow;
8. Administer fluid to a patient with a temporary central venous catheter by continuous or intermittent infusion through a peripheral device which uses an electronic mechanism to control the flow;
9. Discontinue peripheral intravenous catheters which are not longer than 3 inches; and
10. Change a central venous catheter dressing.

[Bd. of Nursing, § V subsec. B, eff. 8-21-81]--(NAC A 3-26-90; 1-24-92)

632.455 Procedures not delegable to licensed practical nurses. A licensed practical nurse may not administer intravenously:

1. Any drug other than an antibiotic or histamine H₂ receptor antagonist;
2. Any drug which is under investigation by the United States Food and Drug Administration, is an experimental drug or is being used in an experimental method;
3. Any antineoplastic medications;
4. Colloid therapy, including hyperalimentation, blood and blood products;
5. Any medication administered by intravenous push.

[Bd. of Nursing, § V subsec. C, eff. 8-21-81]--(NAC A 1-24-92)

632.460 Labeling required on containers. The following information must be on a container before its contents may be administered by a licensed practical nurse:

1. The name of the patient for whom the contents are intended;
2. An identification of the contents;
3. The dosage;
4. The rate at which the contents are to be administered;
5. The date and time when the container and its contents were prepared;
6. The expiration date and time of the contents;
7. The name or initials of the person who prepared the container and its contents; and
8. The name or initials of the person who superimposed the container, if applicable.

[Bd. of Nursing, § V subsec. D, eff. 8/21/81]--(NAC A 11-06-95)

632.465 Course on intravenous therapy: Approval by board. Any course on intravenous therapy must comply with the requirements set forth in NAC 632.475 before it is offered to licensed practical nurses for the purpose of meeting the requirements of NAC 632.450 to 632.475, inclusive.

[Bd. of Nursing, § V subsec. E par. 1, eff. 8-21-81]

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

1. The course must be taught in an educational institution or a licensed health and care 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

(c) 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.

[Bd. of Nursing, § V subsec. E pars. 2, 4 & 5, eff. 8-21-81]—(NAC A 1-24-92)

632.475 Subjects and hours required for course; 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

ches; 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.

2. The course must include at least 20 hours of instruction and 10 hours of clinical practice. The clinical practice must include three successful venipunctures on live subjects.

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.

[Bd. of Nursing, § V subsec. E pars. 3 & 6, eff. 8-21-81]—(NAC A 3-26-90; 1-24-92)

CERTIFIED REGISTERED NURSE ANESTHETISTS

632.500 Authorized Functions.

1. A certified registered nurse anesthetist may, in addition to those functions authorized for the registered nurse, perform the following acts, when it has been determined by a patient's physician, dentist or podiatric physician that an anesthetic is necessary for a procedure, test or other treatment, in accordance with the applicable policies and procedures regarding the administration of anesthetics:
 - (a) Obtain a history of the patient's health, as appropriate to the anticipated procedure, test or treatment;
 - (b) Assess the client's condition, as appropriate to the anticipated procedure, test or treatment;
 - (c) Recommend, request, and order pertinent diagnostic studies and evaluate the results of those studies;
 - (d) Prepare a written preanesthetic evaluation of the patient and obtain the patient's informed consent for the anesthesia;
 - (e) Select, order and administer preanesthetic medications.
 - (f) Order, prepare, and use any equipment and supplies necessary for the administration of anesthesia and perform or order any necessary safety checks on the equipment;
 - (g) Order and prepare any drugs used for the administration of anesthesia;
 - (h) Select and order anesthesia techniques, agents and adjunctive drugs;
 - (i) Perform and manage general, regional and local anesthesia and techniques of hypnosis;
 - (j) Perform tracheal intubation and extubation and provide mechanical ventilation;
 - (k) Provide perianesthetic invasive and noninvasive monitoring, as appropriate, and respond to abnormal findings with corrective action;
 - (l) Manage the patient's fluid, blood and balance of electrolytes and acid base;
 - (m) Recognize abnormal response by a patient during anesthesia, select and take corrective action;
 - (n) Identify and manage any related medical emergency requiring such techniques as cardiopulmonary resuscitation, airway maintenance, ventilation, tracheal intubation, pharmacological cardiovascular support and fluid resuscitation;
 - (o) Evaluate the patient's response during emergence from anesthesia and institute pharmacological or supportive treatment to ensure adequate recovery from anesthesia;
 - (p) Provide care consistent with the principles of infection control and anesthesia safety to prevent the spread of disease and prevent harm to the anesthetized patient and others in the anesthetizing environment;
 - (q) Select, order and administer postanesthetic medication;
 - (r) Report to the person providing postanesthetic the patient's physical and psychological condition, perioperative course and any anticipated problems;
 - (s) Initiate, order and administer respiratory support to ensure adequate ventilation and oxygenation in the immediate postanesthetic period;
 - (t) Release the patient from the postanesthetic care unit or discharge the patient from the ambulatory surgical setting;
 - (u) Include in a timely manner as a part of the patient's medical records a thorough report on all aspects of the patient's anesthesia care; and
 - (v) Assess the patient's postanesthetic condition, evaluate the patient's response to anesthesia and take corrective action.
2. In addition, the nurse anesthetist may accept additional responsibilities which are appropriate to the practice setting and within his expertise. Such responsibilities may include, but are not limited to, the selection and administration of drugs and techniques for the control of pain in the preoperative, intraoperative and postoperative setting.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 05-12-93; 03-18-94)

632.510 Performance of duties in accordance with guidelines of facility. A certified registered nurse anesthetist practicing in a facility shall practice in accordance with written guidelines that are approved by that facility and conform to NAC 632.500 to 632.550, inclusive. A review of the guidelines may be conducted by the board to determine if they conform to NAC 632.500 to 632.550, inclusive.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 05-12-93)

632.515 Qualifications for initial approval.

1. An applicant for initial approval as a certified registered nurse anesthetist must:
 - (a) Hold a current license in Nevada in good standing as a registered nurse;
 - (b) Submit to the board evidence of successful completion of a program for training as a nurse anesthetist that has been accredited by a national organization recognized by the board;
 - (c) Submit a notarized application, on forms supplied by the board, which substantiates that the applicant meets the requirements of this section and chapter 632 of NRS;
 - (d) Submit evidence that he has passed an examination for initial certification and evidence that he is currently certified by a nationally organized group recognized by the board.
2. In addition to the requirements of subsection 1, any applicant who is a graduate of a program for training as a nurse anesthetist, after:
 - (a) June 1, 1988, must submit evidence that he has received a baccalaureate degree in nursing; or
 - (b) June 1, 2005, must submit evidence that he has received a master's degree in nursing or anesthetic care.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 05-12-93)

632.520 Approval in other jurisdictions. Any person seeking to be approved as a certified registered nurse anesthetist in this state and who is approved as a certified registered nurse anesthetist, or its equivalent, in other jurisdiction must comply with all the requirements set forth in NAC 632.500 to 632.550, inclusive.

(Added to NAC by Bd. of Nursing, eff. 8-5-86)

632.530 Certificate: Issuance; restrictions. If the board finds that the applicant has met all the appropriate requirements set forth in NAC 632.500 to 632.550, inclusive, he will be issued a certificate of recognition as a certified registered nurse anesthetist. The certificate may be restricted to administering certain types of esthetics or to general, regional or local anesthesia, or any combination thereof.

(Added to NAC by Bd. of Nursing, eff. 8-5-86)

632.535 Temporary approval.

1. A recent graduate of an accredited program for training as a nurse anesthetist may apply for temporary approval to practice as a nurse anesthetist. If temporary approval is granted, the applicant must take the examination for certification available. During the period of the temporary approval, the applicant must practice under the direct supervision of a currently certified registered nurse anesthetist.

2. A temporary approval to practice may also be issued to an applicant who has practiced as a nurse anesthetist in another state, has a license in this state as a registered nurse, is in good standing and not under investigation in any state, and is currently certified as a nurse anesthetist by a nationally organized group recognized by the board.

3. The temporary approval expires automatically:

- (a) On the date designated by the board;
- (b) If the applicant fails the examination; or
- (c) If the applicant does not take the first examination available.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 2-6-90)

632.540 Expiration and renewal of certificate.

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

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

- (a) Submission of evidence of the renewal of a current license as a registered nurse in Nevada;

(b) Submission of evidence of current certification as a nurse anesthetist from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists; and

(c) Except as otherwise provided in subsection 3, documentation of 45 contact hours of continuing education related to practice as a nurse anesthetist, 15 hours of which must concern pharmacology in relation to the practice as an anesthetist.

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

(a) The successful completion of 40 contact hours of continuing education related to practice as a nurse anesthetist; and

(b) Validation of his professional practice during the previous 2 years.

4. Each nurse anesthetist shall submit the application for renewal not later than 60 days after the expiration of the certificate.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 2-6-90; 05-12-93)

632.545 Lapse in practice.

1. A certificate of recognition as a certified registered nurse anesthetist expires automatically whenever there is a lapse in practice of at least 1 year.

2. If the lapse of practice is for more than 1 year and less than 3 years, before recertification, the board will require evidence of the successful completion of procedures identified in accordance with applicable policies and procedures regarding the administration of anesthetics while under the supervision of a certified registered nurse anesthetist approved by the board.

3. If the lapse of practice is for 3 years, but less than 5 years, before recertification the board will require, in addition to a program of supervision pursuant to subsection 2, evidence of additional education by the nurse anesthetist applying for certification, as it finds appropriate.

4. If the lapse of practice is more than 5 years, the nurse anesthetist must, before recertification, provide evidence to the board of the completion of the requirements for initial certification set forth in NAC 632.515.

5. As used in this section, a lapse in practice occurs when a certified registered nurse anesthetist has not, within a certain period, administered any of the types of anesthetics approved by the board.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 2-6-90; A 05-12-93)

632.550 Revocation, suspension or denial of issuance or renewal of certificate.

The board may revoke, suspend or deny issuance or renewal of a certificate of recognition of a certified registered nurse anesthetist if he:

1. Commits any acts constituting a ground for disciplinary action against a registered nurse;

2. Exceeds his authority or fails to adhere to practice as designated by NAC 632.500 to 632.545, inclusive.

3. Administers an anesthetic without the consent of a licensed physician, podiatric physician or dentist;

4. Makes or causes to be made a false or a forged statement or representation in procuring or attempting to procure approval or renewed certification as a nurse anesthetist;

5. Violates any statute or regulation relating to prescribing, possessing, administering or dispensing drugs; or

6. Practices below the accepted standard of practice.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 05-12-93; 03-18-94)

AMBULANCE ATTENDANTS

NAC 632.565 "Attendant" defined. As used in NAC 632.565 to 632.590, inclusive, unless the context otherwise requires, "attendant" has the meaning ascribed to it in NRS 450B.050.

(Added to NAC by Bd. of Nursing, eff. 7-7-94)

NAC 632.570 Certificate of completion of training as attendant: Application. A registered nurse who wishes to obtain a certificate of completion of training as an attendant pursuant to subsections 7 and 8 of NRS 450B.160 must submit to the board an application on a form provided by the board.

(Added to NAC by Bd. of Nursing, eff. 7-7-94)

NAC 632.575 Certificate of completion of training as attendant: 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.

(Added to NAC by Bd. of Nursing, eff. 7-7-94)

NAC 632.580 Submission of certificate of compliance to employer required. A registered nurse shall, not later than 30 days after he begins his employment as an attendant or not later than 30 days after he completes the requirements for training as an attendant pursuant to subsections 7 and 8 of NRS 450B.160, submit to his employer a copy of his certificate of compliance with the requirements of subsections 7 and 8 of NRS 450B.160.

(Added to NAC by Bd. of Nursing, eff. 7-7-94)

NAC 632.590 Verification by employer of issuance of certificate of completion of training as attendant required.

1. An employer who employs a registered nurse as an attendant shall:

(a) Verify that the board has issued to the registered nurse a certificate of completion of training as an attendant; and

(b) Place in the personnel file of the registered nurse a copy of the registered nurse's certificate of completion of training as an attendant issued by the board.

2. The employer shall comply with the provisions of subsection 1 not later than 30 days after the registered nurse begins his employment as an attendant or not later than 30 days after the registered nurse completes requirements for training as an attendant pursuant to subsections 7 and 8 of NRS 450B.160.

(Added to NAC by Bd. of Nursing, eff. 7-7-94)

PROGRAMS FOR EDUCATION OF NURSES

632.600 Definitions. As used in NAC 632.605 to 632.711, inclusive, and section 3 of this regulation, unless the context otherwise requires:

1. "Conditional accreditation" means accreditation, with conditions or restrictions, granted by the board to a program of nursing which does not meet the standards for curriculum established by the board.

2. "Full accreditation" means accreditation granted by the board to a program of nursing if it meets the standards established by the board and the requirements of law.

3. "Provisional accreditation" means accreditation granted by the board to a program of nursing which has not graduated its first class and demonstrated eligibility for full accreditation.

(Added to NAC by Bd. of Nursing, eff. 9-17-90; 6-21-94)

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 established, 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 which it is accredited;
- (b) The reasons for establishing the program of nursing;
- (c) The results of a survey which demonstrates the need for the program of nursing;
- (d) The type of program which will be offered;
- (e) The name and accreditation of the institution offering the program;
- (f) The relationship of the program of nursing to that institution;
- (g) Evidence of budgetary support;
- (h) The projected enrollment;
- (i) Evidence that a sufficient number of qualified members of the faculty are available to conduct the program;
- (j) A description of the proposed clinical facilities to be used;
- (k) The resources available at the site of the program;
- (l) The proposed schedule for beginning the program; and
- (m) Any additional information requested by the board.
- (Added to NAC by Bd. of Nursing, eff. 9-17-90; 6-21-94)

632.610 Review of application; inspection of facilities; notice of decision.

1. A representative of the university or college that wishes to establish a program of nursing must meet with the board to review the application.
 2. A representative of the board shall visit the educational and clinical facilities to be used and submit a written report to the board.
 3. The board will notify the university or college of its decision.
- (Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.615 Provisional accreditation: Requirements for application. A university or college may apply for provisional accreditation 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 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.
- (Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.620 Provisional accreditation: Conditions; hearing upon denial; visitation of site by board.

1. The board will not grant provisional accreditation to a program of nursing offered by a university or college unless students have been admitted to the program. If the board does not grant provisional accreditation to the program, the university or college may request a hearing before the board.
 2. If the board grants provisional accreditation to program of nursing offered by a university or college, the administrator of the program shall submit a report concerning the program to the board every 6 months.
 3. A self-evaluation report demonstrating compliance with the standards for nursing education approved by the board must be submitted by the administrator of the program to the board within 6 months after graduation of the first class.
 4. The board will visit the site of the program after the graduation of the first class of students.
- (Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.625 Full accreditation: Application; qualifications; basis for granting.

1. A university or college which has been granted provisional accreditation for a program of nursing and wishes to receive full accreditation for the program must apply for that accreditation within 2 years after the first class is graduated.

2. The board will grant full accreditation to the program of nursing:

(a) If 80 percent or more of the graduates of the program who take the National Council Licensure Examination for the first time pass the examination.

(b) Based on information:

(1) Included in the annual report submitted to the board;

(2) Submitted concerning the pass rate of graduates of the program who take the National Council Licensure Examination for the first time; and

(3) Obtained by the board from visits to the program.

(Added to NAC by Bd. of Nursing, eff. 9-17-90--NAC 07-16-92)

632.630 Conditional accreditation; identification and correction of deficiencies; removal of accreditation.

1. A program of nursing which does not meet the minimum standards prescribed by the board or by statute must be placed on conditional accreditation.

2. If a program of nursing has a pass rate of less than 80 percent for graduates of the program who take the National Council Licensure Examination for the first time, the administrator of the program shall conduct a study to determine the deficiencies of the program and the measures which must be taken to correct those deficiencies. The administrator shall submit a copy of the study to the board within 3 months after the program receives the results of that examination.

3. If a program of nursing has a pass rate of less than 80 percent for graduates of the program who take the National Council Licensure Examination for the first time, for two such examinations within 2 years, the board will place the program on conditional accreditation and conduct a review of the program at the site of the program.

4. The board will notify the administrator of the program of any deficiencies in the program and establish a plan to correct those deficiencies. The administrator shall submit a report to the board within 6 months after the board establishes the plan. The report must include proof of compliance with the board's plan.

5. If the program complies with the plan, the board will withdraw the conditional accreditation. If the program does not comply with the plan, the board will remove the program from the list of accredited programs.

(Added to NAC by Bd. of Nursing, eff. 9-17-90--NAC 07-16-92)

632.635 Denial, withdrawal and reinstatement of accreditation.

1. The board will deny accreditation for a program of nursing if it determines that the program fails to comply with the standards for nursing education approved by the board or the requirements of the law.

2. The board may withdraw the accreditation of a program of nursing if it determines that the administrator of the program has not provided sufficient evidence of the program's compliance with the standards for nursing education approved by the board and the requirements of the law.

3. The board may reinstate the accreditation of a program of nursing if the administrator of the program submits proof that the program has complied with the standards of nursing education approved by the board and the requirements of the law.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.640 Accreditation of school offering program; requirements for program

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

(a) Be an integral part of the university or college;

(b) Adopt statements of purpose, philosophy and objectives which are consistent with those of the institution offering the program;

(c) Be organized with clearly defined lines of authority, areas of responsibility and channels of communication;

(d) Allow the members of the faculty to participate in the determination of academic policies and procedures and the development and evaluation of the curriculum; and

(e) Allow students to participate in the evaluation of the curriculum and other aspects of the program to which they may be able to contribute.

2. The policies and procedures of the program of nursing must be in writing.

(Added to NAC by Bd. of Nursing, eff. 9-17-90; 6-21-94)

632.645 Resources and facilities of program; agreements regarding provision of experience.

1. A program of nursing must have sufficient resources and facilities to prepare the students in accordance with the philosophy and objectives of the program and the policies of the institution offering the program.

2. Facilities must include:

(a) Offices for administrative, instructional and clerical personnel;

(b) Classrooms, laboratories, conference rooms and equipment for use for various teaching methods;

(c) Library resources which are appropriate for the purpose of the program with consideration given to their usefulness and scope and the currency of their books and periodicals; and

(d) Clinical facilities sufficient to achieve the objectives of the program, including written criteria for the selection of those facilities approved by the board.

3. Written contractual agreements must be entered into by the administrator of the program and all agencies and institutions which provide educational experiences for students of that program.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.650 Allocation of money for program. A sufficient amount of money must be allocated to a program of nursing for members of the faculty, other necessary personnel, equipment, supplies and services.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.655 Presence of qualified administrator required. A qualified administrator must be at the site of a program of nursing offered by a university or college before the first class is admitted to the program.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.660 Administrator of program: 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, 2 of which must be teaching in an accredited program of nursing.

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.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.665 Administrator of program: 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; and

(c) Notify the board of any substantial change in the program or its administration.

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

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3. The administrator of a program of nursing is responsible for persons who provide support services or that program, including persons who provide secretarial or audiovisual services or instruction relating to manual skills performed in a laboratory.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.670 Faculty of program: Qualifications.

1. A member of the faculty of a program of nursing must be licensed to practice as a registered nurse in this state.

2. Each member of the faculty who is hired after September 1, 1995, must hold a master's degree with major in nursing and have completed training which is related to his area of teaching.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.675 Faculty of program: Composition and duties.

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. The members of the faculty shall develop and evaluate the curriculum and the educational practices of the program.

2. In courses relating to the care of patients, there must be at least one member of the faculty to eight students.

3. There must be at least one qualified administrator for each department or division of the program.

4. 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.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

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 another accredited program 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.

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

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.685 Curriculum of program; basis for awarding credits.

1. The curriculum of a program of nursing must reflect the philosophy and objectives of the program.

2. Credits awarded for courses which are related to nursing and courses which are not related to nursing must be based on a rationale that ensures sufficient preparation for the safe and effective practice of nursing.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.690 Requirements for instruction; records of evaluation of curriculum.

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

- (a) Surgery;
- (b) Care provided to persons who do not require surgery;
- (c) Maternal and child health; and
- (d) Mental health.

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

- (a) Basic knowledge of biology, psychology and sociology; and

(b) The theory and practice of nursing including, but not limited to, the attainment, intervention and maintenance of physical and mental health and the prevention of illness for persons and groups of persons.

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.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.695 Substantial revision of curriculum. If the curriculum of a program of nursing is substantially revised, the administrator of the program shall submit the revision to the board for approval at least 4 months before the revision is effective. A substantial revision includes, but is not limited to:

1. A reorganization of the curriculum;
2. A revision of the length of the program; and
3. A revision of the objectives of the program.

A substantial revision does not include a change in the order in which courses must be taken.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.701 Annual reports to board. The administrator of a program of nursing shall submit an annual report to the board in the form prescribed by the board.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

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

1. A program of nursing which conducts a portion of its program in Nevada shall submit to the board 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 accreditation body; and

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

2. The administrator of the program of nursing shall:

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

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

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

[Added to NAC by Bd. of Nursing, eff. 6-21-94)

632.706 Periodic review of program; required reports; objections to report of board.

1. The board will review each program of nursing, under the direction of the executive director appointed by the board, at least every 4 years.

2. The board or a member of the board's staff will visit the site of the program during the review. The visits must be scheduled at a time agreed upon by the board and the administrator of the program.

3. The administrator of the program shall submit to the board a self-evaluation report prepared by the administrator and members of the faculty in the form prescribed by the board.

4. The self-evaluation report which is required by the National League for Nursing may be submitted in lieu of the report required by subsection 3 if a national accreditation survey of the program is scheduled in the same year as the board's review or was completed in the previous year.

5. The board will prepare a report of the visits to the site of the program and furnish a copy of the report to the administrator of the program. If the administrator objects to the report, he may submit to the board a written statement which sets forth his objections to the report.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

632.711 Termination of program.

1. If a university or college wishes to terminate a program of nursing, it shall notify the board in writing of the reasons for and the proposed date of the termination of the program.
2. The program must continue to comply with the standards for accreditation until all the matriculating students are graduated from the program.
3. The university or college shall notify the board if the actual closing date will be different from the proposed closing date.
4. If the university or college closes or terminates its program of nursing, it is responsible for the management and storage of the records of the students who enrolled in that program and shall notify the board of the arrangement made for the management and storage of those records.

(Added to NAC by Bd. of Nursing, eff. 9-17-90)

TRAINING PROGRAMS FOR NURSING ASSISTANTS

632.721 Application for approval of program.

1. Before a person may provide training to nursing assistants 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.

(Added to NAC by Bd. of Nursing, eff. 3-26-90; -NAC 07/16/92)

632.726 Determinations required before approval of program.

Before the board approves a training program for nursing assistants, it will determine if the program will be:

1. Administered as required by law and the provisions of this chapter.
2. Administered by a person who has the qualifications required by the Federal Government and is qualified to maintain the records required by NAC 632.790.
3. Coordinated by a person who has the qualifications required by the Federal Government and is qualified to perform the duties set forth in NAC 632.785.

(Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.731 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 nursing assistants, it will notify the applicant in writing 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 a competency evaluation test.

3. The board may not approve a program to be given by a medical facility if the facility does not comply with the requirements set forth in 42 C.F.R. § 483.151(b), which is hereby adopted by reference. A copy of this regulation may be purchased from the Bureau of Licensing and Certification for the price of \$.60 per page. (Added to NAC by Bd. of Nursing, eff. 3-26-90;--NAC 07-16-92)

632.736 Approved program: General requirements. An approved program must enable each trainee to:

1. Learn to react in a sensitive manner to the emotional, social and mental health needs of patients.
2. Communicate and interact competently on a one-to-one basis with patients.
3. Assist patients in attaining and maintaining independence.
4. Learn to exhibit behavior in support and promotion of the rights of patients.
5. Learn skills in observation and documentation.

(Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.741 Approved program: Required instruction.

1. Each approved program must provide at least 75 hours of instruction which must include:

(a) Instruction in the classroom and clinical practice in:

- (1) The roles and responsibilities of a nursing assistant;
- (2) Basic nursing;
- (3) Personal care;
- (4) The needs of patients concerning mental health and social services;
- (5) Basic restorative services; and
- (6) Interrelationships with patients.

(b) At least 16 hours of instruction in the classroom, completed before a trainee is directly involved with patient, in the areas of:

- (1) Communication and interpersonal skills;
- (2) The control of infections;
- (3) Safety and emergency procedures, including, but not limited to, the Heimlich maneuver;
- (4) Promoting the independence of patients; and
- (5) Respecting the rights of patients.

2. The primary instructor shall provide each trainee with:

- (a) The objectives of the program which the trainee is expected to achieve;
- (b) The duties and skills expected to be learned by the trainee;
- (c) The objectives of each unit of instruction, stated in behavioral terms; and
- (d) The criteria used to measure performance.

(Added to NAC by Bd. of Nursing, eff. 3-26-90;--NAC 07-16-92)

632.746 Instruction in basic nursing skills.

Units of instruction in basic nursing skills must include instruction in the classroom and clinical practice in:

1. Assisting in the care of the patient when death is imminent.
2. Taking and recording vital signs.
3. Measuring and recording height and weight.
4. Caring for the environment of the patient.
5. Measuring and recording the intake and output of fluids and food.
6. Observing and reporting signs and symptoms, such as shortness of breath, rapid respiration, fever, coughs, chills, pains in the chest, lips which are blue, pain in the abdomen, nausea, vomiting, drowsiness, excessive thirst, sweating, pus, blood or sediment in a patient's urine, difficulty urinating, frequent urination in small amounts, in or burning when urinating or urine with a dark color or strong odor.
7. Procedures for noninvasive elimination, including:
 - (a) The care of the external part of the catheter;
 - (b) Emptying the drainage bag for the catheter;

- (c) Perineal care of the bladder and the bowel;
 - (d) Cleansing enema; and
 - (e) The external care of an established colostomy.
8. The collection of specimens (stool and urine).
9. The application of unsterile warm and cold.

(Added to NAC by Bd. of Nursing, eff. 3-26-90;—NAC 07-16-92)

632.751 Instruction in personal care skills.

Units of instruction in personal care skills must include instruction in the classroom and clinical practice in:

- 1. Bathing, including the care of the mouth;
- 2. Grooming;
- 3. Dressing;
- 4. The use of the toilet;
- 5. Assisting with eating and hydration;
- 6. Proper feeding techniques; and
- 7. The care of the skin.

(Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.756 Instruction in needs of patients concerning mental health and social services. Units of instruction in the needs of patients concerning mental health and social services must include instruction in the classroom and clinical practice in the identification of the psychosocial characteristics of a patient, including training in:

- 1. Modifying the trainee's behavior in response to the behavior of the patient;
- 2. Identifying the developmental tasks associated with the aging process;
- 3. Providing patients with the opportunity and training to care for themselves, according to their capabilities;
- 4. Using the family of the patient as a source of emotional support;
- 5. Reality orientation; and
- 6. The principles of managing behavior by reinforcing appropriate behavior and reducing or eliminating inappropriate behavior.

(Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.758 Instruction in care of cognitively impaired persons. Units of instruction in the care of cognitively impaired persons must include instruction in the classroom and clinical practice in:

- 1. Techniques for meeting the needs and managing the behavior of persons with dementia, including, but not limited to, Alzheimer's disease;
- 2. Communicating with cognitively impaired persons;
- 3. Understanding the behavior of cognitively impaired persons;
- 4. Appropriate responses to the behavior of cognitively impaired persons; and
- 5. Methods for reducing the effects of cognitive impairments.

(Added to NAC by Bd. of Nursing, eff. 07-16-92)

632.761 Instruction in basic restorative services. Units of instruction in basic restorative services must include instruction in the classroom and clinical practice in:

- 1. The use of devices which assist in ambulation, eating and dressing;
- 2. Maintenance and range of motion;
- 3. Proper turning and positioning in a bed and chair;
- 4. Transferring patients;
- 5. Assisting in bowel and bladder training; and

6. Assisting in the care and use of prosthetic devices, such as hearing aids, artificial eyes and artificial limbs.
(Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.765 Instruction in rights of patients. Units of instruction in the rights of patients must include instruction in the classroom and clinical practice in:

1. Providing privacy and maintaining the confidentiality of a patient;
2. Promoting the right of a patient to make personal choices to accommodate his needs;
3. Providing assistance in resolving grievances;
4. Providing for the care and security of the possessions of a patient;
5. Recognizing, reporting and preventing the abuse, neglect or exploitation of a patient; and
6. Maintaining the environment of a patient and providing care to minimize the need for physical and chemical restraints.

(Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.770 Number of instructors required. An approved program must not have less than 1 instructor for each 15 trainees to instruct nursing skills, laboratory practice or clinical practice.

(Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.775 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 bachelor of science degree in nursing or submit evidence of teaching experience in a training program for nursing assistants or licensed practical nurses, a program that provides training while on the job or a program of continuing education;
 - (b) Holds a current active license in good standing to practice nursing in this state;
 - (c) Has at least 3 years of experience taking direct care of patients, with at least 2 years of experience in caring for the elderly or the chronically ill;
 - (d) Has successfully completed a course designated by the board;
 - (e) Complies with the requirements for continuing education prescribed by the board; and
 - (f) Meets any federal and state criteria established for instructors of an approved program.
3. The board will approve a licensed practical nurse to be an instructor if:
 - (a) The board determines that the circumstances require his appointment; and
 - (b) The nurse meets the requirements set forth in paragraphs (b) to (e), inclusive, of subsection 2.
4. The board will issue a certificate of approval to teach if the instructor:
 - (a) Meets the requirements of subsection 2 or 3;
 - (b) Submits an application to the board; and
 - (c) 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.

6. The coordinator of an approved program may select a person who is qualified to carry out the duties set forth in NAC 632.785 to act as an instructor in his area of specialization, even though he is not a registered or licensed practical nurse. The person so selected must:

- (a) Have at least 1 year of experience in caring for the elderly or chronically ill, or its equivalent; and
 - (b) Where applicable, be licensed, registered or certified in good standing in his area of specialization.
- Such an instructor may not be the primary instructor or supervise the testing of manual skills.

(Added to NAC by Bd. of Nursing, eff. 3-26-90;—NAC 07-16-92)

632.780 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 facility is able to provide learning experiences in the care of the elderly or the chronically ill.

(Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.785 Duties of coordinator of approved 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.
5. Obtain adequate 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 75 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.
9. 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 duties to be performed and the skills to be learned in the program, with notations of satisfactory or unsatisfactory performance, the date of performance and the name of the supervising instructor.
 - (b) The current records of the activities of the program.
 - (c) The records of each instructor.
10. Develop written policies for admission to, continuance in, and dismissal and withdrawal from the program.
11. Report to the board the name, address and social security number of each trainee at the beginning of a program.
12. Notify the board of the withdrawal or dismissal of each trainee within 3 working days after the withdrawal or dismissal.
13. Report to the board the name of each trainee who satisfactorily completes the program within 30 days after completion of the program.
14. Submit annual reports on forms provided by the board containing information required by the board.

(Added to NAC by Bd. of Nursing, eff. 3-26-90).

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

1. The name, address, birth date and social security number of each trainee who enters and completes the program.

2. The name, address, birth date and social security number 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.
- (Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.795 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.
- (Added to NAC by Bd. of Nursing, eff. 3-26-90)

632.800 Periodic review of program and inspection of facilities; basis for continued approval of program.

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
 - (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.
- (Added to NAC by Bd. of Nursing, eff. 3-26-90;--NAC 07-16-92)

632.805 Withdrawal of approval of program.

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 competency evaluation test;
 - (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 competency evaluation test. For the purposes of conducting an investigation pursuant to NRS 632.310, three documented and substantiated incidents of unsafe or abusive conduct by trainees of the 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.
- (Added to NAC by Bd. of Nursing, eff. 3-26-90;--NAC 07-16-92)

DISCIPLINARY ACTION AND RULES OF PRACTICE BEFORE THE BOARD

632.890 Unprofessional conduct. The board will consider the following acts among others as unprofessional conduct:

1. Discrimination on the basis of race, religious creed, color, national origin, ancestry or sex in the rendering of nursing.
2. Performing acts beyond the scope of practice of professional or practical nursing.
3. Assuming duties and responsibilities within the practice of nursing without adequate training or if competency is not maintained.
4. Disclosing the contents of the examination for licensure or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.
5. Assigning unqualified persons to perform functions of licensed persons or delegating functions, tasks or responsibilities of nursing, or any combination thereof, to another person.
6. Failing to supervise a person to whom functions of nursing are delegated or assigned, if responsible or supervising that person.
7. Failing to safeguard the patient from the incompetent, abusive or illegal practice of any person.
8. 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.
9. Practicing nursing, on two or more occasions, when any amount of alcohol or a controlled substance or dangerous drug which is not legally prescribed is present in the body of the nurse as determined by a test of the blood, saliva, breath or urine of the nurse.
10. Failing to respect the patient's right to privacy.
11. Violation of a patient's confidentiality.
12. Performing or offering to perform the functions of a licensed nurse by false representation or under false or an assumed name.
13. Failing to report the gross negligence of another nurse in performing the functions of nursing or a violation of the provisions of chapter 632 of NRS or this chapter.
14. 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 the wastage of a controlled substance that is not legally administered to a patient;
 - (c) Failing to document the wastage of a controlled substance that is not legally administered to a patient;
 - (d) Soliciting the signature on any record of a person as a witness to the wastage of controlled substances when that person did not witness the wastage; or
 - (e) Signing any record as a witness attesting to the wastage of controlled substances which he did not actually witness.
15. Soliciting services or soliciting or borrowing money, materials or other property, or any combination thereof, from patients.
16. Diverting supplies, equipment or drugs for personal or unauthorized use.
17. Aiding, abetting or assisting any person in performing any acts prohibited by law.
18. Inaccurate recording, falsifying or otherwise altering or destroying records.
19. Obtaining, possessing, furnishing or administering prescription drugs to any person, including oneself, except as directed by a person authorized by law to prescribe drugs.
20. Leaving an assignment without properly notifying the appropriate personnel or abandoning a patient in need of care.
21. Exploiting the patient for financial gain or offering, giving, soliciting or receiving fees for the referral of a patient or client.

22. Failing to collaborate with other members of a health team as necessary to meet the health needs of a patient.
 23. Failing to observe the conditions, signs and symptoms of a patient, to record the information or to report significant changes to the appropriate persons.
 24. Failing to abide by any state law or regulation relating to the practice of nursing.
 25. Failing to perform nursing functions in a manner consistent with established or customary standards.
 26. Causing a patient physical, mental or emotional harm by taking direct or indirect actions or failing to take appropriate actions.
 27. Sexual contact with a patient or client.
 28. Failing as a chief nurse to:
 - (a) Ensure that standards of nursing practice are established and carried out so that safe and effective nursing care is provided to patients;
 - (b) Ensure that competent organizational management and management of human resources are established and carried out so that safe and effective nursing care is provided to patients; or
 - (c) Create a safe and effective environment, including the failure to assess nurses' knowledge, skills and ability and determine their competence to carry out the requirements of their jobs.
 29. Failing to report the unauthorized practice of nursing.
 30. Endangering the safety of the public, patients, clients or coworkers by making actual or implied threats of violence or carrying out such an act or violence.
 31. Abuse or neglect of a patient.
- (Added to NAC by Bd. of Nursing, eff. 8-5-86; A 6-30-88; 2-6-90; 11-19-93; 5-18-94)

632.895 Interpretations for purpose of disciplinary action. For the purposes of disciplinary action on the following grounds, the following interpretations apply:

1. An offense involving moral turpitude includes an act of dishonesty, baseness, vileness or depravity in the private or social duties which a person owes to another person or to society contrary to the accepted and customary rule of right and duty between men.
2. Gross negligence in carrying out usual nursing functions includes a departure from established and customary standards of care which would have been exercised by a licensed nurse or an act or omission where there is a legal duty to act or to refrain from acting. An exercise of so slight a degree of care as to justify the belief that there was a conscious or overt disregard or indifference for the health, safety, well-being or welfare of the public is considered a substantial departure from the accepted standard of care.
3. Habitual intemperance or addiction to the use of any controlled substance includes the use of those substances to the extent that the person's judgment, skills or ability to provide safe and competent nursing care are impaired, that he is unable to care for himself, his property or the members of his family, or that it is medically determined that he is in need of medical or psychiatric care, treatment, rehabilitation or counseling.
4. Unfitness to practice nursing or mental incompetence includes an order of a court adjudging that a person is mentally incompetent, an evaluation by a qualified professional person indicating that he is mentally or physically incapable of engaging in professional or practical nursing in a manner consistent with sound care of patients, or an uncorrected physical defect that precludes him from safely performing nursing functions.
5. An offense involving abuse or neglect includes an act by a licensee or holder of a certificate that constitutes the failure to provide such service, care or supervision as is reasonable and necessary to maintain the health or safety of a patient if:
 - (a) The act of omission is intentional, reckless or grossly negligent;
 - (b) The act of omission is such a departure from what would be the conduct of an ordinarily prudent, careful person under the same circumstances that it is contrary to a proper regard for danger to human life or constitutes indifference to the resulting consequences
 - (c) The consequences of the act or omission could have been reasonably foreseen; and
 - (d) The danger to human life was not the result of:

(1) The failure to attend to a duty under circumstances that require the attention of the licensee or holder of a certificate;

(2) A mischance, accident or casualty caused by the licensee or holder of a certificate upon a person without an intent to harm or hurt the person but which results in injury to or the death of the person; or

(3) An unintentional act, omission or error in judgement by the licensee or holder of a certificate, but was the natural and probable result of the act or omission.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 5-18-94)

632.910 Disciplinary action: Investigation; formal and informal proceedings.

1. If an investigation discloses that disciplinary action is not necessary or warranted for the protection of the public health, safety and welfare, the file on that investigation will be closed, but if new evidence is discovered, the matter may at any time be opened again and investigated further if circumstances so warrant.

2. Unless a formal hearing is requested, complaints or controversies that do not justify or require formal proceedings may be considered and resolved by the board or the executive director or a person designated by him through informal conferences, meetings, agreements or other informal action as may be appropriate under the circumstances. Such informal action is held without prejudice to the board, and formal proceedings may be instituted subsequently by the board or the executive director or a person designated by him for the same or related matters.

[Bd. of Nursing, Practice Rule § IV subsec. A pars. 2-4, eff. 7-10-75]—(NAC A 8-5-86; 1-13-94; 5-18-94)

632.915 Executive director's response to report of investigation. The executive director may, in response to the report of the investigation:

1. Dismiss any complaint and notify the complainant, the applicant or licensee named in the complaint and any other interested parties, stating the reasons therefore; or

2. Unless a formal hearing is requested, enter into an informal disposition of the complaint through negotiation, agreed settlement, consent order or default; or

3. Petition the board for a formal disciplinary hearing.

[Bd. of Nursing, Practice Rule § IV subsec. A pars. 6, 7 & 10, eff. 7-10-75]—(NAC A 8-5-86)

632.916 Formal hearing on disciplinary matter: Notice; failure to appear.

1. At least 20 days before a hearing on any formal disciplinary matter, the notice of the hearing will be mailed to the person named in the complaint by certified mail to the last known address shown on the records of the board. The complaint and notice of hearing may be included in the same document. There is a rebuttable presumption that a complaint and notice of hearing has been received by a respondent 10 days after the date the complaint and notice of hearing were deposited with the United States Postal System.

2. Any contention that improper notice was given is deemed to be waived unless the respondent raises the issue to the board before the commencement of arguments on any other motion related to the complaint or the opening statement of the petitioner, whichever occurs first.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 11-06-95)

632.918 Hearings: Board not bound by strict rules of procedure; stenographic notes of oral proceeding; record of charges and evidence.

1. The board will not be bound by strict rules of procedure in the conduct of its proceedings.

2. A request by any party that the oral proceedings, or any part thereof, be taken in the form of stenographic notes must be submitted 5 days before the hearing and those notes may be transcribed at his own expense.

3. A record of the charges and a record of all evidence produced will be filed in the office of the board.

(Added to NAC by Bd. of Nursing, eff. 8-5-86)

632.922 Request for continuance of formal hearing. A request for a continuance of a formal hearing must be presented to the board, in writing, before the date of the hearing or orally at the time of the hearing.

The request will be heard by the board at the time set for the hearing or at its next scheduled meeting, whichever comes first.

(Added to NAC by Bd. of Nursing, eff. 11-19-93)

632.925 Appearance by interested person. Anyone desiring to appear before the board shall advise the executive director in writing at least 20 days preceding the next scheduled meeting, stating briefly what matter the person wishes the board to consider.

[Bd. of Nursing, Practice Rule § IV subsec. A par. 11, eff. 7-10-75]--(NAC A 11-06-95)

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 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) Issue a private reprimand or letter of concern.
 - (k) 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.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 11-06-95)

632.927 Stay of order for revocation or suspension of license.

1. If the board stays an order for revocation or suspension of a license or certificate, subject to probation of a designated period, the board will determine such conditions as it considers appropriate to regulate, monitor or supervise, or any combination thereof, the practice of the licensee during the period of probation. These terms may include, but are not limited to, the following:
 - (a) Informing the board of the name and address of his employer.
 - (b) Evaluations of his performance submitted to the board by the employer at designated intervals.
 - (c) Counseling with a qualified professional counselor.
 - (d) Reports submitted to the board by the counselor at designated intervals.
 - (e) Submitting self-evaluation reports at designated intervals.
 - (f) Reports of random screening for alcohol or drugs submitted, at designated intervals.
 - (g) Meeting with the professional staff of the board, at designated intervals.
 - (h) Working under supervision as approved by the professional staff of the board.
 - (i) Successfully completing any educational courses required by the board.
2. Before expiration of the period of probation, the file and reports concerning the licensee or holder of a certificate may be reviewed and evaluated by the board and action may be taken to reinstate the license or certificate. If at any time the board determines that the terms of probation are violated or that the progress and performance under the probation are unsatisfactory, the period of probation may be extended summarily, the terms of probation may be modified, or the order of suspension or revocation may be invoked summarily.
3. The licensee or holder of a certificate shall pay the cost to comply with the terms of his probation required by the board pursuant to this section.

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(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 11-06-95)

632.____

1. A hearing held pursuant to the provisions of NAC 632.910 to 632.928, inclusive, and sections 3 to 4, inclusive, of this regulation will be conducted pursuant to the provisions of chapter 233B of NRS.
2. The board may permit deviations from the provisions of NAC 632.910 to 632.928, inclusive, and sections 3 to 14, inclusive, of this regulations if:
 - (a) The deviation will not adversely affect the substantial interests of the parties;
 - (b) Good cause for the deviation appears; and
 - (c) The deviation does not violate the provisions of chapter 233 B of NRS.
3. If a deviation from the provisions of NAC 632.910 to 632.928, inclusive, and sections 3 to 14, inclusive, of this regulation, is allowed by the board, the deviation and the reasons for the deviation will be stated on the record.

(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.____ As used in NAC 632.910 to 632.928, inclusive, and sections 3 to 14, inclusive, of this regulation unless the context otherwise requires:

1. "Complaint" means a document which contains:
 - (a) A concise statement of the act or omission of the licensee or holder of a certificate which is alleged to be in violation of a statute or regulation, or both; and
 - (b) The citation of the statute or regulation, or both, alleged to have been violated.
2. "Contested Case" has the meaning ascribed to it in NRS 233B.032.
3. "Notice of hearing" means a document which contains the information required by NRS 233B.121
4. "Petitioner" means the representative of the board who files a complaint against a licensee or holder of a certificate and who has the burden of proving the alleged violation.
5. "Respondent" means the licensee or holder of a certificate against whom a complaint is filed.

(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.____ 1. A complaint may be amended at any time.

2. The board will grant a continuance if amendment materially alters the complaint or a respondent demonstrates inability to prepare for the case in a timely manner.
3. A complaint may be withdrawn at any time before the hearing begins.

(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.____ The board may consolidate two or more cases whenever it appears that the cases involve common issues of law or fact and the interests of the parties will not be prejudiced by the consolidation.

(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.____ 1. A respondent may be represented by an attorney licensed to practice law in this state. If the attorney is not licensed to practice law in this state, he must be associated with an attorney who is so licensed. The respondent may appear on his own behalf.

2. An attorney appearing in a hearing before the board shall ensure that his conduct complies with the Nevada Rules of Professional Conduct.

3. All persons appearing in a hearing before the board shall conform to the standards of ethical and courteous conduct required in the courts of this state

4. If a person fails to conform his conduct to the standards required by this section, the board may:

- (a) Limit the evidence presented by that person; or
- (b) Exclude the person or his representative from the hearing.

5. Any action taken by the board pursuant to this section and the specific reasons for that action will be stated on the record.

6. The respondent shall pay the cost for representation by his attorney at a hearing before the board.
(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.____ An attorney may withdraw from his representation of a respondent upon notice to the respondent and the board. The notice must include the reason for the requested withdrawal. The board may deny permission to withdraw if the withdrawal would unreasonably delay the hearing.
(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.____ 1. The board may appoint an attorney, who is licensed to practice law in this state, or a nurse, who is licensed by the board, to serve as a hearing officer in a contested case. The hearing officer may, upon the request of the board:

- (a) Conduct hearings;
- (b) Question witnesses;
- (c) Make rulings on motions and objections; and

(d) Submit suggested findings of fact or conclusions of law to the board at the conclusion of the case. In any contested case in which a hearing officer is designated pursuant to the provisions of this sections, the board will make the final determination of all findings in the case.

2. If the hearing officer is an attorney licensed to practice law in this state, he may, upon the request of the board, provide such legal counsel to the board as the board may require during the hearing and deliberation on a complaint.

3. If the board does not appoint a hearing officer pursuant to subsection 1, the board will designate the executive director, a presiding officer or any other member of the board to serve as the hearing officer.
(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.____ 1. A motion must be made in writing, unless otherwise authorized by the board or hearing officer during the hearing.

2. Only the following motions may be made:

(a) To request dismissal of the complaint for a failure to state facts which, if true, would form a sufficient basis for discipline.

(b) To request the dismissal of the complaint if the petitioner has concluded the presentation of his case and has failed to meet his burden of proof.

(c) To request a continuance or extension of time.

(d) To request an order granting a rehearing.

(e) To request a reconsideration of the decision of the board.

(f) To request the exclusion of a member of the board or the hearing officer from participation in the hearing or deliberation for good cause.

(g) To request that an order be vacated or modified.

(h) To request the separation of cases which have been consolidated pursuant to section 6 of this regulation.

(i) To limit or quash a subpoena issued by the board.

2. The board may require oral argument and submission of additional facts or evidence to decide a motion.

3. A written motion must be served on the opposing party and the board at least 10 days before the time set for the hearing on the motion.

4. An opposing party may file a written response to a motion within 7 days after the receipt of the motion by serving the written response on all parties and the board, but in no case may a written response be filed less than 3 days before the time set for the hearing on the motion except for good cause shown and with the permission of the board.

(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.____ 1. A party may call any other party or witness as an adverse witness. The party may question such a witness as if conducting a cross-examination.

2. Any party who is surprised by the testimony of a witness, called in good faith as a witness on his behalf, may question the witness as if conducting a cross-examination.

632.____ 1. Except as otherwise provided in this section, a hearing in a contested case will be conducted in the following order:

- (a) The hearing will be called to order by the president of the board or the appointed hearing officer.
 - (b) Introduction of the parties and members of the board or the appointed hearing officer will be made.
 - (c) The complaint and notice of hearing will be placed in evidence.
 - (d) The parties will be asked whether they wish to have witnesses, except as otherwise provided in this paragraph, excluded from the hearing except during their testimony. If excluded, witnesses will be instructed not to discuss the case during the pendency of the proceeding. The respondents will be permitted to remain in the hearing. The petitioner may designate a person, who may also be a witness, to act as its representative. Such a representative will be permitted to remain in the hearing.
 - (e) Any preliminary motions, stipulations or orders upon which the parties agree will be heard and any administrative details will be addressed.
 - (f) The petitioner and then the respondent may make opening statements.
 - (g) The petitioner may call witnesses and present evidence. Each witness will be sworn and questioned in the following manner:
 - (1) The petitioner will question the witness.
 - (2) The respondent may cross-examine the witness.
 - (3) If the respondent cross-examines the witness, the petitioner may question the witness on redirect examination.
 - (4) If the petitioner questions the witness on redirect examination, the respondent may recross-examine the witness.
 - (5) After the petitioner and respondent complete the questioning pursuant to subparagraphs (1) to (4), inclusive, the members of the board or hearing officer may question the witness.
 - (6) If the witness is questioned by the members of the board or the hearing officer, the petitioner and then the respondent may question the witness. Questions asked by the petitioner and respondent will be limited to those issues addressed by the questions asked by the members of the board or hearing officer.
 - (h) The respondent may call witnesses and present evidence. Each witness will be sworn in and questioned in the following manner:
 - (1) The respondent will question the witness.
 - (2) The petitioner may cross-examine the witness.
 - (3) If the petitioner cross-examines the witness, the respondent may question the witness on redirect examination.
 - (4) If the respondent questions the witness on redirect examination, the petitioner may recross-examine the witness.
 - (5) After the respondent and petitioner complete the questioning pursuant to subparagraphs (1) to (4), inclusive, the members of the board or hearing officer may question the witness.
 - (6) If the witness is questioned by the members of the board or the hearing officer, the respondent and then the petitioner may question the witness. Questions asked by the respondent and petitioner will be limited to those issues addressed by the questions asked by the members of the board or hearing officer.
 - (i) The petitioner and respondent may be allowed to call appropriate rebuttal and rejoinder witnesses with examination of those witnesses proceeding as set forth in paragraph (g) or (h), as appropriate.
 - (j) The petitioner may present a closing argument, followed by the closing argument of the respondent and then the rebuttal closing argument of the petitioner.
 - (k) The board or the hearing officer may deliberate the case.
2. The board may waive any provision of this section if necessary to expedite or ensure the fairness of the hearing.

3. Oral proceedings, or any part thereof, will be transcribed at the request of any party at the expense of that party.
4. The petitioner has the burden of proof in a contested case.
(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.____ The board may report any disciplinary action it takes against a licensee or holder of a certificate to:

1. The National Council of State Boards of Nursing Disciplinary Data
2. Any other repository which records disciplinary action taken against licensees or holders of certificates; or
3. Any agency of another state which regulates the practice of nursing.
(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.____ If a party fails to appear at a hearing scheduled by the board and a continuance has not been requested or granted, upon an offer of proof by the other party that the absent party was given proper notice and upon a determination by the board that proper notice was given, the board may proceed to consider the case without the participation of the absent party and may dispose of the matter on the basis of the evidence before it. If the respondent fails to appear at the hearing or fails to reply to the notice, the charges specified in the complaint may be considered as true.

(Added to NAC by Bd. of Nursing, eff. 11-06-95)

632.928 Request for rehearing.

1. Within 10 days after receipt of an order of the board, a person may request, by certified letter, a reconsideration or rehearing based on the following grounds:
 - (a) Newly discovered or available relevant evidence.
 - (b) Error in the proceeding or decision of the board that would be grounds for reversal or judicial review of the order.
 - (c) The need in the public interest for further consideration of the issues and the evidence.
2. The board will deny the request, order a rehearing or reconsideration or direct such other proceeding as it considers appropriate.
3. The hearing will be confined to those grounds upon which reconsideration or the rehearing was ordered.
(Added to NAC by Bd. of Nursing, eff. 8-5-86)

632.929 Reissuance of license.

1. In considering the reissuance of a license which has been revoked, the board will evaluate:
 - (a) The severity of the act which resulted in revocation of the license;
 - (b) The conduct of the applicant subsequent to the revocation of the license;
 - (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;
 - (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) Whether the applicant has violated any applicable state or federal law or regulation.
2. The applicant may be requested to appear before the board.
3. After evaluation the board will deny or grant the reissuance of the license or certificate.
(Added to NAC by Bd. of Nursing, eff. 8-5-86)

632.935 Advisory opinion or declaratory order.

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.

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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.

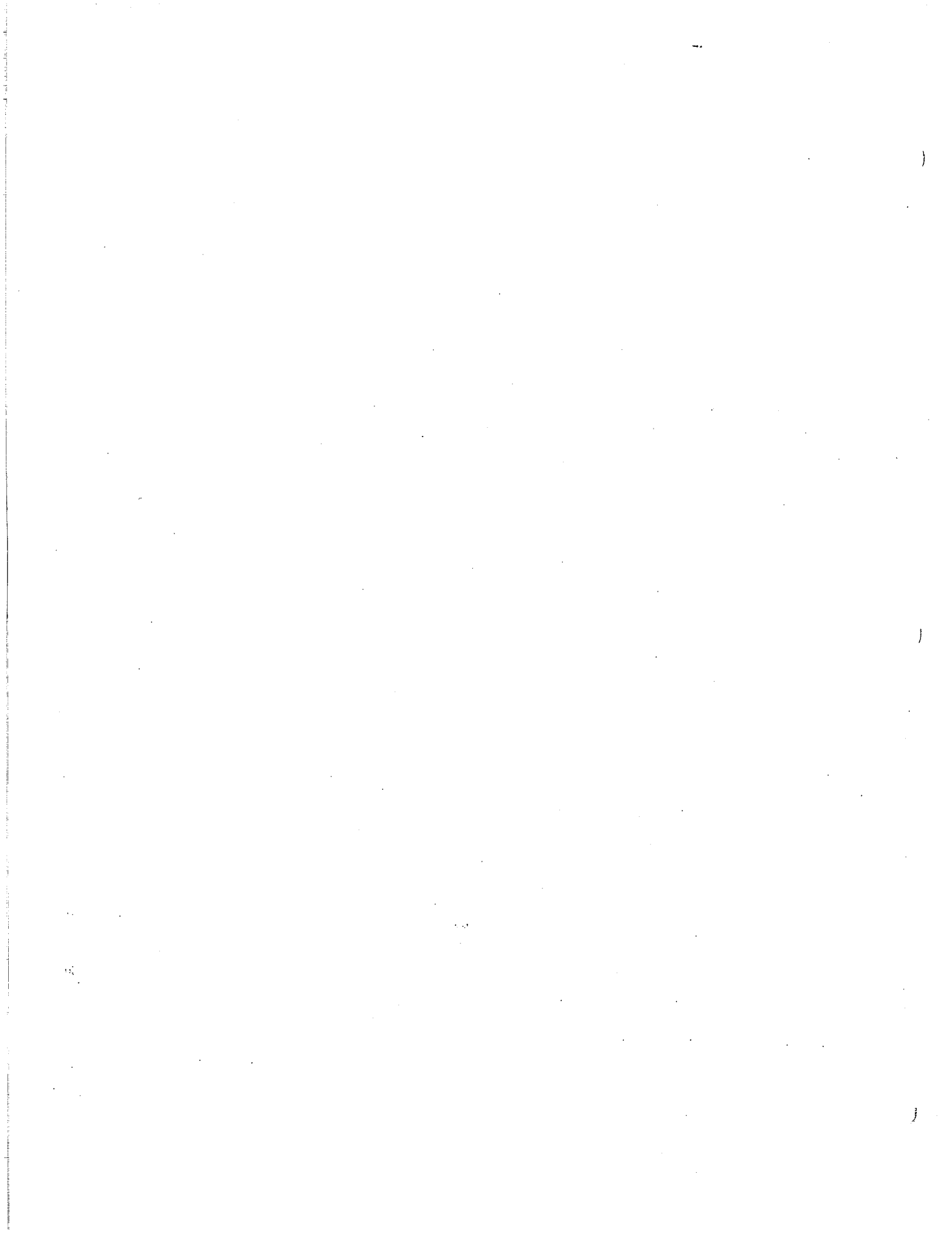
[Bd. of Nursing, Practice Rule § IV subsec. C pars. 1-5, eff. 7-10-75]—(NAC A 8-5-86)

632.940 Violation of statutes. Any alleged violation of the statutes must be brought to the attention of the executive director.

[Bd. of Nursing, Practice Rule § IV subsec. A par. 9, eff. 7-10-75]

**MATERIALS CONTAINED IN THE
FOLLOWING *BLUE SECTION* ARE INCLUDED
FOR YOUR INFORMATION**

**THIS DATA HAS BEEN GENERATED BY
BOARD DECISION AND
RELATES TO NAC 632.935
AND
MAY BE CONSIDERED AS LAW**



The following amended regulations were filed by the Secretary of State on June 6, 1996 and are now made a permanent part of the Nurse Practice Act. The regulations will be placed into the text of the Practice Act at its next publication.

632.212 Registered nurses: 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;
 - (g) Supervising a 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.
- (Added to NAC by Bd. of Nursing, eff. 11-2-87) – (A 06/26/96)

632.213 Expiration and renewal of license or certificate.

1. Two months before the expiration of each license or certificate, the board will mail to the person authorized to practice as a registered nurse, licensed practical nurse or nursing assistant, at his address of record, a form to apply for the renewal of his license or certificate. The application for renewal must be received in the office of the board on or before the end of the business day on which the authorization to practice expires.
2. The board will find that the holder of the license or certificate has made sufficient application for renewal of the authorization to practice if:
 - (a) The application for renewal is:
 - (1) Truthful, accurate and complete, and made on the form supplied by the board.
 - (2) Accompanied by payment of the required fee. If the fee is paid in a form other than cash, it must be made on an account with a sufficient amount of money for payment of the instrument.
 - (3) Accompanied by proof that the requirement of continuing education is met.
 - (4) Accompanied by a complete set of the applicant's fingerprints, if the renewal is the first renewal of a license or certificate after June 21, 1994.
 - (5) Accompanied by proof that the licensee has satisfied the requirements of subsection 4, if the application is for renewal of a license and the licensee has not practiced nursing during the immediately preceding 5-year period.
 - (b) The applicant attests that he has committed no act which could subject his application to denial nor developed any condition which may interfere with his ability to practice in a safe and effective manner.
3. If an application does not meet the requirements of subsection 2, the staff of the board will not renew the license or certificate. The applicant may apply for reinstatement, appear before the board, or both. If a timely application to appear before the board is made, the staff may issue a temporary license or certificate which remains valid until the board hears the case and makes a determination. If the license or certificate is not renewed because the applicant did not pay the required fee with an instrument written on an account with an insufficient amount of money for payment of the instrument, the staff may require the payment of a late fee and a fee to cover the administrative cost of issuing the instrument.
4. An applicant for renewal of a license who has not practiced nursing during the immediately preceding

5-year period must complete a course or program approved by the board if he has otherwise satisfied the requirements for renewal set forth in this chapter and chapter 632 of NRS. The board may issue to the applicant a temporary license which remains valid until the applicant completes the course or program in which he is enrolled. Upon submission of evidence of completion of the course or program, the board will issue to the applicant a permanent license if he has satisfied the requirements of subsection 2.

5. An original license or certificate is valid for the period from the date of issuance to the licensee's or certificate holder's second birthday after issuance. Thereafter each license or certificate will expire biennially on the licensee's or certificate holder's birthday. In a leap year the license or certificate of a licensee or certificate holder born on February 29 expires on February 28.

NEVADA STATE BOARD OF NURSING REGULATIONS

The following new regulation was filed by the Secretary of State on July 11, 1996 and is now made a permanent part of the Nurse Practice Act. The regulation will be placed into the text of the Practice Act at the next publication.

632. Identification: Name tag must be worn on uniform.

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

- (a) When he records information on a record;
- (b) When he introduces himself to a client, patient or prospective patient; and
- (c) On a name tag which:
 - (1) Includes his name and title;
 - (2) Is prominently displayed on his clothing; and
 - (3) Is clearly legible from a distance of at least three feet.

2. For the purposes of this section, "nurse certified in an advanced specialty" includes, but is not limited to, a clinical nurse specialist, advanced practitioner of nursing, certified registered nurse anesthetist, and attendant as that term is defined in NAC 632.565.

(Added to NAC by Bd. of Nursing, eff. 07-11-96)

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NEVADA STATE BOARD OF NURSING REGULATIONS

The following new and amended regulations were filed by the Secretary of State on May 9, 1996 and are now made a permanent part of the Nurse Practice Act. The regulations will be placed into the text of the Act at its next publication.

632._____ "Competence" defined. "Competence" means the ability to transform skill, knowledge and performance into appropriate action. (Added to NAC by Bd of Nursing, eff 5-9-96)

632._____ "Delegable nursing duty" defined. "Delegable nursing duty" means a duty which is included in the standard policies and procedures of an agency that employs a nurse and which leads to predictable results in the observation and care of patients. (Added to NAC by Bd. of Nursing, eff. 5-9-96)

632._____ "Delegation" defined. "Delegation" means entrusting the performance of a delegable nursing duty to a person who is qualified and competent to perform the duty. (Added to NAC by Bd. of Nursing, eff. 5-9-96)

632._____ "Direction" defined. "Direction" means monitoring and directing the nursing practice of another person, including by means of verbal or written communication. (Added to NAC by Bd. of Nursing, eff. 5-9-96)

632._____ "Supervision" defined. "Supervision" means direction by a qualified nurse for the accomplishment of a nursing task or activity, including initial direction and periodic inspection of the actual accomplishment of the task or activity.

632._____ "Qualified" defined. "Qualified" means that a person possess the appropriate authorization and training to perform the duties assigned to him pursuant to chapter 632 of NRS and this chapter.

632._____ Citation or fine for practicing nursing without a license. 1. Before the Board issues a citation pursuant to NRS 632.495, the board will investigate the alleged violation of NRS 632.315 and make a determination, based upon substantial evidence, whether a violation of NRS 632.315 has occurred.

2. A citation may be served on a person:

(a) By sending a copy of the citation by registered or certified mail, return receipt requested, to the person's last known address; or

(b) Personally by the executive director of the board or his designee.

3. A citation which assesses an administrative fine must be paid by a cashier's check or money order payable to the board.

4. A person served with a citation which assesses an administrative fine may submit a written request to the board offices for approval of a payment schedule. Within the discretion of the board, the staff of the board may establish such a schedule.

5. If the board grants an appeal pursuant to subsection 2 of NRS 632.495, the board may schedule a hearing on the appeal at the next scheduled meeting of the board. The board will send written notice to the person requesting an appeal of the time and place of the hearing. The notice will be sent by registered or certified mail, return receipt requested, to the person's last known address.

(Added to NAC by Bd. of Nursing, eff. 5-9-96)

632.175 Temporary license or certificate.

1. A temporary license or certificate may be issued upon application for a period of 4 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 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 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.

[Bd. of Nursing, part p. 2, eff. 7-1-65; A and numbered as § II subsec. B par. 2, 7-11-69 & § II subsec. B par. 3, 11-26-69; A and renumbered as § II subsec. B par. 2, 7-10-75]--(NAC A 6-23-88; 9-6-88; 5-9-96)

632.188 Denial of license or certificate: Notice; hearing.

1. A member of the board's staff will issue a license or certificate or renew a license or certificate based on the criteria determined by the board. Any member of the board's staff may submit a candidate's credentials to the board to determine the candidate's eligibility for a license or certificate or renewal of a license or certificate. The applicant must demonstrate that his qualifications satisfy the criteria of the board.

2. If an applicant fails to demonstrate that his qualifications satisfy the criteria for licensure or certification, the board may deny the application. A member of the board's staff will give any applicant for license or certificate whose application is denied written notice stating:

- (a) That the applicant has failed to qualify to be examined, licensed, or certificated;
- (b) The reason for disqualification; and
- (c) That the applicant may appeal the denial to the board.

3. A hearing will be granted to an applicant who, within 30 days after the notice required in subsection 2 is mailed to him, requests a hearing in a certified letter addressed to the board.

4. When a license or certificate is not renewed by a member of the board's staff the licensee or holder of the certificate may appeal to the board in writing within 30 days and request a hearing at the next regularly scheduled meeting of the board.

[Bd. of Nursing, § II subsec. D par. 9, eff. 12-20-79; A and renumbered as § II subsec. D par. 10, 12-11-81]--(NAC A 8-5-86)--(Substituted in revision for NAC 632.405)--(NAC A 6-21-94)--(NAC A 5-9-96)

632.252 Performance of tasks by nursing students.

1. A nursing student may, as an apprentice nurse, perform those tasks which he has successfully demonstrated in his program of education if:

(a) The nursing student works as an apprentice nurse in a licensed hospital for acute care [or], a licensed hospital for long-term care, a community health clinic or a health maintenance organization, and works under the supervision of a registered nurse who is at the site where care is provided;

(b) The nursing student presents to his employer satisfactory evidence from his school of nursing of successful demonstration of his skills;

(c) The nursing student has been evaluated by the chief nurse as safe to perform those tasks in the health care facility employing him;

(d) The description of the position of apprentice nurse provided by the health care facility employing the nursing student identifies the roles and responsibilities of the position;

(e) The tasks delegated to the nursing student acting as an apprentice nurse are identified in the health care facility's description of the position and have been approved by the board as tasks that are delegable to the nursing student;

(f) There is a formal procedure for the nursing student to refuse to perform any task until he is comfortable with his ability to do so safely; and

(g) The nursing student, acting as an apprentice nurse, identifies himself as an apprentice nurse on his name tag when recording patients' records and in his introduction to patients.

2. While performing nursing functions as an apprentice nurse, the nursing student is subject to the provisions of the Nurse Practice Act and regulations adopted by the Board.

(Added to NAC by Bd. of Nursing, eff. 8-18-88; A 3-3-92; 5-9-96)

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. Discrimination on the basis of race, religious creed, color, age, disability, national origin, ancestry 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 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 qualified 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 standard, or both.
10. Practicing nursing if any amount of alcohol or a controlled substance or dangerous drug which is not legally prescribed is present in the body of the nurse as determined by a test of the blood, saliva, breath or urine of the nurse.
11. Failing to respect and maintain a patient's right to privacy.
12. Violation of a patient's confidentiality.
13. 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.
14. 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 chapter 632 of NRS or this chapter.
15. 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.
16. Soliciting services or soliciting or borrowing money, materials or other property, or any combination thereof, from a:
 - (a) Patient;
 - (b) Family member of patient;
 - (c) Person with significant personal ties to a patient, whether or not related by blood; or
 - (d) Legal representative of a patient.
17. Diverting supplies, equipment or drugs for personal or unauthorized use.
18. Aiding, abetting or assisting any person in performing any acts prohibited by law.
19. Inaccurate recording, falsifying or otherwise altering or destroying records.
20. Obtaining, possessing, furnishing or administering prescription drugs to any person, including himself, except as directed by a person authorized by law to prescribe drugs.
21. Leaving an assignment without properly notifying the appropriate personnel or abandoning a patient in need of care.
22. Exploiting a patient for financial gain or offering, giving, soliciting or receiving fees or gifts for the referral of a patient:
 - (a) Patient;
 - (b) Family member of patient;
 - (c) Person with significant personal ties to a patient, whether or not related by blood; or
 - (d) Legal representative of a patient.
23. Failing to collaborate with other members of a health care team as necessary to meet the health needs of a patient.
24. Failing to observe the conditions, signs and symptoms of a patient, to record the information or to report significant changes to the appropriate persons.
25. Failing to abide by any state or federal statute or regulation relating to the practice of nursing.
26. Failing to perform nursing functions in a manner consistent with established or customary standards.
27. Causing a patient physical, mental or emotional harm by taking direct or indirect actions or failing to take appropriate actions.
28. Sexual contact with a patient or client.

29. 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.
 30. Failing to report the unauthorized practice of nursing.
 31. Endangering the safety of the general public, patients, clients or coworkers by making actual or implied threats of violence or carrying out an act or violence.
 32. Abuse or neglect of a patient
 33. Misappropriation of property of a patient.
 34. Failing to comply with a condition, limitation or restriction which has been placed on his license or certificate.
 35. Engaging in the practice of nursing or performing the services of a nursing assistant without a license or certificate issued pursuant to the provisions of this chapter and chapter 632 of NRS.
 36. 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.
- (Added to NAC by Bd. of Nursing, eff. 8-5-86; A 6-30-88; 2-6-90; 11-19-93; 5-18-94; 5-9-96)

632.211 Committees to advise board on matters related to complaints, standards of practice and state and federal nursing laws.

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. The board will appoint a committee to advise and report to the board on matters related to the establishment of state standards 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 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. The board will appoint a committee, consisting of at least 7 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, continuing education; and
 - (b) Acquisition of new knowledge, skills and abilities.
 5. Each person appointed to a committee pursuant to this section, other than a member of the board of the board's staff, serves as a volunteer.
- (Added to NAC by Bd. of Nursing, eff. 11-19-93; A 5-9-96)

632.895 Interpretations for purpose of disciplinary action. For the purposes of disciplinary action on the following grounds, the following interpretations apply:

1. An offense involving moral turpitude includes an act of dishonesty, baseness, vileness or depravity in the private or social duties which a person owes to another person or to society contrary to the accepted and customary rule of right and duty between men.
2. Gross negligence in carrying out usual nursing functions includes a departure from established and customary standards of care which would have been exercised by a licensed nurse or an act or omission where there is a legal duty to act or to refrain from acting. An exercise of so slight a degree of care as to justify the belief that there was a conscious or overt disregard or indifference for the health, safety, well-being or welfare of the public is considered a substantial departure from the accepted standard of care.
3. Habitual intemperance or addiction to the use of any controlled substance includes the use of those substances to the extent that the person's judgement, skills or ability to provide safe and competent nursing care are impaired, that he is unable to care for himself, his property or the members of his family, or that it is medically

terminated that he is in need of medical or psychiatric care, treatment, rehabilitation or counseling.

4. Unfitness to practice nursing or mental incompetence includes an order of a court adjudging that a person is mentally incompetent, an evaluation by a qualified professional person indicating that he is mentally or physically incapable of engaging in professional or practical nursing in a manner consistent with sound care of patients, or an uncorrected physical defect that precludes him from safely performing nursing functions.

5. An offense involving abuse or neglect includes an act by a licensee or holder of a certificate that justifies the failure to provide such service, care or supervision as is reasonable and necessary to maintain the health and safety of a patient if:

- (a) The act of omission is intentional, reckless or grossly negligent;
- (b) The act of omission is such a departure from what would be the conduct of an ordinarily prudent person under the same circumstances that it is contrary to a proper regard for danger to human life or constitutes indifference to the resulting consequences;
- (c) The consequences of the act or omission could have been reasonably foreseen; and
- (d) The danger to human life was not the result of:
 - (1) The failure to attend to a duty under circumstances that require the attention of the licensee or holder of a certificate;
 - (2) A mischance accident or casualty caused by the licensee or holder of a certificate upon a person without an intent to harm or hurt the person but which results in injury to or the death of the person; or
 - (3) An unintentional act, omission or error in judgement by the licensee or holder of a certificate, if it was the natural and probably result of the act or omission.

6. An act of patient abandonment occurs if:

- (a) A licensee or holder of a certificate has been assigned and accepted a duty of care to a patient;
- (b) The licensee or holder of a certificate departed from the site of the assignment without ensuring that the patient was adequately cared for; and
- (c) As a result of the departure, the patient was in potential harm or actually harmed.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; A 5-18-94; A 5-9-96)

632.910 Disciplinary action: Investigation

Complaints or controversies that do not justify or require formal proceedings may be considered and resolved by the board or the executive director or a person designated by him through informal conferences, meetings, agreements, stipulations or other informal action as may be appropriate under the circumstances. Such informal action shall be held without prejudice to the board, and formal proceedings may be instituted subsequently by the board or the executive director or a person designated by him for the same or related matters. If new evidence is discovered, the matter may at any time be opened again and investigated further if the circumstances so warrant.

[Bd. of Nursing, Practice Rule § IV subsec. A pars. 2-4, eff. 7-10-75]—(NAC A 8-5-86; 1-13-94; 5-18-94; 5-9-96)

632.915 Disciplinary action: informal.

1. The executive director or a person designated by him may, in response to the report of an investigation:

- (a) Dismiss any complaint and notify the complainant, the applicant or licensee named in the complaint and any other interested parties, stating the reasons for the dismissal.
- (b) Cause, through legal counsel, a formal disciplinary hearing to be brought before the board.

2. If an investigation discloses that disciplinary action is not necessary or warranted for the protection of the public health, safety and welfare, the file on that investigation will be closed. If new evidence is discovered, the matter may at any time be opened again and investigated further if circumstances so warrant.

[Bd. of Nursing, Practice Rule § IV subsec. A pars. 6, 7 & 10, eff. 7-10-75]—(NAC A 8-5-86; 5-9-96)

632.929 Reissuance of license or certificate.

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 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; 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.

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 person designated by him:

(a) May review an application for reissuance of a license or certificate to determine whether the applicant 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.

(Added to NAC by Bd. of Nursing, eff. 8-5-86; 5-9-96)

Developed: 01/790 Placed on Agenda: September 25-27, 1991
 Modified: 09/18/90 by Practice Committee Removed from agenda due to student safety questions
 Modified: 09/22/90 by School Nurses Meeting to discuss: November 5, 1991, Las Vegas
 Modified: 01/91 after Superintendent's Meeting Modified: 11/12/91 by sub-committee
 Modified: 04/28/91 by Practice Committee Approved: 11/19/91 by Nurse Practice Committee
 Approved: 05/13/91 by Nurse Practice Committee Adopted by Board: 12/6/91

NEVADA STATE BOARD OF NURSING ADVISORY OPINION REGARDING ROLES AND RESPONSIBILITIES OF THE SCHOOL NURSE

P.L. 94-142 mandates that all handicapped children be provided an education in the least restrictive environment and that the special health care needs of children shall be met. An increasing number of children with exceptional health care requirements are currently being mainstreamed into the school system. Nevada schools currently do not have to provide registered nurses on site for each child with a health care need nor for each public school. It is the Board of Nursing's recommendation that registered nurses knowledgeable in school nursing should direct and provide school health services. School Districts need to arrange for adequate personnel to provide care.

The role and responsibility of the School Nurse (Registered Nurse) and the child with special health care needs. Refers to the following documents:

- Responsibilities of School Nurses
- Nevada State Board of Nursing Advisory Opinion regarding roles and responsibilities of the school nurse
- Nevada State Board of Nursing Advisory Opinion for Provision of Nursing Care by Licensed Nurses and Qualified Personnel in Schools

- I. The School Nurse (R.N.) is responsible to develop, implement, evaluate and revise the plan of health care for each student with special health care needs under her supervision.
 - A. Input for the plan of health care is gathered from a multi-disciplinary health team to include but is not limited to the following:
 1. The child's primary physician
 2. The child's parent/guardian
 3. The child - when able to communicate
 4. Primary R.N. coordinating child's home care
 5. Social worker, if involved
 6. Designated school representative
 7. Child's teacher, school counselor, and school psychologist
 8. Health care providers
 - B. The plan of health care is based on the evaluation of a number of variables specific to each child. These variables include but are not limited to:
 1. List of all medications: type, dosage, interactions, toxicity, adverse reactions, and route of administration the child receives, as prescribed by a licensed prescribing practitioner in the State of Nevada.

3. The nature, frequency and complexity of prescribed treatments the child requires and assessment for PRN treatments.
4. The complexity and acuteness of the observations and judgments the care giver must make.
5. The stability of this child's medical condition (i.e. can the child's stability change dramatically to life threatening within a few minutes/seconds?)
6. Each provider's current specialized knowledge base and proficiency in the psychomotor skill for the level of care required.
7. The specific child's ability to communicate his/her needs to the care giver.
8. Environment: To include physical plant and Educational staff and alternate health care providers.
9. Level of preparation and experience of the designated direct care giver.

C. Health care plan to include written policies and procedures addressing possible medical emergencies the child may experience while in the school setting. These policies and procedures should include:

1. Definition of a medical emergency for this child;
2. Designation of individuals to be notified when the emergency occurs;
3. Identification of person who will initiate and direct the action to be taken;
4. Specific action to be taken in this emergency;
5. Transport specifications (internal and external), who will provide it and to where; and
6. Format for documentation of actions taken in medical emergency.

NEVADA STATE BOARD OF NURSING
 ADVISORY OPINION FOR PROVISION OF NURSING CARE
 BY LICENSED NURSES AND QUALIFIED PERSONNEL IN SCHOOLS*

<u>NURSING PROCEDURE</u>	<u>QUALIFIED PERSON**</u>	<u>QUALIFIED LICENSED NURSE*</u>
Nasogastric Feedings		X
Tube Insertion or Removal		X
Gastrostomy Feedings		X
Tube Insertion		X
Mechanical Pump Feedings		X
Clean intermittent catheterization . . . *		X
Indwelling catheter insertion		X
Sterile intermittent catheterization		X
Care of External Equipment Only (Leg bags, straighten tubing, etc.) . . *		X
Crede	*	X
Care of Decubitus Ulcer		X
Reinforce External Dressings (underpads) *		X
Phrenic Nerve Stimulator		X
Postural Drainage	*	X
Chest Percussion	*	X
Suctioning pharynx		X
Suctioning pharynx w/bulb	Emergency Only	X
Suctioning Bronchial	Emergency Only	X
Tracheostomy	Emergency Only	X
Glucose Levels-Blood/Urine	*	X
Colostomy/Ileostomy Care		X
Emptying devices	*	X
Cast care	*	X
Mechanical ventilator		RN Only
Intravenous therapy		X
Intermittent		X
Continuous		X
Pump devices		X
Chemotherapy		RN only
Investigational drugs		RN only
Implanted devices		RN only
Hickman/Broviac care		RN only
V/P Shunt		RN only
Screening procedure (Vision/Hearing) . . *		X
Orthopaedic screening		X
Scoliosis screening		X
Dental screening		X
Lice screening	*	X
Rescreening/referral (to physician)		X
Development of procedures/emergency protocols		RN only
Development of individualized student health care plan		RN only

*The Registered Nurse determines when it is appropriate to delegate or assign any portion of the provision of care. This delegation/assignment must occur in accordance with the standards of practice outlined, in Chapter 632 NRS, the Nurse Practice Act.

QUALIFIED
PERSON**

QUALIFIED
LICENSED
NURSE*

Medications (Must have written permission from the parent/guardian, and medication must have been prescribed by a licensed prescribing practitioner, labeled and dispensed by a licensed dispensing practitioner/pharmacist; administration must be accompanied by a reliable tracking system)

Oxygen, continuous/intermittent	**	X
Adjust nasal prongs	**	X
Oral	**	X
Topical Non-therapeutic	**	X
Injections	Epi-pen allergy kit **	X
Inhalation	Emergency**	X
Bladder/Rectal		X
Nasogastric or Gastrostomy tube		X
Automatic devices for injection of medication		X
Topical therapeutic	**	X

**The State Board of Nursing recognizes that the administration/assistance with medication is an issue of primary concern in school districts. School Nurses/School Districts are referred to the State Board of Pharmacy to work out a suitable mechanism for the accomplishment of the administration/assistance with medication. Any medication procedure developed must meet the standard requirements for the safe administration/assistance of medications.

A qualified person (as Federal Law relates to Nurse Practice Act) is:

- . A person whose license/certification authorizes his/her practice)
- . The RN School Nurse is solely responsible for the determination of when it is appropriate to delegate or assign nursing care.
- . A willing person whom the RN School Nurse has determined has acquired and/or maintained the knowledge, skill and ability to perform the care in a safe and effective manner required by the child.
- . A family member/friend designated or identified by the parent or legal guardian is exempt from Nurse Practice Act and may perform required care.

This definition precludes the automatic utilization of the office manager, secretary, or teacher as a qualified person.

Presented: 12/06/91
Adopted: 12/06/91

Standing Orders & PROCEDURE FOR IMMUNIZATION PROGRAM

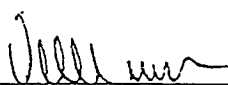
1. Notice regarding FREE immunizations is sent home with student.
2. When parent/guardian calls, nurse/aide asks the Immunization Screening Questions pertinent to vaccines to be received.
 - a. General question #1 is asked of the student on the day the immunization is given. Parent is not asked question #1 since vaccines may not be given on the same day of questionnaire.
 - b. Measles/Mumps/Rubella question #4 is not asked of the parent/guardian of secondary students. Student is asked about the possibility of pregnancy before giving MMR.
3. After questionnaire is answered, complete the Clinic Immunization Record with student's name printed at top.
 - a. Under Parent/Guardian, write the name of the person who answered the questionnaire, circle that person's relationship to student, date questionnaire was answered and initial of nurse who asked the questions.
 - b. Student is later called in for the immunizations at nurse's convenience (parent may be asked to tell student when to see the school nurse).
 - c. If any questions are answered in the affirmative, the answers are documented at the bottom of the Clinic Immunization Record and school records (i.e. Hx past vaccine reactions, place of birth outside the U.S., TB exposure, BCG vaccine).
4. Make a complete Nevada Immunization Record card with all known immunization dates. Plastic protective covers may be provided by the State Division of Health.
5. Staple together:
 - a. Clinic Immunization Record
 - b. Nevada Immunization Record
 - c. Important Vaccine Information Statements (School Nurse's Phone Number must be written on back of each statement).
6. On the front of each individual student's immunization packet write student's schedule on a post-it paper. This makes location of student readily accessible when it's time to call student from class for immunizations and/or it have PPD read.
7. When student arrives, if female, privately ask if there's a possibility of pregnancy. (If yes, MMR vaccine is not given).
8. Student is to complete the top portion of the Clinic Immunization Record:
 - a. Address
 - b. Birth date
 - c. Age
 - d. Telephone number
 - e. On the back sign and date for each circled immunization to be received (this indicates that we have given the Important Vaccine Information Statements to the student).

3-10-97

9. While student completes Clinic Immunization Record, prepare the immunization(s) to be given. Answer any questions about the immunizations to be given.
10. After immunizations are given, chart on:
 - a. Clinic Immunization Record
 - b. Nevada Immunization Record
 - c. School Records
 - d. Send or fax copy to Community Health Nursing Office
 - e. Put forms in recall file to read PPD (read after 48 hours due to possibility of student being absent after 72 hours. This gives 2 opportunities to read PPD).
11. Positive PPD's are referred to family physician. If follow-up will prove to be a financial burden for family, refer to Public Health Clinic. Public Health will help arrange for chest X-Ray. Require verification of negative chest X-ray for students to continue in school. Allow a couple of weeks for parent/guardian to obtain x-rays. Students are not required to take medication for positive PPD's. For school purposes all that is required is verification of negative chest x-ray.
12. A Monthly Usage and Inventory Report is submitted on the 25th of each month to:
 - Nevada Immunization Program
 - 505 E. King St., Room 304
 - Carson City, NV 89710
 - (702)687-4800

All vaccines given, received, wasted, etc, are to be accounted for. The tally is made from the Clinic Immunization Records each month then filed after the report is submitted.

13. Vaccine information statements, report forms, Nevada Immunization Record, plastic covers for Immunization Record card, clinic Immunization Record, band-aids, alcohol preps, syringes, vaccines, refrigerator temperature charts, etc. are provided by the Nevada State Immunization Program at no cost to the White Pine County School District.
14. All vaccines must be stored according to manufacturer's specifications. Vaccines must be kept in the refrigerator or freezer at specified temperatures. Vaccines are perishable and must be handled properly to assure potency. Each morning the temperature of the refrigerator and freezer must be documented.
15. An attempt is made each flu season to make the Influenza vaccine available to staff and students for a nominal fee. Announcements are made prior to the flu season and included in the school newsletter. Those who wish to take advantage of this opportunity must sign up and pay an administration fee prior to receiving the vaccine. The monies collected are used to pay for the vaccine. Charges are based upon what Community Health Nursing and local hospitals are charging. Monies collected above and beyond the cost of the vaccine is to be placed in an account with the school district and used for nursing program expenses.



Physician's Signature

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

EMERGENCY TREATMENT: ANAPHYLAXIS

STANDING ORDERS

POPULATION: Pediatric and Adult

DEFINITION: A hypersensitivity reaction, usually occurring within seconds to minutes after exposure to offending antigen. The reaction may range from mild to severe.

ETIOLOGY:

1. Medications
2. Foods
3. Insect stings: yellow jacket, bee, hornet, wasp

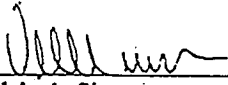
ASSESSMENT:

1. Symptoms:
 - a. Itching
 - b. Wheezing and coughing
 - c. Feeling of suffocation
 - d. Dyspnea; inability to breathe due to upper airway obstruction
 - e. Tightness of chest
 - f. Apprehension, restlessness
 - g. Lightheadedness
 - h. Nausea and vomiting
2. Signs:
 - a. Erythema of skin; flushing
 - b. Swelling of skin with urticaria, wheals and angioneurotic edema

9. While student completes Clinic Immunization Record, prepare the immunization(s) to be given. Answer any questions about the immunizations to be given.
10. After immunizations are given, chart on:
 - a. Clinic Immunization Record
 - b. Nevada Immunization Record
 - c. School Records
 - d. Send or fax copy to Community Health Nursing Office
 - e. Put forms in recall file to read PPD (read after 48 hours due to possibility of student being absent after 72 hours. This gives 2 opportunities to read PPD).
11. Positive PPD's are referred to family physician. If follow-up will prove to be a financial burden for family, refer to Public Health Clinic. Public Health will help arrange for chest X-Ray. Require verification of negative chest X-ray for students to continue in school. Allow a couple of weeks for parent/guardian to obtain x-rays. Students are not required to take medication for positive PPD's. For school purposes all that is required is verification of negative chest x-ray.
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14. All vaccines must be stored according to manufacturer's specifications. Vaccines must be kept in the refrigerator or freezer at specified temperatures. Vaccines are perishable and must be handled properly to assure potency. Each morning the temperature of the refrigerator and freezer must be documented.
15. An attempt is made each flu season to make the Influenza vaccine available to staff and students for a nominal fee. Announcements are made prior to the flu season and included in the school newsletter. Those who wish to take advantage of this opportunity must sign up and pay an administration fee prior to receiving the vaccine. The monies collected are used to pay for the vaccine. Charges are based upon what Community Health Nursing and local hospitals are charging. Monies collected above and beyond the cost of the vaccine is to be placed in an account with the school district and used for nursing program expenses.



Physician's Signature

- c. Cyanosis
- d. Vital signs: rapid pulse, B/P variable, rapid respirations, may be accompanied by intercostal retractions, stridor
- e. Hypotension and shock
- f. Loss of consciousness
- g. Cardiac arrest

Differential Diagnosis:

When signs/symptoms develop within minutes of exposure to an antigen, the diagnosis can be almost certain. Anxiety reactions to an injection might produce some of the symptoms, however, consideration of this type of reaction should not result in more than a momentary delay in beginning treatment for Anaphylaxis.

MANAGEMENT:

Institute treatment measures to control reaction and sustain patient until paramedics arrive.

1. Diagnostic: see Differential Diagnosis
2. Therapeutic:
 - a. Call for help. Enlist staff members available to participate with the following:
 - 1) Call paramedics.
 - 2) Monitor vital signs.
 - 3) Administer medications.
 - 4) Record vital signs, medications given.

b. Urticaria alone: (no wheezing)

- 1) Place patient supine, loosen clothing, check vital signs and assess mental and respiratory status.
- 2) Administer Benedryl IM (1mg/kg body weight)

Emergency Doses of Benadryl (50 mg/ml)

Age	Dose	Route
<age 2	0.25 ml	IM
2-4 years	0.5 ml	IM
5-11 years	1.0 ml	IM
12 years-adult	2.0 ml	IM

- 3) If urticaria begins to improve, have patient wait 30 minutes after treatment.
- 4) Call Preceptor for further orders.
- 5) Obtain phone number for follow-up.


c. For increasing reactions such as edema, mild wheezing, nausea or vomiting:

- 1) Administer Epinehrine 1:1000 Subcutaneously, 0.01 cc/kg of body weight.

Age	Dose
<6 months	0.06 cc
6-18 months	.1 cc
18 months-4 years	.15 cc
5-7 years	.2 cc
8-10 years	.25 cc
>10 years	.3 cc
large adult	.5 cc

- 2) May repeat dosage every 10-15 minutes prn with a maximum of 3 doses.

- 3) Continue to monitor vital signs and assess mental status. Reassure patient and caretaker.
 - d. For progression of symptoms such as decreased consciousness, cyanosis, respiratory distress:
 - 1) Attempt to insert airway.
 - 2) Maintain supine position. May elevate legs to aid in blood flow to brain.
 - 3) Place blankets over patient to keep him at normal body temperature.
 - 4) If necessary, begin artificial ventilation. May use ambu bag.
 - 5) In the event of cardiac arrest, begin CPR.
 - e. Continue all appropriate emergency procedures until the paramedics arrive.
3. Patient Education - Extent will depend on patient condition:
 - a. Advise of allergic reaction, need for PMD follow-up.
 - b. Patient should advise all providers of allergic reaction.
 - c. Counsel re: medic alert bracelet, preventive measures.



Physician's Signature

PROTOCOL FOR TUBERCULIN TESTING AND INTERPRETATION

Tuberculin skin testing (Mantoux) is utilized to determine past or present infection with tuberculosis. It is the first step used in establishing the diagnosis of tuberculosis.

I. Categories of testing

1. Employment requirement - Those needing a certificate for employment, i.e., schools (private and public), day care, parks and recreation, foster care, board and care guest home, etc.
2. School enrollment requirement - Those needing a certificate in order to enroll in a school, i.e. college or university.
3. Other - concerned individuals, tuberculosis suspects, children (any age), infants after nine months and individuals referred from various programs.

II. Equipment

1. PPD solution.
2. Ice pack - solution bottle is place on ice pack during use to keep cool and thus maintain potency.
3. Tuberculin syringes, intradermal needles, sterile, disposable, 27 gauge, 1/2 inch.
4. Container to destroy and dispose of used needles and syringes.
5. Alcohol preps.
6. Literature on skin testing and day for return reading.
7. ER drugs.

III. Screening

Use Tuberculosis screening questionnaire to screen patients

IV. Preparation of the patient

1. Check for completed and signed screening form by patient, parent or legal guardian.
2. Review the tuberculin skin test screening form.
3. Explain procedure and care of site. Instruct patient not to scratch the area.
4. Explain that the patient needs to return during specific hours for reading the test. Keep index card on patient in tickler file for date of skin test reading.
5. Administer mantoux.

V. Procedure for giving tuberculin skin test

1. Fill syringe with 0.1 ml of tuberculin solution.
2. Locate and cleanse test site with alcohol and allow it to dry. For standardization, the usual site of administration is the inner aspect of left forearm, 2-3 inches below the elbow.

3. Draw skin tight. Insert the needle intradermally with bevel up.
4. Inject 0.1 ml of solution - the wheal should measure 6-10 mm in diameter. Remove the needle.
5. If no wheal is present, the injection is too deep, or if the PPD solution escapes from beneath the skin - repeat the skin test on the other arm.
6. Record the manufacturer, lot number, expiration date of the PPD solution and the site (LFA, i.e., abbreviation for the left forearm), date and sign your name at the bottom of the TB screening questionnaire.

VII. Reading of Tests

Tuberculin skin test reading is done 48-72 hours after testing.

1. Place arm in semi-flexed position on the reading table in good light.
2. Palpate with gentle stroking over the site.
3. Mark with a pen any palpable induration. Erythema (redness) is not measured, only induration.
4. Measure in millimeters, the site of the induration at the bottom of the screening form in the "for office use only" section and on the patient's portion. See appendix A. Record blistering or other abnormal reactions. All negative reactions need to be recorded as 0 mm.
5. All positive reactors will be referred to their private physician. If follow-up will be a financial burden for the family, refer to the Community Health Nurse. Verification of a negative chest X-ray will be required for students to continue in school. Two weeks will be allowed for parent/guardian to obtain x-rays. Students are not required to take medication for positive PPD's. For school purposes all that is required is verification of negative chest x-ray.

