

2nd AGENDA

BOARD OF NURSING
August 8, 2013 – 8:00 a.m.

Room 475 and
Hearing Room 403 – 4th Floor

Heber M. Wells Building
160 E. 300 S. Salt Lake City, Utah

This agenda is subject to change up to 24 hours prior to the meeting.

ADMINISTRATIVE BUSINESS:

1. Sign Per Diem
2. Call Meeting to Order.
3. Review and approve July 11, 2013 minutes

BOARD BUSINESS:

8:00 a.m. – Rachel Driggs, Informal Adjudicative Proceeding – CANCELED

HEARING: Room 403

9:00 a.m. – Steven Booth, Formal Hearing

NEXT MEETING: August 29, 2013

Meetings scheduled for the next quarter: September 12, 2013 – Dusti Jo Hall, Informal Adjudicative Proceeding; Debbie Webster, Formal Hearing; October 10, 2013 – three informal adjudicative proceedings scheduled; November 14, 2013 and December 12, 2013.

Note: In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify, Dave Taylor, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675

REVISED CHECKLIST FOR PUBLIC MEETINGS

(Fill in the blanks to correspond to each respective board, commission, or committee.)

- I am, PEGGY BROWN, chairperson of the BOARD OF NURSING.
- I would like to call this meeting of the BOARD OF NURSING to order.
- It is now (time) 8:07 (am / pm) on AUGUST 8, 2013.
- This meeting is being held in room 475 of the HEBER WELLS BUILDING in SALT LAKE CITY UT.
- Notice of this meeting was provided as required under Utah's Open Meeting laws.
- In compliance with Utah's Open Meetings laws, this meeting is being recorded in its entirety. The recording will be posted to the Utah Public Notice Website no later than three business days following the meeting.
- In compliance with Utah's Open Meeting laws, minutes will also be prepared of this meeting and will be posted to the Utah Public Notice Website. Appropriately marked "pending approval" minutes will be posted no later than 30 days after the close of the meeting and "approved" minutes no later than three business days after approval.
- The following Board members are in attendance:

	YES	NO
<u>PEGGY BROWN</u> , Chairperson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>RALPH PITTMAN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>CESCILEE RALL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>MEGAN CHRISTENSEN</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>JAMIE JO CLINTON-LONT</u>	<input type="checkbox"/>	Excused
<u>DIANA PARRISH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>CALVIN KREMIN</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>ALISA BANGERTER</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>BARBARA JEFFRIES</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>SHERI PALMER</u>	<input type="checkbox"/>	Excused
<u>(VACANT)</u>	<input type="checkbox"/>	<input type="checkbox"/>

- The following Board members are absent: (Refer to the above list.)
- The following individuals representing DOPL and the Department of Commerce are in attendance:

	YES	NO
<u>Mark B. Steinagel</u> , Division Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Debra Hobbins</u> , Bureau Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shirlene Kimball</u> , Board Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Connie Call</u> , Compliance Specialist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Irene</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- We welcome any visitors and interested persons at this time. Please be sure to sign the attendance report for the meeting and identify yourself before speaking.
- As a courtesy to everyone participating in this meeting, at this time we ask for all cell phones, pagers, and other electronic devices to be turned off or changed to silent mode.
- Board motions and votes will be recorded in the minutes.
- Let us now proceed with the agenda.
- (End of the Meeting) It is now (time) 8:58 (am / pm) and this meeting is adjourned.

Guests - Please sign

Date: 8-8-2013

BOARD OF NURSING

NAME: (Please Print)

REPRESENTING

James PATERSON

Student

Brandy Dunk

student

Brooke Peterson

Student

Lisa VanWagoner

Student

Vicki Clay

student

Samantha Lundell

Student

Jamie Markosian

Student



MINUTES

**UTAH
BOARD OF NURSING
MEETING**

July 11, 2013

**Room 474 – 4th Floor – 8:30 a.m.
Heber Wells Building
Salt Lake City, UT 84111**

CONVENED: 8:08 a.m.

ADJOURNED: 12:21 p.m.

Bureau Manager:
Board Secretary:

Debra Hobbins
Shirlene Kimball

Conducting:

Peggy Brown, Chair

Board Members Present:

Peggy Brown
Cescilee Rall
Diana Parrish
Ralph Pittman
Barbara Jeffries
Sheri Palmer
John Killpack
Marie Partridge

Board Members Excused:

Alisa Bangerter
Sue Kirby

Division Staff:

Irene Woodford, Division Investigator
Connie Call, Compliance Specialist

Guests:

Linda Hoffman, Intermountain Medical Center

TOPICS FOR DISCUSSION

DECISIONS AND RECOMMENDATIONS

ADMINISTRATIVE BUSINESS

May 9, 2013 Minutes:

Ms. Parrish made a motion to approve the May 9, 2013 minutes with corrections. Ms. Rall seconded the motion. Ms. Partridge abstained. All other Board members voted in favor of the motion.

Julia Gillingham,
New Order:

Ms. Gillingham explained the circumstances that brought her back before the Board. She indicated she



received a DUI after moving back to Utah and reported the DUI at the time she renewed her license. Ms. Gillingham's therapist indicated therapy was not necessary, but Ms. Gillingham would benefit from attendance at 12-Step and PIR meetings. Ms. Jeffries questioned Ms. Gillingham if she is an alcoholic. Ms. Gillingham stated she has made bad decisions and it is best for her to stay away from alcohol. Ms. Parrish again questioned if Ms. Gillingham is an alcoholic. Ms. Gillingham answered she is an alcoholic. Ms. Gillingham stated she has a sponsor and speaks with her sponsor once or twice a week. Ms. Gillingham stated she has been attending AA meetings twice a month and just recently began attending PIR meetings. Ms. Parrish questioned what changes Ms. Gillingham has made that is different from her first probation. Ms. Gillingham stated she is much happier now. She indicated she exercises daily, attends counseling and her daughters are doing well. She stated the first time on probation she was not in a good place, and feels she is in a better place now. She reported her sobriety date is February 23, 2010. Ms. Gillingham stated she is not taking any medications not lawfully prescribed for her.

Ms. Gillingham requested her Order be amended to allow for access to controlled substances. She indicated she would be working at Salt Lake Behavior Health, working with seniors on the psychiatric unit. She indicated her co-workers would be supportive. Ms. Jeffries made a motion that Ms. Gillingham does not need to attend therapy; however, she will be required to attend at least two PIR and two 12-Step meetings per month, and continue with urine screens. Ms. Jeffries also indicated the motion would include lifting the restriction and allow Ms. Gillingham to have access to controlled substances based on the recommendation of the therapist and continued Board monitoring. Mr. Pittman seconded the motion. All Board members voted in favor of the motion. Ms. Jeffries strongly recommended Ms. Gillingham work the steps with the sponsor and read the "big book".
Ms. Gillingham is in compliance with the terms and conditions of her Order.

Connie Call, Compliance report:

Ms. Call reported the following:
-**Christopher Singer** has not complied with the



request of the Board to submit the following additional information: A letter from his attorney clarifying the number of DUI's received and the date the DUI was issued. Obtain and submit a BCI report. Submit a Substance Use Disorder Evaluation that was completed after the June 2012 DUI charge; and to attend 12-step meetings once a week until the Substance Use Disorder Evaluation has been reviewed to determine whether continued attendance at 12-Step meetings and therapy would be beneficial. Ms. Jeffries made a motion to refer Mr. Singer for an Order to Show Cause Hearing. Mr. Pittman seconded the motion. All Board members voted in favor of the motion.

-**Betsy Ross** has been sent a surrender document.

-**Katie Blackham** has not renewed her RN license and the license will remain suspended.

-**Mark Hancock** submitted his reports late, did not submit a self-assessment report, only attended one PIR and one 12-Step meeting and needs to submit a copy of his prescriptions. Board members recommend Mr. Hancock be referred for an informal adjudicative proceeding. All Board members voted in favor of the recommendation.

-**Monica Murdock** has been referred for an informal adjudicative proceeding.

-**Sam Ballacomo** had several abnormal urine screens for low creatinine. He was late submitting his therapist report.

-**Vaiola Panter** needs to submit a prescription. Ms. Panter continues to be out of compliance and Mr. Killpack made a motion to issue a \$100.00 citation for continued non-compliance. Mr. Pittman seconded the motion. All Board members voted in favor of the motion.

-**Karrie Larson** had a positive urine screen for morphine. She stated to Ms. Call that she took either over-the-counter medication or poppy seeds. The Division requested Affinity run a GCMS on her test and are awaiting the results. Mr. Pittman made a motion that if the GCMS comes back positive; refer Ms. Larson for an informal adjudicative proceeding. Mr. Rall seconded the motion. All Board members voted in favor of the motion.

-**Traci Johnson** needs to submit a copy of a prescription.



-**Lyndi Slack** has been referred for an informal adjudicative proceeding for non-compliance.

-**Sara Calderas**, new order. Ms. Calderas was sent a non-compliance letter because she has not contacted Ms. Call to review her Order. If Ms. Calderas does not respond to the non-compliance letter, she will be referred for an informal adjudicative proceeding.

-**Toni Pettit**, new Order. Ms. Pettit was sent a non-compliance letter because she has not contacted Ms. Call to review her Order. If Ms. Pettit does not respond to the non-compliance letter, she will be referred for an informal adjudicative proceeding.

Ms. Call reported the following probationers have requests:

-**Suzanne Menatti** requested access to controlled substances. Board members made a motion to grant the request. All Board members voted in favor of the motion.

-**Ty Hazelton** requested that his access to controlled substances be returned. A motion was made to deny the request because it is too early in the probation. The motion was seconded. All Board members voted in favor.

-**Dale Hullinger** is requesting he be allowed to work with a home health care facility. Board members requested a letter from the facility indicating Mr. Hullinger's responsibilities before considering his request.

-**Destine Banta's** therapist report indicated therapy is no longer necessary, but she would need to continue to attend 12-Step and PIR meetings. All Board members voted in favor of the therapist's recommendation.

-**Tina L'Estrange** therapist report indicated therapy is no longer necessary. All Board members voted in favor of not requiring therapy at this time.

-**Joanne Somers'** therapist report indicated Ms. Somers does not need to attend regular therapy appointments. Board members indicated she would not be required to attend therapy at this time; however, if the Board deems it necessary that she return to therapy, she will be required to attend and submit documentation of attendance.

-**Teresa Williams** requested she be allowed to have three prescribing practitioners. Board members made a motion to approve the request.



-Julie Willardson. Board members made a recommendation at the last meeting to refer Ms. Willardson for an informal adjudicative proceeding. The Division questioned why she was referred. Mr. Killpack stated she has not be working in a clinical setting and he is concerned with her attitude that the "Board is evil". It does not appear she has made any changes in her thought process. Dr. Hobbins indicated the Order does not require her to practice in the clinical setting as an APRN and we cannot hold her to a condition that is not in her Order. Ms. Rall stated Ms. Willardson made her case, however, Ms. Rall stated she does not deny there are other issues, but the Board needs to stay within the conditions of her Order. Mr. Killpack stated he could withdraw the recommendation to refer her for an informal adjudicative proceeding, but would still like to see her practicing in the clinical setting as the APRN. Mr. Pittman stated Ms. Willardson should be held accountable. She has been non-compliant, used alcoholic and has a self-defeating attitude when meeting with the Board. Mr. Killpack stated that a nurse practitioner has additional responsibility and authority and would like to know that she will not abuse that authority. He stated he has the concern because of her attitude. Board members indicated she may be sabotaging her progress, but it is not the role of the Board to fix the self-sabotage. Dr. Hobbins suggested that Ms. Willardson be invited to meet with the Board at the next meeting.

Ms. Call reported that the Division approved the special requests for Ms. Menatti Irish, Ms. Banta, Ms. L'Estrange, Ms. Somers, and Ms. Williams. The Division denied the request for access to controlled substances from Tyge Hazleton. Mr. Pittman made a motion that the Board accepts the special requests approved by Division. Ms. Jeffries seconded the motion. All Board members voted in favor of the motion.

Adjourned to Kevin Blachely Hearing at 9:00 a.m.:

Default Hearing was held.

Reconvened from Hearing at 9:48 a.m.:



Rules discussion,
Jennie Jonsson, Administrative Law Judge
present at 10:18 a.m.:

Dr. Hobbins indicated the Rule could list those functions that are not considered to be solely nursing functions to allow nurses to delegate. It does not require training or education and would be a temporary fix until the statute is changed.

Board members reviewed the proposed Rule. Judge Jonsson indicated definition (10) was reworded. Board members suggested taking out the word "nurse" in definition (12) to read, "to perform a task that, according to generally accepted industry standards, does not require a nursing assessment as defined". The registered nurse would have to create the comprehensive assessment and develop a plan of care.

Board members discussed the responsibility of the nurse who is delegating. Judge Johnson stated it could be added that the nurse that delegates in accordance with employer policy would not be liable if he/she can show they followed the policy to the letter, and immediately reported any problems. The licensee will be judged by what the licensee did. Judge Jonsson stated the wording is legal, but it would not insulate an individual in a criminal or civil law suit. Ms. Brown stated that co-signing something that you did not do is a problem, and agencies do put pressure on nurses to sign. Mr. Killpack stated he would like to see facility policy that nurses delegating a task to non-licensed persons according to facility internal policies would not be held responsible. Ms. Hoffman stated that facilities should not be delegating anything that the individual is not competent to do. Ms. Brown stated she understands, however, there may be a facility that says you do this, or lose your job. The ability to make a choice has been removed and it is dictated by the facility. Ms. Brown stated it should not be about institution policy, but about competency.

Judge Jonsson indicated that she would reorganize the section regarding graduates of foreign nursing programs and list the required steps for RN and LPN.

Judge Jonsson explained the Rule making process. Ms. Jeffries made a motion that the suggested changes be made and the Board will not need to review the rules again once the changes have been made. The Division can move forward with the proposed Rules.



Mr. Pittman seconded the motion. All Board members voted in favor of the motion.

Next meeting: The next meeting is scheduled for August 8, 2013.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

Date Approved Peggy Brown, Chair, Utah Board of Nursing

Date Approved Debra Hobbins, Bureau Manager, Division of Occupational & Professional Licensing

R156. Commerce, Occupational and Professional Licensing.
R156-31b. Nurse Practice Act Rule.

R156-31b-101. Title.

This rule is known as the "Nurse Practice Act Rule".

R156-31b-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 31b, as defined or used in this rule:

(1) "Accreditation" means full approval of a nurse prelicensing course of education by one of the following accrediting bodies:

- (a) the ACEN;
- (b) the CCNE; or
- (c) the COA.

(2) "ACEN" means the Accreditation Commission for Education in Nursing, Inc.

(3) "APRN" means advanced practice registered nurse.

(4) "APRN-CRNA" means advanced practice registered nurse with registered nurse anesthetist certification.

(5) "Approved continuing education" means:

(a) continuing education that has been approved by a nationally or internationally recognized approver of professional continuing education for health-related industries;

(b) nursing education courses offered by an approved education program as defined in Subsection R156-31b-102(6); and

(c) training or educational presentations offered by the Division.

(6) "Approved education program" means any nursing education program that meets the standards established in Section 58-31b-601 or Section R156-31b-602.

(7) "CCNE" means the Commission on Collegiate Nursing Education.

(8) "CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

(9) "COA" means the Council of Accreditation of Nurse Anesthesia Education Programs.

(10) "Comprehensive nursing assessment" means:

(a) conducting extensive initial and ongoing data collection;

(i) for individuals, families, groups or communities; and

(ii) addressing anticipated changes in patient conditions as well as emergent changes in patient health status;

(b) recognizing alterations to previous patient conditions;

(c) synthesizing the biological, psychological, spiritual, and social aspects of the patient's condition;

(d) evaluating the impact of nursing care; and

(e) using data generated from the assessments conducted pursuant to this Subsection (a)-(d)

to:

(i) make independent decisions regarding patient health care needs;

(ii) plan nursing interventions;

(iii) evaluate any possible need for different interventions; and

(iv) evaluate any possible need to communicate and consult with other health team members.

(11) "Contact hour" in the context of continuing education means 60 minutes, which may include a 10-minute break.

(12) "Delegate" means:

(a) to transfer to another nurse the authority to perform a selected nursing task in a selected situation;

(b) in the course of practice of an APRN who specializes in psychiatric mental health, to transfer to any individual licensed as a mental health therapist selected clinical experiences within generally-accepted industry standards; or

(c) to transfer to an unlicensed person the authority to perform a task that, according to generally-accepted industry standards, does not require a nursing assessment as defined in Sections R156-31b-102(10) and (16).

(13) "Delegatee" means one or more persons assigned by a delegator to act on the delegator's behalf.

(14) "Delegator" means a person who assigns to another the authority to perform a task on behalf of the person.

(15)(a) "Disruptive behavior" means conduct, whether verbal or physical, that:

(i) is demeaning, outrageous, or malicious;

(ii) occurs during the process of delivering patient care; and

(ii) places a patient at risk.

(b) "Disruptive behavior" does not include criticism that is offered in good faith with the aim of improving patient care.

(16) "Focused nursing assessment" means an appraisal of a patient's status and situation at hand, including:

(a) verification and evaluation of orders; and

(b) assessment of:

(i) the patient's nursing care needs;

(ii) the complexity and frequency of the required nursing care;

(iii) the stability of the patient; and

(iv) the availability and accessibility of resources, including appropriate equipment, adequate supplies, and other appropriate health care personnel to meet the patient's nursing care needs.

(17) "Foreign nurse education program" means any program that originates or occurs outside of the United States.

(18) "Individualized healthcare plan" or "IHP" means a written document that outlines the provision of student healthcare services intended to achieve specific student outcomes.

(19) "Licensure by equivalency" applies only to the licensed practical nurse and may be warranted if the person seeking licensure:

(a) has, within the two-year period preceding the date of application, successfully completed course work in a registered nurse program that meets the criteria established in Sections 58-31b-601 and R156-31b-602; or

(b)(i) is currently enrolled in a fully accredited registered nurse education program; and

(ii) has completed course work that is certified by the education program provider as being equivalent to the course work of an ACEN-accredited practical nursing program.

(20) "LPN" means licensed practical nurse.

- (21) "MA-C" means medication aide - certified.
- (22) "Medication" means any prescription or nonprescription drug as defined in Subsections 58-17b-102(39) and (61) of the Pharmacy Practice Act.
- (23) "NLNAC" means the National League for Nursing Accrediting Commission, which as of May 6, 2013, became known as the Accreditation Commission for Education in Nursing, Inc. or ACEN.
- (24) "NCLEX" means the National Council Licensure Examination of the National Council of State Boards of Nursing.
- (25) "Non-approved education program" means any nurse prelicensing course of study that does not meet the criteria of Section 58-31b-303, including a foreign nurse education program.
- (26) "Nurse" means:
- (a) an individual licensed under Title 58, Chapter 31b as:
 - (i) a licensed practical nurse;
 - (ii) a registered nurse;
 - (iii) an advanced practice registered nurse; or
 - (iv) an advanced practice registered nurse-certified registered nurse anesthetist; or
 - (b) a certified nurse midwife licensed under Title 58, Chapter 44a.
- (27) "Other specified health care professionals," as used in Subsection 58-31b-102(15), means an individual, in addition to a registered nurse or a licensed physician, who is permitted to direct the tasks of a licensed practical nurse, and includes:
- (a) an advanced practice registered nurse;
 - (b) a certified nurse midwife;
 - (c) a chiropractic physician;
 - (d) a dentist;
 - (e) an osteopathic physician;
 - (f) a physician assistant;
 - (g) a podiatric physician;
 - (h) an optometrist;
 - (i) a naturopathic physician; or
 - (j) a mental health therapist as defined in Section 58-60-102(5).
- (28) "Patient" means one or more individuals:
- (a) who receive medical and/or nursing care; and
 - (b) to whom a licensee owes a duty of care.
- (29) "Patient surrogate" means an individual who has legal authority to act on behalf of a patient when the patient is unable to act or make decisions unaided, including:
- (a) a parent;
 - (b) a foster parent;
 - (c) a legal guardian; or
 - (d) a person legally designated as the patient's attorney-in-fact.
- (30) "Psychiatric mental health nursing specialty" means an expertise in psychiatric mental health, whether as a nurse specialist or nurse practitioner.
- (31) "Practitioner" means a person authorized by law to prescribe treatment, medication, or medical devices.
- (32) "RN" means a registered nurse.

(33) "School" means any private or public institution of primary or secondary education, including a charter school, pre-school, kindergarten, or special education program.

(34) "Supervision" is as defined in Section R156-1-102a(4).

(35) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 31b is further defined in Section R156-31b-502.

R156-31b-103. Authority - Purpose.

This rule is adopted by the Division under the authority of Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 31b.

R156-31b-104. Organization - Relationship to Rule R156-1.

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-31b-201. Board of Nursing - Membership.

In accordance with Subsection 58-31b-201(1), the Board membership shall comprise:

(1) at least six registered nurses, at least two of whom are actively involved in nursing education;

(2) at least one licensed practical nurse; and

(3) at least two advanced practice registered nurses, at least one of whom is an APRN-CRNA.

R156-31b-202. Advisory Peer Education Committee created - Membership - Duties.

(1) In accordance with Subsection 58-1-203(1)(f), there is created the Advisory Peer Education Committee.

(2) The duties and responsibilities of the Advisory Peer Education Committee are to:

(a) review applications for approval of nursing education programs;

(b) monitor a nursing education program that is approved for a limited time under Section R156-31b-602 as it progresses toward accreditation; and

(c) advise the division as to any action to be taken on review of an accrediting body's annual report and correspondence.

(3) The composition of the Advisory Peer Education Committee shall be:

(a) five RNs or APRNs actively involved in nursing education; and

(b) any member of the Board who wishes to serve on the committee.

R156-31b-301. License Classifications - Professional Upgrade.

Upon issuance by the division of an increased scope of practice license:

(1) the increased licensure supersedes the lesser license;

(2) the lesser license is automatically expired; and

(3) the licensee shall immediately destroy the lesser license.

R156-31b-301a. LPN License – Education, Examination, and Experience Requirements.

(1) An applicant who has never obtained a license in any state or country shall:

(a) demonstrate that the applicant:

- (i) has successfully completed an LPN preclicensing education program that meets the requirements of Section 58-31b-601;
- (ii) has successfully completed an LPN preclicensing education program that is equivalent to an approved program under Section 58-31b-601; or
- (iii)(A) is enrolled in an RN preclicensing education program that meets the requirements of Section 58-31b-601; and
 - (B) has completed coursework that is equivalent to the coursework of an ACEN-accredited practical nurse program;
 - (b) pass the LPN NCLEX examination pursuant to Section R156-31b-301e; and
 - (c) submit to a criminal background check pursuant to Section 58-31b-302(5) and Section R156-31b-301g.
- (2) An applicant who holds a current LPN license issued by another state or country shall:
 - (a) demonstrate that the license issued by the other jurisdiction is active and in good standing as of the date of application;
 - (b) demonstrate that the LPN preclicensing education completed by the applicant:
 - (i) is equivalent to LPN preclicensing education approved in Utah as of the date of the applicant's graduation; and
 - (ii) if a foreign education program, meets all requirements outlined in Section R156-31b-301d;
 - (c) pass the LPN NCLEX examination pursuant to Subsection R156-31b-301e; and
 - (d) submit to a criminal background check pursuant to Section 58-31b-302(5) and Section R156-31b-301g.
- (3) An applicant who has been licensed previously in Utah, but whose license has expired or lapsed, shall:
 - (a)(i) if the applicant has not practiced as a nurse for up to five years, document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);
 - (ii) if the applicant has not practiced as a nurse for more than five years but less than eight years:
 - (A) pass the LPN NCLEX examination within the six-month period following the date of application; or
 - (B) successfully complete an approved re-entry program;
 - (iii) if the applicant has not practiced as a nurse for more than eight years but less than 10 years:
 - (A) pass the LPN NCLEX examination within the six-month period following the date of application; and
 - (B) successfully complete an approved re-entry program; or
 - (iv) if the applicant has not practiced as a nurse for 10 years or more, comply with this Subsection (1).
- (4) An applicant who has been licensed in another state or country, but whose license has expired or lapsed, shall comply with:
 - (a) this Subsection (2)(b); and
 - (b) this Subsection (3) as applicable; and
 - (c) submit to a criminal background check pursuant to Section 58-31b-302(5) and Section

R156-31b-301g.

R156-31b-301b. RN License – Education, Examination, and Experience Requirements.

- (1) An applicant who has never obtained a license in any state or country shall:
- (a) demonstrate that the applicant has successfully completed an RN prelicensing education program that meets the requirements of Section 58-31b-601;
 - (b) pass the RN NCLEX examination pursuant to Section R156-31b-301e; and
 - (c) submit to a criminal background check pursuant to Section 58-31b-302(5) and Section R156-31b-301g.
- (2) An applicant who holds a current RN license issued by another state or country shall:
- (a) demonstrate that the license issued by the other jurisdiction is current, active, and in good standing as of the date of application;
 - (b)(i) demonstrate that the applicant has graduated from an RN prelicensing education program; and
 - (ii) if a foreign education program, demonstrate that the program meets all requirements outlined in Section R156-31b-301d;
 - (c) pass the RN NCLEX examination pursuant to Section R156-31b-301e; and
 - (d) submit to a criminal background check pursuant to Section 58-31b-302(5) and Section R156-31b-301g.
- (3) An applicant who has been licensed previously in Utah, but whose license has expired or lapsed, shall:
- (a)(i) if the applicant has not practiced as a nurse for up to five years, document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);
 - (ii) if the applicant has not practiced as a nurse for more than five years but less than eight years:
 - (A) pass the RN NCLEX examination within the six-month period following the date of application; or
 - (B) successfully complete an approved re-entry program;
 - (iii) if the applicant has not practiced as a nurse for more than eight years but less than 10 years:
 - (A) pass the RN NCLEX examination within the six-month period following the date of application; and
 - (B) successfully complete an approved re-entry program; or
 - (iv) if the applicant has not practiced as a nurse for 10 years or more, comply with this Subsection (1).
- (4) An applicant who has been licensed in another state or country, but whose license has expired or lapsed, shall comply with:
- (a) this Subsection (2)(b);
 - (b) this Subsection (3) as applicable; and
 - (c) submit to a criminal background check pursuant to Section 58-31b-302(5) and Section R156-31b-301g.

R156-31b-301c. APRN License – Education, Examination, and Experience Requirements.

(1) An applicant who is not currently and validly licensed in any state or country shall:
(a) demonstrate that the applicant holds a current, active RN license in good standing;
(b) demonstrate that the applicant has successfully completed an APRN prelicensing education program that meets the requirements of Section 58-31b-302(4)(e);
(c) pass a national certification examination consistent with the applicant's educational specialty and administered by one of the following credentialing bodies:
(i) the American Nurses Credentialing Center Certification;
(ii) the Pediatric Nursing Certification Board;
(iii) the American Academy of Nurse Practitioners;
(iv) the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;
(v) the American Midwifery Certification Board, Inc.; or
(vi) the Council on Certification of Nurse Anesthetists;
(d) if the applicant specializes in psychiatric mental health nursing, demonstrate that the requirements outlined in this Subsection (2) are met; and
(e) submit to a criminal background check pursuant to Section 58-31b-302(5) and Section R156-31b-301g.

(2) Requirements for APRN Specializing in Psychiatric Mental Health Nursing.

(a) In accordance with Subsection 58-31b-302(4)(g), the supervised clinical practice in mental health therapy and psychiatric and mental health nursing shall consist of a minimum of 4,000 hours of psychiatric mental health nursing education and clinical practice, including mental health therapy, as follows.

(i) 1,000 hours shall be credited for completion of clinical experience in an approved education program in psychiatric mental health nursing.

(ii) The remaining 3,000 hours shall:

(A) include a minimum of 1,000 hours of mental health therapy, with one hour of face-to-face supervision for every 20 hours of mental therapy services provided; and

(B) include at least 2,000 hours that are completed under the supervision of:

(I) an APRN specializing in psychiatric mental health nursing; or

(II) a licensed mental health therapist who is delegated by the supervising APRN to supervise selected clinical experiences under the general supervision of the supervising APRN; and

(C) unless otherwise approved by the Board and Division, be completed while the individual seeking licensure is:

(I) employed by an approved health care provider; and

(II) under the supervision of an individual who meets the requirements of this Subsection (2)(c).

(b) An applicant who obtains all or part of the clinical practice hours outside of Utah may receive credit for that experience by demonstrating that the training completed is equivalent in all respects to the training required under this Subsection (2)(a).

(c)(i) An approved supervisor shall verify practice as a licensee engaged in the practice of mental health therapy for not less than 4,000 hours in a period of not less than two years.

(ii) Duties and responsibilities of a supervisor include:

(A) being independent from control by the supervisee such that the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;

(B) supervising not more than three supervisees unless otherwise approved by the Division in collaboration with the Board; and

(C) submitting appropriate documentation to the Division with respect to all work completed by the supervisee, including the supervisor's evaluation of the supervisee's competence to practice.

(3) An applicant who holds a current APRN license issued by another state or country shall:

(a) demonstrate that the license issued by the other state is current, active, and in good standing as of the date of application;

(b) demonstrate that the APRN prelicensing education completed by the applicant:

(i)(A) if completed on or after January 1, 1987, is equivalent to APRN prelicensing education approved in Utah as of the date of the applicant's graduation; or

(B) if completed prior to January 1, 1987, constitutes a bachelor degree in nursing; and

(ii) if a foreign education program, meets all requirements outlined in Section R156-31b-301d;

(c) if the applicant specializes in psychiatric mental health nursing, demonstrate that the applicant has successfully engaged in active practice in psychiatric mental health nursing for not less than 4,000 hours in the three-year period immediately preceding the date of application; and

(d) submit to a criminal background check pursuant to Section 58-31b-302(5) and Section R156-31b-301g.

(4) An applicant who has been licensed previously in Utah, but whose license has expired or lapsed, shall

(a) demonstrate current certification in the individual's specialty area; and

(b) submit to a criminal background check pursuant to Section 58-31b-302(5) and Section R156-31b-301g.

(5) An applicant who has been licensed previously in another state or country, but whose license has expired or lapsed, shall:

(a) comply with this Subsection (3)(b);

(b) demonstrate that the applicant is currently certified in the individual's specialty area; and

(c) submit to a criminal background check pursuant to Section 58-31b-302(5) and Section R156-31b-301g.

R156-31b-301d. Foreign Education Programs.

An applicant whose prelicensing education was completed through a foreign program shall demonstrate:

(1)(a) if the applicant has not passed the NCLEX examination, that all three components of the CGFNS certification process have been completed so as to demonstrate that the education program is equivalent to education approved in Utah as of the date of the applicant's graduation;

(b) if the applicant has passed the NCLEX examination, that the CGFNS credential evaluation has been completed so as to demonstrate that the courses completed are substantially equivalent to coursework of approved education programs as of the date of the applicant's graduation;

(2) that at least one of the following practice requirements has been met within the three-

year period preceding the date of application:

- (a) the applicant has practiced as a licensed nurse for a minimum of 960 hours;
- (b) the applicant has graduated from a nursing program and obtained a degree;
- (c) the applicant has completed a nationally-recognized refresher course;
- (d) the applicant has obtained an advanced (masters or doctorate) nursing degree; or
- (e) the applicant has qualified for and obtained a license upgrade (LPN to RN or RN to APRN); and

(3)(a) that the applicant has, prior to the date of application, achieved a passing score on an approved English proficiency test; or

(b) that the applicant's nursing program of study was conducted in English.

R156-31b-301e. Examination Requirements.

(1)(a) An applicant for licensure as an LPN, RN, or APRN shall pass the applicable licensure examination in no more than four attempts within five years of the applicant's date of graduation from the nurse education program.

(b) An individual who does not pass the applicable licensure examination pursuant to this Subsection (1)(a) shall complete another approved nursing education program before again attempting to pass the licensure examination.

(2) An applicant for certification as an MA-C shall pass the NCSBN Medication Aide Certification Examination (MACE):

(a) within six months of completing the approved training program; and

(b) in no more than three attempts.

(3) The examinations required under Section R156-31b-302a through 302c are national examinations and cannot be challenged before the Division.

R156-31b-301f. Licensing Fees.

(1) Unless this Subsection (2) applies, an applicant for licensure shall pay the applicable nonrefundable application fee before the application may be considered by the Division or Board.

(2) The Division may waive the license reinstatement fee for an individual who:

(a) obtains licensure in Utah;

(b) thereafter moves to a Nurse Licensure Compact party state and maintains continuous licensure there; and

(c) later returns to reside in Utah.

R156-31b-301g. Criminal Background Checks.

(1) A criminal background check conducted during the application process is considered current and acceptable for a period of six months.

(2) An applicant who fails to complete the application process within the six-month period following the date on which fingerprints are submitted to the division shall reapply as a new applicant.

R156-31b-303. LPN, RN, and APRN License Renewal - Procedures – Continuing Education.

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two-year renewal cycle applicable to licensees under Title 58, Chapter 31b, is established by rule in Section R156-1-

308a.

(2) Renewal procedures shall be in accordance with Section R156-1-308c.

(3) Each applicant for renewal shall comply with the following continuing competence requirements:

(a) An LPN or RN shall complete one of the following during the two-year period immediately preceding the date of application for renewal:

(i) licensed practice for not less than 400 hours;

(ii) licensed practice for not less than 200 hours and completion of 15 contact hours of approved continuing education; or

(iii) completion of 30 contact hours of approved continuing education hours.

(b) An APRN shall comply with the following:

(i)(A) be currently certified or recertified in the licensee's specialty area of practice; or

(B) if licensed prior to July 1, 1992, complete 30 hours of approved continuing education and 400 hours of practice; and

(ii) if authorized to prescribe controlled substances, comply with Section R156-37-402 and Section 58-37-6.5.

(c) An MA-C shall complete eight contact hours of approved continuing education related to medications or medication administration during the two-year period immediately preceding the application for renewal.

R156-31b-309. APRN Intern License.

~~(1) An individual who has completed all requirements outlined in Subsection R156-31b-301(c)(1) except the certification examination requirement may apply for an APRN intern license.~~

(1) In accordance with Section 58-31b-306, and unless this Subsection (2) or (3) applies, an intern license expires the earlier of:

(a) 180 days from the date of issuance;

(b) 30 days after the Division receives notice pursuant to this Subsection (4) that the applicant has failed the specialty certification examination; or

(c) upon issuance of an APRN license.

(2) If an intern is applying for licensure as an APRN specializing in psychiatric mental health nursing, the intern license expires three years from the date of issuance.

(3) The Division in collaboration with the Board may extend the term of any intern license upon a showing of extraordinary circumstances beyond the control of the applicant.

(4) It is the professional responsibility of an APRN intern:

(a) to inform the Division of examination results within ten calendar days of receipt; and

(b) to cause the examination agency to send the examination results directly to the Division.

R156-31b-402. Administrative Penalties.

In accordance with Subsections 58-31b-102(1) and 58-31b-402(1), unless otherwise ordered by the presiding officer, the following fine schedule shall apply.

(1) Using a protected title:

initial offense: \$100 - \$600

subsequent offense(s): \$250 - \$1,000

(2) Using any title that would cause a reasonable person to believe the user is licensed under this chapter:

initial offense: \$100 - \$500

subsequent offense(s): \$200 - \$1,000

(3) Conducting a nursing education program in the state for the purpose of qualifying individuals for licensure without Board approval:

initial offense: \$1,000 - \$6,000

subsequent offense(s): \$5,000 - \$20,000

(4) Practicing or attempting to practice nursing without a license or in violation of restrictions that have been placed on a license:

initial offense: \$500 - \$4,000

subsequent offense(s): \$2,000 - \$20,000

(5) Impersonating a licensee, or practicing under a false name:

initial offense: \$500 - \$4,000

subsequent offense(s): \$2,000 - \$20,000

(6) Knowingly employing an unlicensed person:

initial offense: \$500 - \$2,000

subsequent offense(s): \$1,000 - \$10,000

(7) Knowingly permitting the use of a license by another person:

initial offense: \$500 - \$2,000

subsequent offense(s): \$1,000 - \$10,000

(8) Obtaining a passing score, applying for or obtaining a license, or otherwise dealing with the Division or Board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission:

initial offense: \$500 - \$4,000

subsequent offense(s): \$2,000 - \$20,000

(9) violating or aiding or abetting any other person to violate any statute, rule, or order regulating nursing:

initial offense: \$200 - \$4,000

subsequent offense(s): \$500 - \$10,000

(10) violating, or aiding or abetting any other person to violate any generally accepted professional or ethical standard:

initial offense: \$500 - \$4,000

subsequent offense(s): \$2,000 - \$20,000

(11) Engaging in conduct that results in convictions of, or a plea of nolo contendere, or a plea of guilty or nolo contendere held in abeyance to a crime of moral turpitude or other crime:

initial offense: \$500 - \$4,000

subsequent offense(s): \$2,000 - \$20,000

(12) Engaging in conduct that results in disciplinary action by any other jurisdiction or regulatory authority:

initial offense: \$100 - \$1,000

subsequent offense(s): \$200 - \$2,000

(13) Engaging in conduct, including the use of intoxicants, drugs to the extent that the conduct does or may impair the ability to safely engage in practice as a nurse:

- initial offense: \$100 - \$1,000
subsequent offense(s): \$200 - \$2,000
(14) Practicing or attempting to practice as a nurse when physically or mentally unfit to do so:
initial offense: \$100 - \$1,000
subsequent offense(s): \$200 - \$2,000
(15) Practicing or attempting to practice as a nurse through gross incompetence, gross negligence, or a pattern of incompetency or negligence:
initial offense: \$500 - \$4,000
subsequent offense(s): \$2,000 - \$20,000
(16) Practicing or attempting to practice as a nurse by any form of action or communication which is false, misleading, deceptive, or fraudulent:
initial offense: \$100 - \$1,000
subsequent offense(s): \$200 - \$2,000
(17) Practicing or attempting to practice as a nurse beyond the individual's scope of competency, abilities, or education:
initial offense: \$100 - \$1,000
subsequent offense(s): \$200 - \$2,000
(18) Practicing or attempting to practice as a nurse beyond the scope of licensure:
initial offense: \$100 - \$1,000
subsequent offense(s): \$200 - \$2,000
(19) Verbally, physically, mentally, or sexually abusing or exploiting any person through conduct connected with the licensee's practice:
initial offense: \$100 - \$1,000
subsequent offense(s): \$200 - \$2,000
(20) Failure to safeguard a patient's right to privacy:
initial offense: \$100 - \$1,000
subsequent offense(s): \$200 - \$2,000
(21) Failure to provide nursing service in a manner that demonstrates respect for the patient's human dignity:
initial offense: \$100 - \$1,000
subsequent offense(s): \$200 - \$2,000
(22) Engaging in sexual relations with a patient:
initial offense: \$5,000 - \$20,000
subsequent offense(s): \$20,000
(23) Unlawfully obtaining, possessing, or using any prescription drug or illicit drug:
initial offense: \$200 - \$2,000
subsequent offense(s): \$500 - \$4,000
(24) Unauthorized taking or personal use of nursing supplies from an employer:
initial offense: \$100 - \$1,000
subsequent offense(s): \$200 - \$2,000
(25) Unauthorized taking or personal use of a patient's personal property:
initial offense: \$200 - \$2,000
subsequent offense(s): \$500 - \$4,000

(26) Knowingly entering false or misleading information into a medical record or altering a medical record:

initial offense: \$100 - \$1,000

subsequent offense(s): \$200 - \$2,000

(27) Unlawful or inappropriate delegation of nursing care:

initial offense: \$100 - \$1,000

subsequent offense(s): \$200 - \$2,000

(28) Failure to exercise appropriate supervision:

initial offense: \$100 - \$1,000

subsequent offense(s): \$200 - \$2,000

(29) Employing or aiding and abetting the employment of unqualified or unlicensed person to practice:

initial offense: \$100 - \$1,000

subsequent offense(s): \$200 - \$2,000

(30) Failure to file or impeding the filing of required reports:

initial offense: \$100 - \$1,000

subsequent offense(s): \$200 - \$2,000

(31) Breach of confidentiality:

initial offense: \$200 - \$2,000

subsequent offense(s): \$500 - \$4,000

(32) Failure to pay a penalty: double the original penalty amount up to \$20,000

(33) Prescribing a schedule II-III controlled substance without a consulting physician or outside of a consultation and referral plan:

initial offense: \$500 - \$2,000

subsequent offense(s): \$500 - \$4,000

(34) Failure to confine practice within the limits of competency:

initial offense: \$500 - \$2,000

subsequent offense(s): \$500 - \$4,000

(35) Any other conduct which constitutes unprofessional or unlawful conduct:

initial offense: \$100 - \$1,000

subsequent offense(s): \$200 - \$2,000

(36) Engaging in a sexual relationship with a patient surrogate:

initial offense: \$1,000 - \$10,000

subsequent offense(s): \$5,000 - \$20,000

(37) Engaging in practice in a disruptive manner:

initial offense: \$100 - \$1,000

subsequent offense(s): \$200 - \$2,000.

R156-31b-502. Unprofessional Conduct.

(1) "Unprofessional conduct" includes:

(a) failing to destroy a license that has expired due to the issuance and receipt of an increased scope of practice license:

(b) knowingly accepting or retaining a license that has been issued pursuant to a mistake or on the basis of erroneous information;

(c) as to an RN or LPN, issuing a prescription for a prescription drug to a patient except in accordance with the provisions of Section 58-17b-620, or as may be otherwise legally permissible;

(d) failing as the nurse accountable for directing nursing practice of an agency to verify any of the following:

(i) that standards of nursing practice are established and carried out;

(ii) that safe and effective nursing care is provided to patients;

(iii) that guidelines exist for the organizational management and management of human resources needed for safe and effective nursing care to be provided to patients; or

(iv) that the nurses employed by the agency have the knowledge, skills, ability and current competence to carry out the requirements of their jobs;

(e) engaging in sexual contact with a patient surrogate concurrent with the nurse/patient relationship unless the nurse affirmatively shows by clear and convincing evidence that the contact:

(i) did not result in any form of abuse or exploitation of the surrogate or patient; and

(ii) did not adversely alter or affect in any way:

(A) the nurse's professional judgment in treating the patient;

(B) the nature of the nurse's relationship with the surrogate; or

(C) the nature of the nurse's relationship with the patient relationship; and

(f) engaging in disruptive behavior in the practice of nursing.

(2)(a) In accordance with a prescribing practitioner's order and an IHP, a nurse who, in reliance on a school's policies or the delegation rule as provided in Sections R156-31b-701 and R156-31b-701a, delegates or trains an unlicensed assistive person to administer medications under Sections 53A-11-601, R156-31b-701 and R156-31b-701a shall not be considered to have engaged in unprofessional conduct for inappropriate delegation.

(b) Tasks that, according to the internal policies or practices of a medical facility, are required or allowed to be performed by an unlicensed person shall not be deemed to have been delegated by a licensee.

R156-31b-602. Requirements for Limited-time Approval of Non-accredited Nursing Education Programs.

(1) Pursuant to Section 58-31b-601(2), a nursing education program may, prior to obtaining an accreditation described in Section 58-31b-601(1), qualify for a limited time as an approved education program as follows:

(a) if the program provider demonstrates that application for accreditation has been made to the ACEN or CCNE, from the date on which a nursing course is first offered through the following 12-month period; or

(b) if the program provider demonstrates that application for accreditation has been made to the COA, from the first day on which a nursing course is offered through completion of the COA initial review process.

(2)(a) A program that is granted limited-time approval pursuant to this Subsection (1) shall retain that approval if, during the applicable time period outlined in Subsection (1):

(i) it achieves candidate status with the ACEN;

(ii) it achieves applicant status with the CCNE; or

(iii) it successfully completes the COA initial review process.

(b) A program that meets the qualifications described in this Subsection (2)(a) shall retain

its limited-time approval until such time as the accrediting body makes a final determination on the program's application for accreditation.

(3) The provider of a program that receives limited-time approval pursuant to this Subsection (1)-(2) shall, pursuant to this Subsection (4), disclose to each student who enrolls:

(a) that program accreditation is pending;

(b) that any education completed prior to the accrediting body's final determination will satisfy, at least in part, state requirements for prelicensing education; and

(c) that, if the program fails to achieve accreditation, any student who has not yet graduated will be unable to complete a nurse prelicensing education program through the provider.

(4) The disclosure required by this Subsection (3) shall:

(a) be signed by each student who enrolls with the provider; and

(b) at a minimum, state the following: "The nursing program in which you are enrolling has not yet been accredited. The program is being reviewed by the (accrediting body). Any education you complete prior to a final determination by the (accrediting body) will satisfy associated state requirements for licensure. However, if the (accrediting body) ultimately determines that the program does not qualify for accreditation, you will need to transfer into a different program in order to complete your nurse prelicensing education. There is no guarantee that another institution will accept you as a transfer student. If you are accepted, there is no guarantee that the institution you attend will accept the education you have completed at (name of institution providing disclosure) for credit toward graduation."

R156-31b-603. Education Providers – Requirements for Ongoing Communication with the Board.

An education provider that has achieved full accreditation or limited-time approval of its program(s) shall provide to the Board:

(1) by December 31 of each calendar year, a copy of the program's annual report, as provided to the applicable program accrediting body; and

(2) within 30 days of receipt or submission, a copy of any correspondence between the program provider and the accrediting body.

R156-31b-609. Standards for Out-of-State Programs Providing Clinical Experiences in Utah.

A nursing education program provider located in another state that desires to use Utah health care facilities for pre-licensure clinical experiences for one or more students shall, prior to placing a student, demonstrate to the satisfaction of the Board that the program:

(1) has been approved by the home state Board of Nursing;

(2) has been fully accredited by the ACEN, CCNE, or COA;

(3) is affiliated with an institution of higher education;

(4) has clinical placement agreements in place at Utah facilities; and

(5) satisfies the National Council of the State Boards of Nursing Uniform Checklist for Distance Education Prelicensure Nursing Programs, which is hereby incorporated by reference.

R156-31b-701. Delegation of Nursing Tasks in a Non-school Setting.

In accordance with Subsection 58-31b-102(14)(g), the delegation of nursing tasks is further defined, clarified, or established as follows:

_____ (1)(a) The delegator retains accountability for the appropriate delegation of tasks and for the nursing care of the patient.

_____ (b) The delegator may not delegate to unlicensed assistive personnel, including a physician's medical assistant, any task requiring the specialized knowledge, judgment, or skill of a licensed nurse.

_____ (c) Before determining which, if any, nursing tasks may be delegated, the delegator shall make a focused nursing assessment of the circumstances.

_____ (d) A delegator may not delegate a task that is:

_____ (i) outside the area of the delegator's responsibility;

_____ (ii) outside the delegator's personal knowledge, skills, or ability; or

_____ (iii) beyond the ability or competence of the delegatee to perform:

_____ (A) as personally known by the delegator; and

_____ (B) as evaluated according to generally accepted nursing practice standards of health, safety, and reasonable prudence.

_____ (e) In delegating a nursing task, the delegator shall:

_____ (i) provide instruction and direction necessary to allow the delegatee to safely perform the specific task;

_____ (ii) provide ongoing supervision and evaluation of the delegatee who is performing the task;

_____ (iii) explain the delegation to ensure that the delegatee understands which patient is to be treated, and according to what time frame;

_____ (iv) instruct the delegatee how to intervene in any foreseeable risks that may be associated with the delegated task;

_____ (v) if the delegated task is to be performed more than once, establish a system for ongoing monitoring of the delegatee; and

_____ (vi)(A) evaluate the following factors to determine the degree of supervision required to ensure safe care:

_____ (I) the stability and condition of the patient;

_____ (II) the training, capability, and willingness of the delegatee to perform the delegated task;

_____ (III) the nature of the task being delegated, including the complexity, irreversibility, predictability of outcome, and potential for harm inherent in the task;

_____ (V) the proximity and availability to the delegatee of the delegator or other qualified nurse during the time(s) when the task will be performed; and

_____ (VI) any immediate risk to the patient if the task is not carried out; and

_____ (B) ensure that the delegator or another qualified nurse is readily available either in person or by telecommunication to:

_____ (I) evaluate the patient's health status;

_____ (II) evaluate the performance of the delegated task;

_____ (III) determine whether goals are being met; and

_____ (IV) determine the appropriateness of continuing delegation of the task.

_____ (2) Nursing tasks that may be delegated shall meet the following criteria as applied to each specific patient situation:

_____ (a) be considered routine care for the specific patient;

_____ (b) pose little potential hazard for the patient;

(c) be generally expected to produce a predictable outcome for the patient;
(d) be administered according to a previously developed plan of care; and
(e) be limited to those tasks that do not inherently involve nursing judgment that cannot be separated from the procedure.

(3) If the nurse, upon review of the patient's condition, the complexity of the task, the ability of the proposed delegatee, and other criteria established in this Subsection, determines that the proposed delegatee cannot safely provide the requisite care, the nurse shall not delegate the task to such proposed delegatee.

(4) A delegatee may not:

(a) further delegate to another person any task delegated to the individual by the delegator;

or

(b) expand the scope of the delegated task without the express permission of the delegator.

R156-31b-701a. Delegation of Tasks in a School Setting.

In addition to the delegation rule found in Section R156-31b-701, the delegation of tasks in a school setting is further defined, clarified, or established as follows:

(1) Before a nurse may delegate a task that is required to be performed within a school setting, the nurse shall:

(a) develop, in conjunction with the applicable student, parent(s) or parent surrogate(s), educator(s), and healthcare provider(s) an IHP; and

(b) ensure that the IHP is available to school personnel.

(2) Any task being delegated by a school nurse shall be identified within the patient's current IHP.

(3)(a) A school nurse shall personally train any unlicensed person who will be delegated the task of administering medication to a student.

(b) The training required under this Subsection (3)(a) shall be performed at least annually.

(c) A school nurse may not delegate to an unlicensed person the administration of any medication:

(i) with known, frequent side effects that can be life threatening;

(ii) that requires the student's vital signs or oxygen saturation to be monitored before, during or after administration of the drug;

(iii) that is being administered as a first dose:

(A) of a new medication; or

(B) after a dosage change; or

(iv) that requires nursing assessment or judgment prior to or immediately after administration.

(d) In addition to delegating other tasks pursuant to this rule, a school nurse may delegate to an unlicensed person who has been properly trained regarding a diabetic student's IHP:

(i) the routine provision of a scheduled or correction dosage of insulin; and

(ii) the administration of glucagon in an emergency situation, as prescribed by the practitioner's order or specified in the IHP.

R156-31b-703a. Standards of Professional Accountability.

The following standards apply equally to the LPN, RN, and APRN credentials. In

demonstrating professional accountability, a licensee shall:

- (1) practice within the legal boundaries that apply to nursing;
- (2) comply with all applicable statutes and rules;
- (3) demonstrate honesty and integrity in nursing practice;
- (4) base nursing decisions on nursing knowledge and skills, and the needs of patients;
- (5) seek clarification of orders when needed;
- (6) obtain orientation/training competency when encountering new equipment and technology or unfamiliar care situations;
- (7) demonstrate attentiveness in delivering nursing care;
- (8) implement patient care, including medication administration, properly and in a timely manner;
- (9) document care provided;
- (10) communicate to other health team members relevant and timely patient information, including:
 - (i) patient status and progress;
 - (ii) patient response or lack of response to therapies;
 - (iii) significant changes in patient condition; and
 - (iv) patient needs;
- (11) take preventive measures to protect patient, others, and self;
- (12) respect patients' rights, concerns, decisions, and dignity;
- (13) promote a safe patient environment;
- (14) maintain appropriate professional boundaries;
- (15) contribute to the implementation of an integrated health care plan;
- (16) respect patient property and the property of others;
- (17) protect confidential information unless obligated by law to disclose the information;
- (18) accept responsibility for individual nursing actions, competence, decisions, and behavior in the course of nursing practice;
- (19) maintain continued competence through ongoing learning and application of knowledge in each patient's interest; and
- (20) when functioning in a nursing program educator (faculty) role:
 - (a) teach current theory, principles of nursing practice, and nursing management;
 - (b) ensure that content and student clinical experiences are consistent with current statutes and rules;
 - (c) supervise students who provide nursing services; and
 - (d) evaluate student scholastic and clinical performance against expected program outcomes.

R156-31b-703b. Scope of Nursing Practice Implementation.

- (1) LPN. An LPN may be expected to:
 - (a) conduct a focused nursing assessment;
 - (b) plan for and implement nursing care within limits of competency;
 - (c) conduct patient surveillance and monitoring;
 - (d) assist in identifying patient needs;
 - (e) assist in evaluating nursing care; and

- (f) participate in nursing management by:
- (i) assigning appropriate nursing activities to other LPNs;
- (ii) delegating care for stable patients to unlicensed assistive personnel in accordance with these rules and applicable statutes;
- (iii) observing nursing measures and providing feedback to nursing managers; and
- (iv) observing and communicating outcomes of delegated and assigned tasks;
- (2) RN. An RN may be expected to:
- (a) interpret patient data, whether obtained through a focused nursing assessment or otherwise, to:
 - (i) complete a comprehensive nursing assessment; and
 - (ii) determine whether, and according to what timeframe, another medical professional, a patient's family member, or any other person should be apprised of a patient's nursing needs;
 - (b) detect faulty or missing patient information;
 - (c) apply nursing knowledge effectively in the synthesis of the biological, psychological, spiritual, and social aspects of the patient's condition;
 - (d) utilize broad and complete analyses to plan strategies of nursing care and nursing interventions that are integrated within each patient's overall health care plan;
 - (e) demonstrate appropriate decision making, critical thinking, and clinical judgment to make independent nursing decisions and to identify health care needs;
 - (f) correctly identify changes in each patient's health status;
 - (g) comprehend clinical implications of patient signs, symptoms, and changes as part of ongoing or emergent situations;
 - (h) critically evaluate the impact of nursing care, the patient's response to therapy, and the need for alternative interventions;
 - (i) intervene on behalf of a patient when problems are identified so as to revise a care plan as needed;
 - (j) appropriately advocate for patients by:
 - (i) respecting patients' rights, concerns, decisions, and dignity;
 - (ii) identifying patient needs;
 - (iii) attending to patient concerns or requests; and
 - (iv) promoting a safe and therapeutic environment by:
 - (A) providing appropriate monitoring and surveillance of the care environment;
 - (B) identifying unsafe care situations; and
 - (C) correcting problems or referring problems to appropriate management level when needed;
 - (k) communicate with other health team members regarding patient choices, concerns, and special needs, including:
 - (i) patient status and progress;
 - (ii) patient response or lack of response to therapies; and
 - (iii) significant changes in patient condition;
 - (l) demonstrate the ability to responsibly organize, manage, and supervise the practice of nursing by:
 - (i) delegating tasks in accordance with these rules; and
 - (ii) matching patient needs with personnel qualifications, available resources, and

appropriate supervision;

(m) teach and counsel patient families regarding an applicable health care regimen, including general information about health and medical conditions, specific procedures, wellness, and prevention;

(n) if acting as a chief administrative nurse:

(i) ensure that organizational policies, procedures, and standards of nursing practice are developed, kept current, and implemented to promote safe and effective nursing care;

(ii)(A) assess the knowledge, skills, and abilities of nursing staff and assistive personnel;
and

(B) ensure all personnel are assigned to nursing positions appropriate to their determined competence and licensure/certification/registration level; and

(iii) ensure that thorough and accurate documentation of personnel records, staff development, quality assurance, and other aspects of the nursing organization are maintained;

(o) if employed as by a department of health:

(i) implement standing orders and protocols; and

(ii) complete and provide to a patient prescriptions that have been prepared and signed by a physician in accordance with the provisions of Section 58-17b-620; and

(p) perform any task within the scope of practice of an LPN.

(3) APRN.

(a) An APRN who chooses to change or expand from a primary focus of practice shall, at the request of the Division, document competency within that expanded practice based on education, experience, and certification. The burden to demonstrate competency rests upon the licensee.

(b) An individual licensed as an APRN may practice within the scope of practice of an RN and an LPN.

(c) An individual licensed in good standing in Utah as an APRN and residing in this state may practice as an RN in any Compact state.

R156-31b-801. Medication Aide - Certified - Formulary and Protocols.

In accordance with Subsection 58-31b-102(12)(b)(i), the formulary and protocols for an MA-C to administer routine medications are as follows.

(1) Under the supervision of a licensed nurse as defined in Subsection R156-31b-102(41), an MA-C may:

(a) administer over-the-counter medication;

(b) administer prescription medications;

(i) if expressly instructed to do so by the supervising nurse; and

(ii) via approved routes as listed in Subsection 58-31b-102(17)(b);

(c) turn oxygen on and off at a predetermined, established flow rate;

(d) destroy medications per facility policy;

(e) assist a patient with self administration; and

(f) account for controlled substances with another MA-C or nurse.

(2) An MA-C may not administer medication via the following routes:

(a) central lines;

(b) colostomy;

- (c) intramuscular;
- (d) subcutaneous;
- (e) intrathecal;
- (f) intravenous;
- (g) nasogastric;
- (h) nonmetered inhaler;
- (i) intradermal;
- (j) urethral;
- (k) epidural;
- (l) endotracheal; or
- (m) gastrostomy or jejunostomy tubes.
- (3) An MA-C may not administer the following kinds of medications:
 - (a) barium and other diagnostic contrast;
 - (b) chemotherapeutic agents except oral maintenance chemotherapy;
 - (c) medication pumps including client controlled analgesia; and
 - (d) nitroglycerin paste.
- (4) An MA-C may not:
 - (a) administer any medication that requires nursing assessment or judgment prior to administration, through ongoing evaluation, or during follow-up;
 - (b) receive written or verbal patient orders from a licensed practitioner;
 - (c) transcribe orders from the medical record;
 - (d) conduct patient or resident assessments or evaluations;
 - (e) engage in patient or resident teaching activities regarding medications unless expressly instructed to do so by the supervising nurse;
 - (f) calculate drug doses, or administer any medication that requires a medication calculation to determine the appropriate dose;
 - (g) administer the first dose of a new medication or a dosage change, unless expressly instructed to do so by the supervising nurse; or
 - (h) account for controlled substances, unless assisted by another MA-C or a nurse.
- (5) In accordance with Section R156-31b-701, a nurse may refuse to delegate to an MA-C the administration of medications to a specific patient or in a specific situation.
- (6)(a) A nurse practicing in a facility that is required to provide nursing services 24 hours per day shall not supervise more than two MA-Cs per shift.
- (b) A nurse providing nursing services in a facility that is not required to provide nursing services 24 hours per day may supervise as many as four MA-Cs per shift.

R156-31b-802. Medication Aide - Certified - Approval of Training Programs.

In accordance with Subsection 58-31b-601(3), the minimum standards for an MA-C training program to be approved by the Division in collaboration with the Board and the process to obtain approval are established as follows.

- (1) All training programs shall be approved by the Division in collaboration with the Board and shall obtain approval prior to the program being implemented.
- (2) Training programs may be offered by an educational institution, a health care facility, or a health care association.

- (3) The program shall consist of at least:
- (a) 60 clock hours of didactic (classroom) training that is consistent with the model curriculum in Section R156-31b-803; and
 - (b) 40 hours of practical training within a long-term care facility.
- (4) The classroom instructor shall:
- (a)(i) have a current, active, LPN, RN, or APRN license in good standing or a multistate privilege to practice nursing in Utah; and
 - (ii) have at least one year of clinical experience; or
 - (b)(i) be an approved certified nurse aide (CNA) instructor who has completed a "Train the Trainer" program recognized by the Utah Nursing Assistant Registry; and
 - (ii) have at least one year of clinical experience.
- (5)(a) The on-site practical training experience instructor shall meet the following criteria:
- (i)(A) have a current, active, LPN, RN or APRN license in good standing or a multistate privilege to practice nursing in Utah; and
 - (B) have at least one year of clinical experience; or
 - (ii)(A) be an approved certified nurse aide CNA instructor who has completed a "Train the Trainer" program recognized by the Utah Nursing Assistant Registry; and
 - (B) have at least one year of clinical experience.
- (b) The practical training instructor-to-student ratio shall be:
- (i) 1:2 if the instructor is working one-on-one with the student to administer medications;
- or
- (ii) 1:6 if the instructor is supervising a student who is working one-on-one with the clinical facility's medication nurse.
- (c) The on-site practical training experience instructor shall be on site and available at all times if the student is not being directly supervised by a licensed nurse during the practical training experience.
- (6) An entity seeking approval to provide an MA-C training program shall:
- (a) submit to the Division a complete application form prescribed by the Division;
 - (b) provide evidence of adequate and appropriate trainers and resources to provide the training program, including a well-stocked clinical skills lab or the equivalent;
 - (c) submit to the Division a copy of the proposed training curriculum and an attestation that the proposed curriculum is consistent with the model curriculum referenced in Section R156-31b-803;
 - (d) document minimal admission requirements, which shall include:
 - (i) an earned high school diploma or successful passage of the general educational development (GED) test;
 - (ii) current certification as a nursing aide, in good standing, from the Utah Nursing Assistant Registry;
 - (iii) at least 2,000 hours of experience completed:
 - (A) as a certified nurse aide working in a long-term care setting; and
 - (B) within the two-year period preceding the date of application to the training program;
- and
- (iv) current cardiopulmonary resuscitation (CPR) certification.

R156-31b-803. Medication Aide - Certified - Model Curriculum.

A school that offers a medication aide certification program shall follow the "Medication Assistant-Certified (MA-C) Model Curriculum" adopted by the National Council of State Boards of Nursing's Delegate Assembly on August 9, 2007, which is hereby adopted and incorporated by reference.

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