

CRITERIA FOR DETERMINING  
SCOPE OF PRACTICE FOR LICENSED NURSES  
AND  
GUIDELINES FOR DETERMINING ACTS  
THAT MAY BE DELEGATED OR ASSIGNED  
BY LICENSED NURSES

Revised by:  
The West Virginia Board of Examiners  
for Registered Professional Nurses  
and  
The West Virginia State Board of Examiners  
for Licensed Practical Nurses  
April 5, 2015

## INTRODUCTION

The intent of this document is to present a process to determine acts appropriate to nursing at various levels, and acts appropriate for delegation to the licensed practical nurse, as well as to those acts appropriate for assignment to unlicensed assistive personnel. Individuals must consult the law, applicable rules and Board position statements in making a practice decision. Related position statements are included in the Appendix of this document. Additional law, rules or position statements may be developed after the publication of this document. The nurse must assure that current publications are referenced when using the Models in this publication.

Changes in health care delivery are occurring in health care organizations throughout West Virginia and the nation. These changes could lead to role confusion. In view of the mandates of the West Virginia Board of Examiners for Registered Professional Nurses and the West Virginia State Board of Examiners for Licensed Practical Nurses to act in the best interest of public safety and health, the respective boards support professional collaboration to deliver competent care and treatment of the client in a safe, professional and cost effective manner.

The guidelines contained in this document provide comprehensive criteria and examples for use in the decision making process required to determine acts that are appropriate to nursing at various levels, and acts appropriate for delegation to the licensed practical nurse as well as to those acts appropriate for assignment to unlicensed assistive personnel. The guidelines, however, do not have the force and effect of law except as provided through the Legal Standards of Practice, WV 19 CSR10 and WV 10 CSR 3.

Many nurses would like a “yes” or “no” answer to questions about the delegation of nursing practice, however, in most cases it is not that simple. In reality, the answer to most questions is “it depends”. It depends upon the complexity of the task to be delegated. It depends upon the care needs of the client, as assessed by the advanced practice registered nurse or registered professional nurse. It depends upon the educational preparation, skills, and ability of the licensed practical nurse or unlicensed person to whom the task is to be delegated/assigned. And, it depends upon the availability and accessibility of essential resources including supervision, while the task is being performed. **Nursing judgment is the essential element in every delegation or assignment decision (NCSBN, 2007).**

Licensees are expected to read this entire document then refer back to the portions that will assist in making a final decision. Thus, this document is best used when an individual

has the time to review all related information so the foundation for decision making is present when a quick decision is required.

## DEFINITIONS

**Accountability** Being responsible or answerable for actions or inactions of self or others in the context of delegated or assigned.

**Advanced Practice Registered Nurse** “Advanced practice registered nurse” is a registered nurse who has acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect care to patients, who has completed a board approved graduate-level education program and who has passed a board-approved national certification examination. An advanced practice registered nurse shall meet all the requirements set forth by the board by rule for an advanced practice registered nurse which shall include, at a minimum, a valid license to practice as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist or a certified nurse practitioner”, (Code of WV § 30-7-1).

**Assignment** Designating nursing activities to be performed by another nurse or nursing assistive personnel that are consistent with his/her scope of practice (licensed person) or role description (unlicensed person), (NCSBN, 2014).

**Competence** Possessing verifiable knowledge and skill to perform an activity or task safely and effectively.

**Delegation** Transferring to a competent individual the authority to perform a selected nursing task in a selected situation (NCSBN, 2014).

**Licensed Practical Nurse** “Practical Nursing” means the performance for compensation of selected nursing acts in the care of the ill, injured or infirm under the direction of a registered professional nurse or licensed physician or licensed dentist, and not requiring the substantial specialized skill, judgment and knowledge required in professional nursing. (Code of WV §30-7A-1)

**§30-7A-2. Use of titles.** (a) Any person licensed pursuant to this article may use the title “licensed practical nurse,” “practical nurse” and the abbreviation “L.P.N” or the term “nurse”. Except as otherwise provided in article seven-a of this chapter, no other person may assume such title, or use such abbreviation, or any other words, letters, figures, signs, or devices to indicate that the person using the same is a licensed practical nurse or a practical nurse.

**Registered Professional Nurse** “Registered professional nursing” shall mean the performance for compensation of any service requiring substantial specialized judgment

and skill based on knowledge and application of principles of nursing derived from biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and the accurate recording of the facts, or the supervision and teaching of other persons with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician or a licensed dentist, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others. (Code of WV § 30-7-1).

**§30-7-10. Use of titles.** Any person licensed pursuant to this article may use the title “registered nurse” and the abbreviation “R.N” or the term “nurse”. Except as otherwise provided in article seven of this chapter, no other person may assume a title or use abbreviations or any other words, letters, figures, signs, or devices to indicate that the person using the same is a registered professional nurse.

**Responsible** Liable to legal review or in the case of fault to penalties; able to answer for one’s conduct or obligation; able to choose for one’s self, right from wrong.

**Unlicensed Assistive Personnel (UAP)** Any unlicensed person, regardless of title, to whom nursing tasks are delegated or assigned.

## **AGENCY REFERENCES**

There are a variety of agencies that have laws, standards and guidelines that may directly affect the practice of nursing and health care, or guidelines to assist in decision-making. Some of the most commonly referenced agencies are provided herein.

ANA American Nurses Association is the national professional organization for nurses. This association has developed many standards of practice for nursing including the Code of Ethics.  
Web site: [www.nursingworld.org](http://www.nursingworld.org)

BOM Board of Medicine regulates the practice of medical doctors, podiatrists and physician assistants.  
Web site: [www.wvdhhr.org/wvbom/](http://www.wvdhhr.org/wvbom/)  
Phone: 304-558-2921

BOO Board of Osteopathy regulates the practice of osteopathic physicians, surgeons and osteopathic physician assistants.  
Web site: [www.wvbodosteo.org/](http://www.wvbodosteo.org/) Phone: 304-723-4638

BOP Board of Pharmacy regulates the practice of pharmacists, pharmacy technicians and pharmaceutical services  
Web site: [www.wvbop](http://www.wvbop). Phone: 304-558-0558

NCSBN National Council for State Boards of Nursing is the national association providing assistance to nursing regulatory boards. This association authors many regulatory related documents and research. This association has also developed a paper on Delegation. Web site: [www.ncsbn.org](http://www.ncsbn.org)  
Phone: 312-525-3600

Nurse Aide Registry The state agency responsible for the regulation of certified nurse aides and the abuse registry. Web site: <http://www.wvdhhr.org/ohflac/NurseAide/>  
Phone: 304-558-0688

OEMS Office of Emergency Medical Services; a division of the West Virginia Department of Health and Human Resources responsible for regulating emergency medical services.  
Web site: [www.wvoems.org](http://www.wvoems.org) Phone: 304-558-3956

OHFLAC Office of Health Facility Licensure and Certification; a division of the West Virginia Department of Health and Human Resources responsible for regulating various types of health care facilities including but not limited to hospitals, dialysis facilities and nursing homes.

Web site: [www.wvdhhr.org/ohflac/](http://www.wvdhhr.org/ohflac/) Phone: 304-558-0050

WVNA West Virginia Nurses Association (WVNA) is the West Virginia chapter of the American Nurses Association (ANA).

Web site: [www.wvnurses.org](http://www.wvnurses.org)

Phone: 304-342-1169

## **CRITERIA FOR DETERMINING SCOPE OF PRACTICE FOR THE LICENSED NURSE**

**You may use the process explained below to determine, on an individual basis, if a specific activity or task is within the scope of practice for an advanced registered practice nurse (APRN), registered professional nurse (RN) or a licensed practical nurse (LPN).**

### **I. DEFINE THE ISSUE**

Clearly define the activity or task to be performed. Steps essential in this process Include:

- A. **CLARIFICATION OF THE ISSUE:** What is the issue or problem? Gather facts that may influence the decision. Are there written policies and procedures available that relate to this act? Is this a new expectation or just new to you? What is the decision to be made and where, (in what setting or organization), will it take place? Has the issue been discussed previously?
- B. **ASSESSMENT OF SKILLS AND KNOWLEDGE:** What skills and knowledge are required? Do you possess those skills? Is your competence documented? Who is available to assist you who has that skill and knowledge? Is that person accessible to you?
- C. **IDENTIFICATION OF OPTIONS:** What are possible solutions? What are the risks? What are the implications of your decision? How serious are the consequences? Should you choose to perform an act, you are responsible for performing it accurately and safely.

### **II. REVIEW EXISTING LAWS, POLICIES, AND STANDARDS OF NURSING PRACTICE**

The APRN, RN and LPN are responsible for implementing the nursing process in the delivery of nursing care. The Boards receive many questions about the LPN's role in the assessment component of the nursing process. While the law does not specifically address the issue of the LPN's role in the assessment process, the rule clearly places the responsibility for the analysis of the data on the RN (WV10CSR3). It is the responsibility of the LPN to contribute to that data analysis by collecting objective and subjective data at the direction of the APRN or RN and by reporting and documenting the information collected (OBON, 2014).

The legislative rules which provide the legal standards of practice for APRN's, RN's and LPN's in West Virginia are included in this document as appendices F and G. Based on the definitions of practice in the Code, the APRN and RN can independently engage in activities including assessing the health status of an individual, teaching, delegating, supervising, diagnosing, intervening and evaluating. The LPN has a dependent role and provides care only at the direction of the APRN, RN, physician or dentist (WV10CSR3; OBON, 2014).

Once the problem has been clearly defined, review existing laws, policies, and standards of nursing practice:

- A. Definitions of nursing practice (§30-7-1.a,c)\* or advanced practice registered nursing practice (19 CSR 7) and the Legal Standards of Practice for the Registered Professional Nurse (19 CSR 10), **(Definitions, page 3 & Appendix F)**.
- B. Definition of practice for the licensed practical nurse (§30-7A-1.a)\* and Legal Standards of Practice for the Licensed Practical Nurse (10 CSR 3). **(Definitions, page 3 & Appendix G)**.

\*The Boards receive questions from licensees who hold an active APRN or RN license and an active LPN license. There is nothing that prohibits having all of these licenses, however, the Boards caution the licensee regarding role confusion related to differences in scope of practice based on the role in which they are employed. The Boards hold the licensee to their highest level of education.

- C. Medication Administration by Unlicensed Personnel (WV Code §16-50-1 et. seq.) **(Appendix I)**
- D. School Nurse Law and Rules
- E. Dialysis Technician Law and Rules
- F. Office of Emergency Medical Services Personnel Law and Rules regarding paramedics in the emergency department setting.
- G. Agency Accreditation Standards
- H. National Council of State Boards of Nursing (NCSBN)

- I. Office of Health Facility Licensure and Certification (OHFLAC)
- J. Standards of practice of a national nursing specialty organization.
- K. Positive and conclusive data in nursing literature and supported by nursing research
- L. Established policy and procedure of employing facility or agency, as long as the policy and procedures are not in conflict with the law or rules.

Following a review of these items ask yourself the following questions:

- A. Is the act expressly addressed in existing law or rules and regulations for your licensure category? Is the activity or task consistent with the scope of practice for an advanced practice registered nurse, registered professional nurse or a licensed practical nurse?
- B. Is the activity or task within the accepted standards of care? Would a reasonable and prudent nurse with similar training and experience perform the activity under similar circumstances?

### III. MAKING THE DECISION

After defining the issue and reviewing significant materials, a decision must be made. To facilitate this process, ask yourself the following questions:

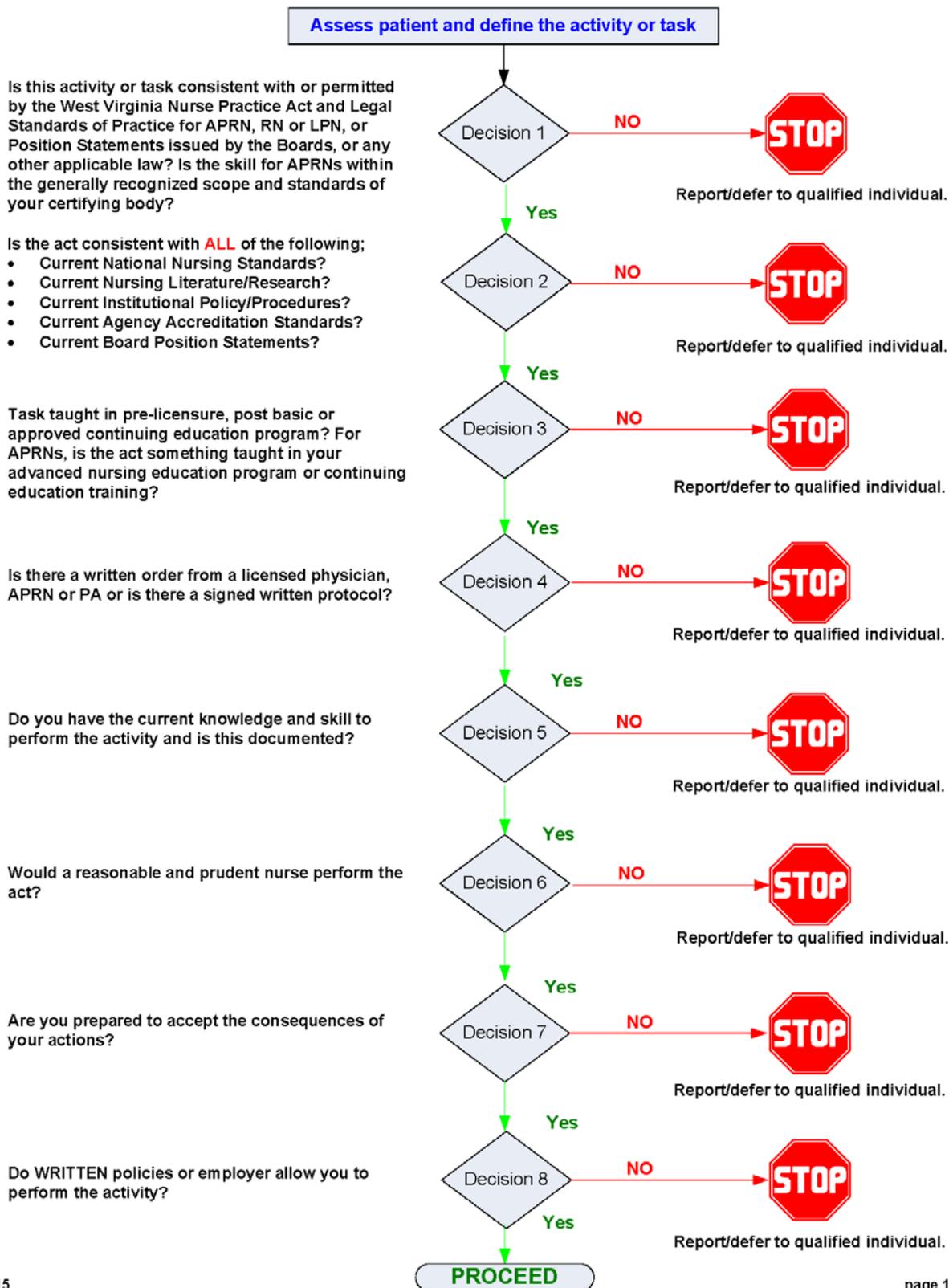
- A. What is the best decision? When should it be done? By whom? What are the implications of your decision? How will you evaluate your decision? Is the act within the scope of practice for a registered professional nurse, or is it an advanced practitioner role? Should it be performed by the licensed practical nurse or can it be performed by an unlicensed individual?
- B. Do you personally possess the depth and breadth of knowledge to perform the activity or task safely and effectively as demonstrated by knowledge acquired in a pre-licensure, post-basic or continuing education program?

- C. Do you personally possess current clinical competence to perform the activity or task safely? Is this competence documented?
- D. Are you physically and mentally capable of performing the activity safely?
- E. Are you prepared to accept the consequences of your actions and assume accountability for provision of safe care?

If you answered in the affirmative to all of the questions above, you may perform the activity or task.

NOTE: A Scope of Practice Decision Model Follows

## SCOPE OF PRACTICE DECISION MODEL FOR THE APRN, RN AND LPN



## **REGISTERED PROFESSIONAL NURSE RESPONSIBILITY AS A SUPERVISOR OF DELEGATED OR ASSIGNED ACTIVITIES**

The focus of advanced practice registered nursing or registered professional nursing is on the application of substantial specialized knowledge, judgment and nursing skill in the assessment, analysis, planning, implementation and evaluation of nursing care. The advanced practice registered nurse or registered professional nurse is responsible and accountable for:

- A. Clinical decision making regarding nursing care
- B. Assuring that care is provided in a safe and competent manner
- C. Determining which nursing acts in the implementation of care can be delegated or assigned and to whom
- D. Providing direction and assistance, periodic observation and evaluation of effectiveness of acts performed by those under supervision

Only those nursing activities commensurate with the educational preparation and demonstrated ability of the person who will perform the act may be delegated or assigned. Entry level nurses and those re-entering nursing will need continued education and support as they gain skills as supervisors of delegated skills and tasks.

“Direct supervision” means the activity of a registered professional nurse with an unencumbered license in West Virginia being present at all times in the same assigned physical work area as the person being supervised (WV19CSR3).

An applicant for licensure by examination who is a graduate of an accredited program in practical nursing, may work under the direct supervision of an advanced practice registered nurse or registered professional nurse, licensed physician, or licensed dentist and render nursing services during the period between graduation and notification of the results of the first licensing examination following graduation upon issuance of a temporary permit from the board. The board shall issue a temporary permit, valid for up to ninety (90) days from the date of graduation, to cover the period of time between graduation and notification of the results of the first licensing examination.

The holder of a temporary permit shall work under the direct supervision of a licensee, until the applicant has successfully passed the NCLEX-RN and a license is issued.

### **FIVE RIGHTS OF DELEGATION/ASSIGNMENT**

1. **RIGHT TASK**  
Right person is delegating or assigning the right task to the right person to be performed on the right person.
2. **RIGHT PERSON**  
Right person is delegating or assigning the right task to the right person to be performed on the right person.
3. **RIGHT DIRECTION/COMMUNICATION**  
Clear, concise description of the task, including its objective, limits and expectations.
4. **RIGHT SUPERVISION**  
Appropriate monitoring, evaluation, intervention, as needed and feedback.
5. **RIGHT CIRCUMSTANCES**  
Appropriate patient setting, available resources, patient stability, etc.

### **GUIDELINES FOR DELEGATION OF NURSING ACTS TO THE LICENSED PRACTICAL NURSE**

The decision to delegate should be consistent with the time-honored and well established nursing process, i.e., appropriate assessment, planning, implementation and evaluation by the nurse delegator. This necessarily precludes a complete listing of tasks that can be routinely and uniformly delegated for all patients in all situations. Rather, the nursing process and decision to delegate must be based on careful analysis of the patient and circumstances. The authority and qualifications of the proposed nurse delegator are critical to delegation decisions. The Five Rights of Delegation may facilitate appropriate delegation decisions. Consequences of error and patient health and safety must be evaluated with each decision.

1. Delegation of acts beyond those taught in the basic educational program for the LPN should be based on a conscious decision of the registered nurse.

- Practice beyond entry level for the LPN should not be automatic nor should it be based solely on length of experience.
2. Practice beyond entry level **must** be competency based.
    - Competency based practice is defined by structured educational activities which include assessment of learning and demonstration of skills.
  3. Records of educational activities designed to enhance entry level knowledge, skill and ability **must** be maintained and available to the APRN or RN making the decision.
    - The employer and the employee must maintain records which include an outline of the educational content and an evaluation of achievement of educational objectives and demonstrated skills.
  4. Competency based enhancement of practice must be reviewed periodically by the advanced practice registered nurse or registered nurse.
    - Practice beyond the entry level should be more closely supervised.
  5. Practice is limited to those activities addressed in the written policies and procedures of the employing agency, as long as those policies are not in conflict with West Virginia Law or rules.
    - Job descriptions and employing agency policies should specifically address functions that the LPN will be expected to perform as part of basic, as well as enhanced practice. Policies should also address the conditions under which the procedures and services are to be performed.

#### **ACTIVITIES THAT MAY BE DELEGATED TO THE LPN**

Activities appropriate for delegation to the LPN should be those that, after careful evaluation by the supervising APRN or RN, are expected to contain **only one option**. That is, the LPN is expected to be able to proceed through the established steps or an activity without encountering an unexpected response or reaction, and competence in performance of the activity has been demonstrated.

## **ACTIVITIES THAT SHOULD *NOT* BE DELEGATED TO THE LPN**

Activities that are **NOT** appropriate for delegation to an LPN are those that are likely to present decision making options, requiring in depth assessment and professional judgment in determining the next step to take as the provider proceeds through the steps of the activity.

## **GUIDELINES FOR ASSIGNING TASKS TO UNLICENSED PERSONNEL**

There is a need and a place for competent, appropriately supervised, unlicensed assistive personnel in the delivery of affordable, quality health care. However, it must be remembered that unlicensed assistive personnel are to **assist - not replace - the nurse**. This, unlicensed assistive personnel should be assigned to the nurse to assist with patient care rather than be independently assigned to the patients.

## **ACTIVITIES THAT MAY BE ASSIGNED TO AN UNLICENSED PERSON**

Nursing practice assigned to unlicensed assistive personnel is limited to performance of the basic nursing care services, such as taking vital signs, providing personal hygiene, comfort, nutrition, ambulation and environmental safety and protection. Unlicensed workers are **PROHIBITED** from performing any licensed nursing function that is specifically defined for licensed nurses in the nursing practice acts or rules of the Boards of Nursing, *except* as specifically provided in West Virginia Code and Rules (AMAPS, School Nurse, Dialysis Techs, EMS, etc.)

**The APRN or RN remains the manager of care even for the assignment of tasks to an unlicensed person under a life threatening emergency. Nurses have always been accountable or responsible for their assignment decisions. Responsibility or answerability when delegating or assigning cannot be avoided.**

## **ACTIVITIES THAT SHOULD NOT BE ASSIGNED TO AN UNLICENSED PERSON**

Activities that are not appropriate for assignment to an unlicensed person are those that require nursing judgment and skill and have substantial potential to jeopardize client safety and welfare. Except as specifically provided in law. (WV Code §16-50-1 et. seq., and other laws and rules). The Boards receive questions about delegation to medical assistants. Medical assistants are unlicensed personnel and have no defined scope of practice, have no laws or rules governing practice and may not be delegated activities by the nurse that require professional licensure (i.e. intravenous medication administration).

## **CLIENT SELF-CARE**

The performance of nursing acts by the client for self-care or by the client's family members does not constitute delegation or assignment of nursing acts to unlicensed personnel for compensation.

Client and family education is a part of nursing practice. Nurses may teach and supervise the performance of activities by clients and family members who have demonstrated willingness and an ability to perform the activity.

### **THE DIFFERENCE BETWEEN "ASSIGNMENT" AND "DELEGATION"?**

Understanding the difference between "delegation" and "assignment" can be a challenge. In an effort to help nurses better understand the concepts as they apply to this document and practice in West Virginia, the following paragraphs are provided:

Delegation is always downward. That is, delegation occurs when one individual has the authority to perform the task or activity, and transfers that authority to another competent individual. The APRN or RN delegating the task retains the responsibility for the decision to delegate. The person performing the task is responsible and accountable for that task and related activities.

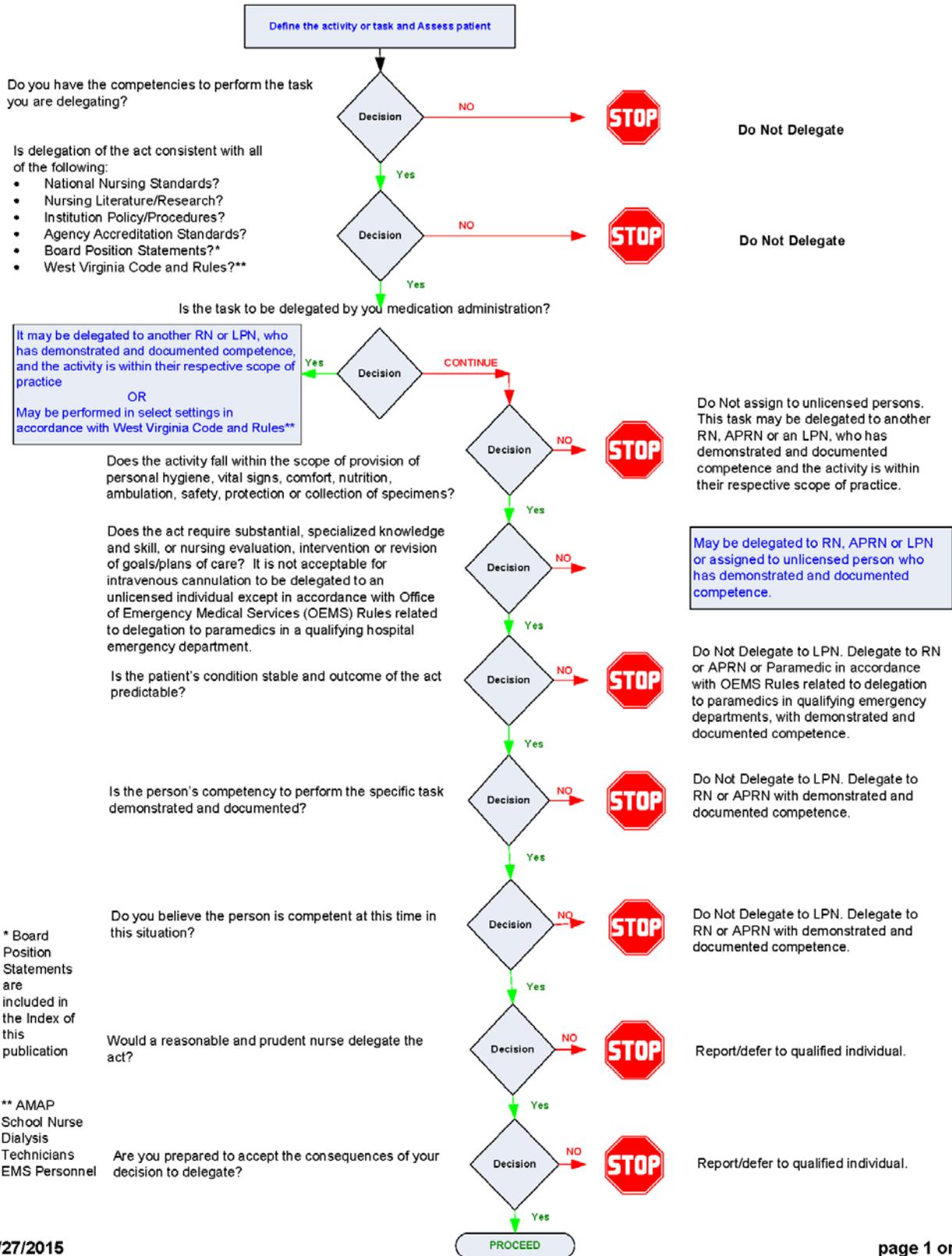
Assignment means that a nurse designates another competent nurse or unlicensed person to be responsible for specific patients or selected nursing functions for specifically identified patients. Assignment occurs when the authority to do a task already exists. Both registered nurses and licensed practical nurses have a defined scope of practice established in law; therefore, APRN to APRN, APRN to RN, RN to RN, and (when the activity is within the LPN's scope of practice) RN to LPN, or LPN to LPN is an assignment. The APRN, RN or LPN making the assignment retains the responsibility for the task being completed by a competent person.

An element of assignment exists in all delegation; however, assignment, which is horizontal in nature, does not require delegation. Both "assignment" and "delegation" decisions must be made by a licensed nurse on the basis of the skill levels of the care givers, patient or client care needs, and other considerations. Nurses have always been accountable or responsible for their assignment decisions. Responsibility or answerability when delegating or assigning cannot be avoided.

NOTE: A Delegation/Assignment Decision Model follows

# Delegation/Assignment Decision Model

Before this model can be appropriately used the Scope of Practice Model must be applied to available staff



\* Board Position Statements are included in the Index of this publication

\*\* AMAP School Nurse Dialysis Technicians EMS Personnel

**APPENDIX**  
**APPENDIX A**

**WEST VIRGINIA BOARD OF EXAMINERS**  
**FOR REGISTERED PROFESSIONAL NURSES**

101Dee Drive, Suite 102  
Charleston, WV 25311-1620

**POSITION STATEMENT**

**The Role of the Advanced Practice Registered Nurse, Registered Professional Nurse,  
and Licensed Practical Nurse in Intravenous Therapy**

In response to the numerous inquiries the Board has received concerning the role of the practical nurse, in the administration of intravenous therapy and in the management of the patient receiving intravenous therapy the Board issues the following clarification of its position statement.

The advanced practice registered nurse (APRN) or registered professional nurse (RN) is responsible and accountable for the administration and clinical management of intravenous therapy. The APRN or RN may delegate selected activities associated with the administration and management of intravenous therapy to a licensed practical nurse qualified by education and experience. The delegation of these activities is based upon the APRN's or RN's judgment, policy and procedure of the institution and standards of nursing practice.

A 1982 opinion for the West Virginia Attorney General's office states: "Inherent in the definition of the registered professional nurse is the responsibility to administration (management) of the application of all nurse procedures, including intravenous therapy. The licensed practical nurse may, under the direction of a registered professional nurse, **perform selected acts, which could conceivably include procedural aspects of intravenous therapy. However, performance of procedural aspects of intravenous therapy by a licensed practical nurse does not relieve the registered professional nurse of the responsibility provided for in law, for assigning the procedure to the licensed practical nurse.** The APRN or RN must know that the LPN has the appropriate education and demonstrable skills to perform the act. Regardless of who performs the act or procedure, the APRN or RN retains the responsibility for supervision of the patient, including observation of symptoms and reactions and

supervision of other persons (including the LPN) with respect to application of nursing procedures.”

The above statement is a reprint of a Position Statement provided by the Board in March, 1983, Revised December 4, 1989 and printed in the RN Newsletter Spring, 1990; Reviewed and Reaffirmed, June 14, 1999. Reviewed and Reaffirmed, June 15, 2005. Revised August 4, 2014.

APPENDIX B  
**WEST VIRGINIA STATE BOARD OF EXAMINERS  
FOR LICENSED PRACTICAL NURSES**

101 Dee Drive, Suite 100  
Charleston, West Virginia 25311-1688

The following are statements originally issued by the West Virginia State Board of Examiners for Licensed Practical Nurses in June, 1977, in response to frequent requests.

Administration of Intravenous Fluids

The law in West Virginia is not specific in that no duties are spelled out as being duties of a licensed practical nurse. The West Virginia State Board of Examiners for Licensed Practical Nurses can only recommend that licensed practical nurses perform duties and procedures for which training has been provided during the 12 month training program. The administration of I.V. fluids is not a part of the standard curriculum for accredited schools of practical nursing in West Virginia. However, if written hospital policy permits, additional training has been received and can be verified, providing there is adequate supervision and the licensed practical nurse is willing to accept responsibility, it is not illegal for a licensed practical nurse to perform more difficult procedures, such as administration of I.V. fluids.

Verbal and Telephone Orders

The West Virginia State Board of Examiners for Licensed Practical Nurses does not have a specific policy or rule in reference to this procedure. The following rules, however, apply in specific practice settings:

General Hospitals: 64 CSR 12, West Virginia Legislative Rules, Department of Health and Human Resources, Hospital Licensure, 2006, section 7.2.q states in part "The hospital shall ensure that verbal and telephone orders shall be given to registered professional nurses and other licensed or registered health care professionals, in their area of training and professional expertise, when authorized by the medical staff policies: Provided, that any verbal or telephone order received by a licensed or registered health care professional shall also be communicated to the registered professional nurse responsible for the overall care of that patient." . .

Nursing Homes: Historically the Legislative Rules, West Virginia Department of Health and Human Resources, Nursing Home Licensure, have permitted both R.N.s and L.P.N.s to take verbal or telephone orders in a nursing home. While currently 64 CSR 13, Nursing Home Licensure Rules, 2007, do not specifically address verbal or telephone orders, section 8.14.d. states that "A nursing home shall have a registered nurse on duty in the facility for at least

eight (8) consecutive hours, seven (7) days a week.” It is therefore a common practice for licensed practical nurses, functioning without a registered nurse on the premises, to take verbal and telephone orders from the physician.

Other Work Settings: Consult policies of the employer and rules of appropriate accrediting or certifying agencies to determine whether the L.P.N. may take verbal or telephone orders.

(IVTHERAP): Approved: 6/77. Revised and Reaffirmed: 2/89, 2/90, 6/93, 6/94, 10/98, 8/05.

## APPENDIX C

### **DELEGATION BY SCHOOL NURSES OF ADMINISTRATION OF MEDICATION IN EMERGENCY SITUATIONS**

The West Virginia Board of Examiners for Registered Professional Nurses has considered two separate inquiries related to the authority of a certified school nurse who is a registered professional nurse to delegate the administration of student medications to a teacher or other school employee. After reviewing the questions and available information, the Board offers the following guidance:

Under ideal circumstances, a school nurse should be physically present in each school, or at least in each school in which a child requiring performance of specialized nursing functions is educated. Again under ideal circumstances, a Registered Professional Nurse should be responsible for the administration of all medications to children who require medication during the school day. The Board recognizes that these ideal circumstances do not yet exist. While practices may be developed to enable a minimum standard for safe care to be met, it is not the Board's intent to advocate anything less than the highest possible standard of care.

#### **Injectable and other emergency medications:**

It is recognized that particular health problems may precipitate emergency situations requiring immediate treatment. Emergency situations are situations which cannot be predicted to occur at a particular time, or with a great degree of regularity, and which require definitive treatment within a very narrow period of minutes to avoid severe and perhaps permanent harm. Specific health problems or illnesses may create a high likelihood of the occurrence of such emergencies; to this extent, the emergency may be "predictable" because the underlying illness predisposes to its occurrence.

For students in whom there is a predisposition to an emergency health procedure, including but not limited to profound hypoglycemia in the student known to be diabetic, an anaphylactic reaction in the student with a history of such reactions, or a seizure in a student with a known seizure disorder, it is acceptable for the certified school nurse to delegate administration of medications used to treat such emergencies to qualified professional school employees, to provide for the safety of the student. Such delegation, consistent with the general guidelines set forth above, must be at the absolute discretion of the certified school nurse who is a registered professional nurse.

As the general discussion indicates, a written request and baseline information should be submitted by the parent(s), and signed by the physician. In addition to training related to the illness and the medication, the designee who will administer the medication should

demonstrate understanding of additional information. Additional understanding must include a clear comprehension of the indications for administration of the emergency medication, ability to perform an accurate, appropriate assessment to determine the need for the emergency medication, demonstration and verbalization of proper preparation and administration of the emergency medication, and knowledge of responses to the medication. The designee who will administer the emergency medication should also understand that, in any instance that such medication is given, the student must be entered into the formal health care system for evaluation and follow up, most likely by utilization of the "911" or other emergency medical response system. Documentation of events preceding the medication, during administration, following administration, and the time and personnel that assumed care of the student following the episode should be completed as soon as possible after care for the student has been assumed by emergency medical services or other health care personnel. Documentation should be delayed until it is clear that the professional school employee is no longer required to assist in providing care to or information regarding the student.

The law pertaining to providing nursing care in the school setting falls under West Virginia Code Chapter §18-5-22. School nurses have a policy book that provides all policies and procedures approved by the Department of Education. All school nurses are required to have knowledge of these policies and practices.

Issued: March, 1993; Revised and Reaffirmed March 21, 1996; June 14, 1999; June 15, 1999, June 15, 2005. Revised August 4, 2014. Revised December 19, 2014.

## APPENDIX D

### **POSITION STATEMENT EMERGENCY MEDICAL SERVICE PERSONNEL PARAMEDICS EMPLOYED IN HOSPITAL EMERGENCY DEPARTMENTS**

Consistent with applicable law, the West Virginia Board of Examiners for Registered Professional Nurses (Board) is issuing this statement to direct Advanced Practice Registered Nurses and Registered Professional Nurses who work with Emergency Medical Services (EMS) personnel in hospital Emergency Departments. Advanced Practice Registered Nurses and Registered Professional Nurses are authorized to delegate and direct paramedic Emergency Medical Services (EMS) personnel to perform skills and tasks within their scope of practice in Emergency Departments of a hospital, if there are approved written hospital policies and procedures governing paramedic services within the hospital emergency department, and the hospital is licensed as a EMS agency with the West Virginia Bureau for Public Health Office of Emergency Medicine Services (WVBPH OEMS, 2014, Doc Number 10.2-060114).

Professional nursing functions, including tasks which require assessment, planning, and professional judgment, must remain the responsibility of the Advanced Practice Registered Nurse (APRN) and Registered Professional Nurse (RN). The APRN and RN must not delegate professional functions to caregivers not qualified as professional nurses.

Patient care in the Emergency Department must be coordinated by an advanced practice registered nurse or registered professional nurse, who defines the standards of care and scope of practice for all nursing and assistive personnel. While other participants in the health care process may provide assistance in defining the role(s) of the non-RN caregiver in the Emergency Department, the final responsibility for delegating patient care activities **must remain** with the Advanced Practice Registered Nurse or Registered Professional Nurse who serves as the manager and coordinator of care (ANA, 2010).

The approved related guidelines begin on page 24 of this document.

Issued: March 19, 1993; Reviewed and Reaffirmed, March 21, 1996; December 4, 1998; June 15, 2005. Revised August 4, 2014.

APPENDIX E

TITLE 19

LEGISLATIVE RULES

WEST VIRGINIA BOARD OF EXAMINERS FOR  
REGISTERED PROFESSIONAL NURSES

SERIES 3

REQUIREMENTS FOR REGISTRATION AND LICENSURE AND CONDUCT CONSTITUTING  
PROFESSIONAL MISCONDUCT

**§19-3-1. General.**

1.1. Scope. -- This rule establishes the requirements for registration and licensure of a registered professional nurse and describes behavior which constitutes professional misconduct subject to disciplinary action.

1.2. Authority. -- W. Va. Code §30-7-4.

1.3. Filing Date. -- April 27, 2007.

1.4. Effective Date. -- July 1, 2007.

**§19-3-2. Definitions.**

The following words and phrases as used in this rule have the following meanings, unless the context requires otherwise:

2.1. "Certificate of registration" means a document issued by the board upon original licensure by examination in West Virginia;

2.2. "Direct supervision" means the activity of a registered professional nurse with an unencumbered license in West Virginia being present at all times in the same assigned physical work area as the person being supervised.

2.3. "Good professional character" means the integrated pattern of personal, academic and occupational behaviors which, in the judgment of the board, indicates that an individual is able to consistently conform his or her conduct to the requirements of W.Va. Code § 30-7-1 et seq., the board's rules and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability and integrity.

2.4. "Impaired" means the condition of a licensee whose performance or behavior is altered through the use of alcohol, drugs, or other means.

2.5. "Licensure card" means the wallet-sized document issued annually to indicate current registration or re-registration.

2.6. "National Council Licensure Examination" (NCLEX-RN) means the licensure examination for registered nurses which is owned and controlled by the National Council of State Boards of Nursing.

2.7. "Structured treatment program" means a program for physical, psychological, social and/or spiritual rehabilitation, if the program has been expressly approved by the board.

2.8. "Temporary permit" means a permit authorizing the holder to practice registered professional nursing in this state until the permit is no longer effective or the holder is granted a license by the board. The holder of a temporary permit is subject to all provisions of W. Va. Code §30-7-1 et. seq. and all other relevant sections of the West Virginia Code and rules promulgated by the board.

### **§19-3-3. Application for Examination.**

#### 3.1. Qualifications for application

3.1.a. Applicants educated in the United States or United States Territory shall:

3.1.a.1. have completed an approved four-year high school course of study or an equivalent course of study, as determined by the appropriate educational agency;

3.1.a.2. be of good moral character;

3.1.a.3. have completed the basic curriculum in a program in nursing education approved by the board, or in a school accredited or approved by a comparable board or other recognized authority in another jurisdiction. He or she must hold a diploma from that school and be recommended to the board by the faculty of the school of nursing; and,

3.1.a.4. Request and submit to the board the results of a state and a national electronic criminal history records check by the State Police.

3.1.a.4.A. The applicant shall furnish to the State Police a full set of fingerprints and any additional information required to complete the criminal history records checks.

3.1.a.4.B. The applicant is responsible for any fees required by the State Police in order to complete the criminal history records checks.

3.1.a.4.C. The criminal history records required by this paragraph must have been requested within the twelve (12) months immediately before the application is filed with the board.

3.1.a.4.D. The board may require the applicant to obtain an electronic criminal history records check from a similar agency in the state of the technician or applicant's residence, if outside of West Virginia.

3.1.a.4.E. To be qualified for licensure, the results of the criminal history records checks must be unremarkable and verified by a source acceptable to the board other than the applicant.

3.1.a.4.F. Instead of requiring the applicant to apply directly to the State Police for the criminal history records checks, the board may contract with a company specializing in the services required by this paragraph.

3.1.a.4.G. The board may deny licensure or certification to any applicant who fails or refuses to submit the criminal history records checks required by this subsection.

3.1.b. Applicants seeking licensure as veterans in lieu of the educational qualifications specified in subdivision 3.1.c. of this rule, and qualifying under W. Va. Code §30-24-1 et seq. an applicant who is a veteran shall:

3.1.b.1. have completed an approved four-year high school course of study or an equivalent course of study, as determined by the appropriate educational agency;

3.1.b.2. be of good moral character;

3.1.b.3. have served on active duty in the medical corps of any of the armed forces of the United States for at least one (1) year within the three (3) year period immediately preceding the date of application and have successfully completed the course of instruction required to qualify her or him for rating as a medical specialist advanced, medical service technician or advanced hospital corpsman technician, or other equivalent rating in her or his particular branch of the armed forces;

3.1.b.4. be honorably discharged from military service; and,

3.1.b.5. Request and submit to the board the results of a state and a national electronic criminal history records check by the State Police.

3.1.b.5.A. The applicant shall furnish to the State Police a full set of fingerprints and any additional information required to complete the criminal history records checks.

3.1.b.5.B. The applicant is responsible for any fees required by the State Police in order to complete the criminal history records checks.

3.1.b.5.C. The criminal history records required by this paragraph must have been requested within the twelve (12) months immediately before the application is filed with the board.

3.1.b.5.D. The board may require the applicant to obtain an electronic criminal history records check from a similar agency in the state of the technician or applicant's residence, if outside of West Virginia.

3.1.b.5.E. To be qualified for licensure, the results of the criminal history records checks must be unremarkable and verified by a source acceptable to the board other than the applicant.

3.1.b.5.F. Instead of requiring the applicant to apply directly to the State Police for the criminal history records checks, the board may contract with a company specializing in the services required by this paragraph.

3.1.b.5.G. The board may deny licensure or certification to any applicant who fails or refuses to submit the criminal history records checks required by this subsection.;

3.1.c. Applicants educated outside the United States or United States Territory shall:

3.1.c.1. have completed an approved four-year high school course of study or an equivalent course of study, as determined by the appropriate educational agency;

3.1.c.2. be of good moral character;

3.1.c.3. submit a copy of the certificate issued by the commission on graduates of foreign nursing schools (CGFNS), as specified in the board's rule, Qualification of Graduates of Foreign Nursing Schools for Admission to the Professional Nurse Licensing Examination, 19CSR4;

3.1.c.4. submit a copy of the transcript from a professional nursing education program, translated in the English language;

3.1.c.5. submit satisfactory documentation of the English language proficiency by one of the following methods:

3.1.c.5.A. submit evidence that the nursing education, text books, and majority of the clinical experiences were in English;

3.1.c.5.B. submit an original report showing a score of at least 530 for the written exam or 200 for the computer exam on the Test of English as a Foreign Language (TOEFL) plus a score of at least 50 on the Test of Spoken English (TSE);

3.1.c.5.C. submit an original report showing a score of at least 700 on the Test of English for International Communication (TOEIC) plus a score of at least 50 on the Test of Spoken English (TSE); or,

3.1.c.5.D. provide a VisaScreen certificate; and,

3.1.c.6. Request and submit to the board the results of a state and a national electronic criminal history records check by the State Police.

3.1.c.6.A. The applicant shall furnish to the State Police a full set of fingerprints and any additional information required to complete the criminal history records checks.

3.1.c.6.B. The applicant is responsible for any fees required by the State Police in order to complete the criminal history records checks.

3.1.c.6.C. The criminal history records required by this paragraph must have been requested within the twelve (12) months immediately before the application is filed with the board.

3.1.c.6.D. The board may require the applicant to obtain an electronic criminal history records check from a similar agency in the state of the technician or applicant's residence, if outside of West Virginia.

3.1.c.6.E. To be qualified for licensure, the results of the criminal history records checks must be unremarkable and verified by a source acceptable to the board other than the applicant.

3.1.c.6.F. Instead of requiring the applicant to apply directly to the State Police for the criminal history records checks, the board may contract with a company specializing in the services required by this paragraph.

3.1.c.6.G. The board may deny licensure or certification to any applicant who fails or refuses to submit the criminal history records checks required by this subsection.;

## 3.2. Filing of Application.

### 3.2.a. Applicants educated in the United States.

3.2.a.1. An applicant for licensure by examination shall meet the requirements set forth in subdivision 3.1.a. of this section and submit the following to the board office:

3.2.a.1.A. A completed board application forty-five (45) days prior to the date the applicant wishes to take the examination;

3.2.a.1.B. The required fee for licensure by examination set forth in the board's rule, Fees, 19 CSR 12. Payment shall be in the form of a cashier's check or money order, and made payable to the West Virginia Board of Examiners for Registered Professional Nurses. Application fees are not refundable, nor applicable to other test dates;

3.2.a.1.C. One (1) passport type identification photograph of the applicant signed on the front by both the applicant and the director of the nursing education program completed by the applicant; and

3.2.a.1.D. A final official transcript showing the type of degree and date conferred shall be sent directly to the office of the board from a board approved nursing education program. The final official transcript may be submitted after the forty-five (45) day filing deadline, but shall be submitted prior to the examination date. The board will not consider an application for approval until the final, official transcript is received in the board office.

3.2.a.2. An applicant for licensure by examination shall submit an application directly to the contracted test service for the National Council Licensure Examination (NCLEX-RN) with the application fee forty-five (45) days prior to the date the applicant wishes to take the examination.

3.2.a.3. The authorization to test for any one application is valid for ninety (90) days, and may not be extended.

### 3.2.b. Applicants educated outside the United States or United States Territory.

3.2.b.1. An applicant who was educated outside the United States or United States Territories and who seeks licensure by examination shall submit the following:

3.2.b.1.A. A completed board application forty-five (45) days prior to the date the applicant wishes to sit for the examination;

3.2.b.1.B. The required fee for licensure by examination set forth in the board's rule, Fees, 19 CSR 12. Payment shall be in the form of a cashier's check or money order, and made payable to the West Virginia Board of Examiners for Registered Professional Nurses. Application fees are not refundable, nor applicable to other test dates; and

3.2.b.1.C. One (1) passport type identification photograph of the applicant signed on the front by the applicant;

3.2.b.2. An applicant for licensure by examination shall submit directly to the current test service under contract with national council, a completed National Council Licensure Examination (NCLEX-RN) application with the application fee forty-five (45) days prior to the date the applicant wishes to take the examination.

3.2.b.3. The authorization to test for any one application is valid for ninety (90) days, and may not be extended.

3.2.c. Veteran applicants pursuant to W. Va. Code §30-24-1 et seq..

3.2.c.1. An applicant for licensure by examination who qualifies under W. Va. Code §30-24-1 et. seq. (veterans) shall submit the following information to the board office:

3.2.c.1.A. A completed board application forty-five (45) days prior to the date the applicant wishes to take the examination;

3.2.c.1.B. The required fee for licensure by examination as set forth in the board's rule, Fees, 19 CSR 12. Payment shall be in the form of a cashier's check or money order, and made payable to the West Virginia Board of Examiners for Registered Professional Nurses. Application fees are not refundable, nor applicable to other test dates;

3.2.c.1.C. One (1) passport type identification photograph of the applicant signed on the front by the applicant and the dean or director of the nursing program completed;

3.2.c.1.D. An official copy of military form DD214 directly from the national personnel records center; and

3.2.c.1.E. Any additional information requested by the board including but not be limited to:

3.2.c.1.E.1. Copies of certificates of completion for military education including course and occupation credit recommendations; and,

3.2.c.1.E.2. Course outlines for military education documenting nursing science content in the training program.

3.2.c.2. An applicant for licensure by examination who qualifies under West Virginia Code §30-24-1 et. seq. shall submit directly to the current test service under contract with national council a completed National Council Licensure Examination (NCLEX-RN) application with the application fee forty-five (45) days prior to the date the applicant wishes to take the examination.

3.2.c.3. The authorization to test for any one application is valid for ninety (90) days, and may not be extended.

#### **§19-3-4. Temporary Permit to Practice as a Registered Professional Nurse.**

4.1. A temporary permit issued to an applicant awaiting initial examination for licensure as a registered professional nurse is valid until three (3) days from the date the applicant's licensing examination results are mailed from the office of the board.

4.2. The board may issue a temporary permit to an applicant for examination following graduation from a state approved nursing education program. The temporary permit expires ninety (90) days following graduation, or at the time licensure examination results are announced, whichever comes first. A temporary permit is not renewable.

4.3. The board shall not issue a temporary permit which permits the holder to practice registered professional nursing while awaiting initial examination for licensure and the reporting of the results of the examination until it has received and approved an application for licensure by examination.

4.4. The holder of a temporary permit is subject to all provisions of West Virginia Code § 30-7-1 et. seq. and all other relevant provisions of the West Virginia Code and rules promulgated by the board.

4.5. The holder of a temporary permit shall work under the direct supervision of a licensee, until the applicant has successfully passed the NCLEX-RN and a license is issued.

#### **§19-3-5. Licensure Examination.**

5.1. The licensure examination is the national council licensure examination for registered nurses (NCLEX-RN) which is owned and controlled by the National Council of State Boards of Nursing, Inc.

5.2. The board shall determine the availability of the examination dates, times, and places of administration.

#### **§19-3-6. Failure to Pass Licensure Examination.**

6.1. An applicant for licensure by examination who fails to attain a passing score on the examination shall, upon notification of examination results, immediately return any temporary permit to practice registered professional nursing to the office of the board.

6.2. In considering an application for licensure by examination, the number of times the applicant has taken the licensing examination shall include each time that the applicant has taken an examination for licensure as a registered professional nurse in any jurisdiction.

6.3. In the event an applicant fails the licensure examination two times, he or she may petition the board for permission to repeat the licensure examination. The board may deny approval for an applicant to repeat an examination after two failures if more than two years has lapsed since the applicant graduated from a nursing education program. In addition, the board may deny approval to repeat the examination after two failures if the applicant cannot

show in the petition to repeat the examination more than two times that any further education has been taken by the applicant to correct deficiencies in his or her nursing knowledge.

6.4. An examination applicant may not repeat the licensure examination more than four times per year, nor more often than every forty five (45) days.

6.5. A repeat examination applicant shall complete the application for examination as specified in subsection 3.2. of this rule and be subject to other requirements as established by the board.

#### **§19-3-7. Licensure by Endorsement.**

7.1. An applicant for permanent licensure by endorsement shall:

7.1.a. be currently licensed in another state and shall have passed the licensure examination that was used in the state of West Virginia at the time of his or her graduation from a professional nursing education program.

7.1.b. complete and submit to the board an accurately completed application for licensure by endorsement;

7.1.c. submit the non-refundable fee set forth in the board's rule, Fees, 19 CSR 12.

7.1.d. have submitted a verification of licensure from the state in which he or she was originally licensed and the state in which he or she is currently employed if it is different than the original state of licensure. If these boards participate in the licensure verification system maintained by the National Council of State Boards of Nursing, the applicant shall follow the process of verification to another state in accordance with the procedures set in place for that system.

7.2. Temporary permit for endorsement applicant.

The holder of a temporary permit is subject to all provisions of W. Va. Code §30-7-1 et. seq. and all other relevant sections of the West Virginia Code and rules promulgated by the board.

7.2.a. A complete endorsement application shall be on file in the board office prior to the issuance of a temporary permit including the notarized form, identification photograph, and endorsement application fee .

7.2.b. The board shall not issue a temporary permit until a complete board application for a temporary permit for an endorsement applicant is on file in the board office including the form and the fee set forth in the board's rule, Fees, 19 CSR 12.

7.2.c. The temporary permit expires one hundred eighty (180) days from the date of issuance and the expiration date shall be printed on the temporary permit.

7.2.d. The holder of the temporary permit shall immediately return the temporary permit upon request of the board. A temporary permit holder who fails to complete the endorsement application for full licensure is not entitled to an extension of the temporary permit. An applicant must provide a satisfactory explanation to the board prior to any subsequent request for endorsement by the applicant if the one hundred eighty (180) day period expires prior to the completion of the required procedure for licensure by endorsement by an applicant licensed as a registered professional nurse in another state, territory, or foreign country. The applicant shall repeat the process for endorsement in its entirety if the explanation is considered acceptable by the board.

7.2.e. A temporary permit is not renewable, and the board shall not extend the initial one hundred eighty (180) day period.

7.2.f. The holder of any temporary permit to practice registered professional nursing shall furnish the board with his or her address and telephone number, and the name, address, and telephone number of his or her employer at all times while the permit is effective.

7.2.g. The board shall not issue a temporary permit if it determines upon satisfactory proof that the applicant has in any way falsified his or her qualifications for the temporary permit.

7.2.h. The board shall not issue the temporary permit if it is presented with satisfactory proof that the applicant has any action pending against his or her license to

practice registered professional nursing in another state, territory, or foreign country, or if the license is encumbered in any way.

7.2.i. A temporary permit becomes void during the one hundred eighty (180) days if the board determines, upon satisfactory proof, that it will deny the applicant full licensure for any of the causes set forth in West Virginia Code §30-7-6. The board may also revoke the temporary permit at any time.

#### **§19-3-8. Change of Name and/or Address.**

8.1. If a licensee legally changes his or her name through marriage, divorce court order or other means, he or she shall send this information to the office of the board. The information shall include both the full prior name and the new name, in a properly executed affidavit or a certified copy of the marriage certificate or divorce decree. The licensee shall submit these documents along with the fee set forth in the board's rule, Fees, 19 CSR 12.

8.2. A licensee shall notify the board of any change in residence or mailing address within thirty (30) days of the change. This notification shall be submitted in writing to the board office by facsimile, electronic communication or postal service.

#### **§19-3-9. Renewal of License.**

9.1. Each license issued by the board expires on October 31 of each year. In order to continue practicing a licensee shall renew his or her license annually. The deadline for receipt of the renewal application and fee is thirty days after receipt of the renewal application. A license for which a renewal application is received after October 31 is lapsed. The board shall consider the application for renewal of the license of each licensee upon receipt of:

9.1.a. an accurately completed application for renewal of the license;

9.1.b. submission of additional documents as determined by the board;

9.1.c. verification that he or she meets the continuing competence requirements specified in the board's rule, Continuing Education, 19CSR11;

9.1.d. all additional requirements set forth by the board; and,

9.1.e. the fee for renewal set forth in the board's rule, Fees, 19 CSR 12.

9.1.f. The fee for a license issued by renewal after the implementation of the October 31 renewal date shall be prorated.

#### 9.2. Request for inactive status.

A licensee who is not practicing, and who has no disciplinary action pending against his or her license, may request his or her name be entered on the inactive list by the executive secretary of the board by completing the renewal application furnished by the board and indicating his or her desire to be placed on inactive status. The board shall then designate the licensee's records "inactive". No fee is required for inactive status and no license is issued. The board may provide the inactive licensee, upon application, payment of the current fee, and completion of required continuing education, an active license to practice registered professional nursing in West Virginia. The board may inquire into activities and events during the term of the inactive license period.

#### 9.3. Request for permanently retired status.

A licensee who has permanently retired from the practice of nursing in all states may upon request be designated as a "Retired Registered Professional Nurse" and shall receive an identification card with that designation. The recipient of the designation may not practice as a registered professional nurse in any state and may not in any way indicate to any persons that he or she is licensed to practice as a registered professional nurse. If the individual identified as the "Retired Registered Professional Nurse" does practice in any form, voluntarily or for pay, as a registered professional nurse, he or she is guilty of practicing nursing without a license and shall be subject to the appropriate penalties contained in law and rule. If at any time the individual designated as the "Retired Registered Professional Nurse" desires to return to the practice of nursing, he or she shall submit the reinstatement application along with the current fee and shall meet all reinstatement requirements.

### **§19-3-10. Reinstatement of Lapsed License.**

10.1. Non-renewal of license. If a licensee fails to renew his or her license before the current license expires, the license shall lapse.

10.2. The fee to reinstate a lapsed license is set forth in the board's rule, Fees, 19 CSR 12.

10.3. Any person practicing registered professional nursing during the time his or her license has lapsed is considered an illegal practitioner and is subject to the penalties provided for violation of W.Va. Code §30-7-1 et seq.

**§19-3-11. Verification of Licensure to Another State Board of Nursing.**

The board shall furnish a certified statement verifying West Virginia licensure upon submission of a written request by the licensee for the verification and payment of a fee set forth in the board's rule, §19 CSR 12, Fees. If the licensee is a graduate of a school which has closed and his or her records are on file in the board office, the board shall provide a copy of school records upon written request and payment of the fees set forth in the board's rule, Fees, 19 CSR 12.

**§19-3-12. Loss of Certificate of Registration or Current Licensure Card.**

12.1. To replace a lost or destroyed certificate of registration the licensee shall send an affidavit certifying the loss or destruction of the certificate of registration and the fee set forth in the board's rule, Fees, 19 CSR 12.

12.2. To replace a lost or destroyed current licensure card, the licensee shall send an affidavit certifying the loss and the fee set forth in the board's rule, Fees, 19 CSR 12.

12.3. The board may publish notice of the issuance of a duplicate certificate of registration or current licensure card at the board's discretion.

**§19-3-13. Penalty for Presentation of Non-negotiable Check.**

13.1. The board shall assess the fee set forth in the board's rule, Fees, 19 CSR 12 to any individual who presents a check payable to the board that is later returned by the bank as non-negotiable. The presenter of the non-negotiable check shall redeem the non-negotiable check within fourteen (14) days of notification by certified mail. This fee is in addition to any reinstatement or other fee which may additionally become due because the applicant or

licensee submits an application or registration form after a board deadline. The applicant, licensee, or other person who presents a non-negotiable check shall redeem it with cash, a money order, or a cashier's check.

13.2. The board shall designate the license or temporary permit of a registered professional nurse as invalid if fees are not paid within 14 days for a non-negotiable check submitted with an application for renewal or reinstatement or any other application form.

#### **§19-3-14. Professional Misconduct**

14.1. Conduct, including, but not limited to the following, if proven by a preponderance of evidence, constitutes professional misconduct subject to disciplinary action pursuant to W. Va. Code § 30-7-11(f). The applicant or licensee:

14.1.a. failed to adhere to common and current standards for professional nursing practice, including but not limited to standards established by a national professional nursing organization, nursing research, nursing education, or the board;

14.1.b. failed to adhere to established standards in the practice setting to safeguard patient care;

14.1.c. knowingly committed an act which could adversely affect the physical or psychological welfare of a patient;

14.1.d. abandoned patients by terminating responsibility for nursing care, intervention, or observation without properly notifying appropriate personnel and ensuring the safety of patients;

14.1.e. practiced or offered to practice beyond the scope permitted by law or accepted and performed professional responsibilities that the licensee knows or has reason to know that he or she is not licensed, qualified, or competent to perform;

14.1.f. impersonated another licensed practitioner;

14.1.g. permitted another person to use the licensee's license for any purpose;

14.1.h. permitted, aided, or abetted an unlicensed, uncertified, or unregistered person to perform activities requiring a license, certificate, or registration;

14.1.i. delegated professional responsibilities to a person when the licensee delegating the responsibilities knows or has reason to know that person is not qualified by training, experience or licensure to perform them;

14.1.j. practiced registered professional nursing while his or her license is suspended, lapsed, or inactive;

14.1.k. failed to comply with terms and conditions as may be imposed by the board based upon previous disciplinary action of the board;

14.1.l. practiced professional nursing while the ability to safely and effectively practice is compromised by alcohol or drugs;

14.1.m. is addicted to a controlled substance;

14.1.n. is a chronic or persistent alcoholic;

14.1.o. engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public or any member of the public; thus, not exercising good professional character;

14.1.p. practiced professional nursing while the ability to safely and effectively practice was compromised by physical or mental disability;

14.1.q. refused or failed to report for a physical or mental examination, including but not limited to laboratory or other tests, requested by the board;

14.1.r. provided false or incorrect information to an employer or potential employer regarding the status of a license, or failed to inform an employer or potential employer of a change in the status of a license;

14.1.s. knowingly falsified an application for employment;

14.1.t. knowingly provided false information regarding completion of educational programs;

14.1.u. falsified patient records, intentionally charted incorrectly;

14.1.v. improperly, incompletely, or illegibly documented the delivery of nursing care, including but not limited to treatment or medication;

14.1.w. knowingly made or filed a false report;

14.1.x. knowingly or negligently failed to file a report or record required by state or federal law;

14.1.y. willfully impeded or obstructed the filing of a report or record required by state or federal law;

14.1.z. induced another person to file a false report or obstructed the filing of a report required by state or federal law;

14.1.aa. failed to report to the board within thirty (30) days, knowledge of a violation by a registered professional nurse of W. Va. Code §§ 30-7-1 et seq., 30-15-1 et seq., this rule, any other applicable state law or rule or any applicable federal law or regulation;

14.1.bb. failed to report through proper channels a violation of any applicable state law or rule, any applicable federal law or regulation or the incompetent, unethical, illegal, or impaired practice of another person who provided health care;

14.1.cc. impeded or obstructed an investigation by the board by failing to comply or respond to requests for action or information, whether the failure was known or negligent;

14.1.dd. violated any provision of W. Va. Code §30-7-1 et seq., or rules governing the practice of registered professional nursing, or a rule or order of the board, or failed to comply with a subpoena or subpoena duces tecum issued by the board;

14.1.ee. failed to register or notify the board of any changes of name or mailing address;

14.1.ff. failed to accept certified mail from the board, when mailed to the licensee's last address on record in the board's office;

14.1.gg. failed to disclose to the board a criminal conviction in any jurisdiction;

14.1.hh. was convicted of a misdemeanor with substantial relationship to the practice of registered professional nursing, in a court of competent jurisdiction.

14.1.ii. failed to disclose information when required by the board concerning treatment or counseling for substance abuse, or participation in any professional peer assistance program;

14.1.jj. provided false information on any application, or any other document submitted to the board for the purpose of licensure, advanced practice recognition, or prescriptive authority;

14.1.kk. misappropriated medications, supplies, or personal items of a patient or employer;

14.1.ll. self-administered or otherwise took into his or her body any prescription drug in any way not in accordance with a legal, valid prescription or used any illicit drug;

14.1.mm. prescribed, dispensed, administered, mixed or otherwise prepared a prescription drug, including any controlled substance under state or federal law, not in accordance with accepted nursing practice standards or not in accordance with the board's rule Limited Prescriptive Authority For Nurses in Advanced Practice, §19 CSR 8;

14.1.nn. physically or verbally abused, or failed to provide adequate protection or safety for an incapacitated individual in the context of a nurse-patient/client relationship;

14.1.oo. used the nurse-patient/client relationship to exploit a patient or client;

14.1.pp. engaged a patient or client in sexual activity or became romantically involved with a patient or client while still responsible for the care of that patient or client;

14.1.qq. failed to maintain appropriate professional boundaries in the nurse-patient/client relationship;

14.1.rr. failed to report that his or her license to practice registered professional nursing in any other state, territory, jurisdiction or foreign nation was revoked, suspended, restricted or limited, or otherwise acted against, that he or she was subjected to any other disciplinary action by the licensing authority, or that he or she was denied licensure in any other state, territory, jurisdiction, or foreign nation;

14.1.ss. violated the confidentiality of information or knowledge concerning a patient;

14.1.tt. practiced registered professional nursing by way of telecommunications or otherwise, in any other state, territory, jurisdiction, or foreign nation, without a license to do so and not in accordance with the law of that state, territory jurisdiction, or foreign nation;  
or

14.1.uu. was found guilty for improper professional practice or professional misconduct by a duly authorized professional disciplinary agency or licensing or certifying body or board in this or another state or territory, where the conduct upon which the finding was based would, if committed in this state, constitute professional misconduct under the laws of this state, may serve as a basis for disciplinary action by this board.

14.2. Upon a finding of probable cause that a basis for disciplinary action exists, the board may require a licensee or a person applying for licensure to practice as a registered professional nurse in this state to submit to a physical or psychological examination by a practitioner approved by the board. Any individual who applies for or accepts the privilege of practicing as a registered professional nurse in this state is considered to have given consent to submit to all such examinations when requested to do so in writing by the board and to have waived all objections to the admissibility of the testimony or examination report of any examining practitioner on the ground that the testimony or report is a privileged communication. If an applicant or licensee fails or refuses to submit to any examination under circumstances which the board finds are not beyond his or her control, that failure is prima facie evidence of his or her inability to practice as a registered professional nurse competently and in accordance with accepted standards for professional practice. A licensee

or person applying for licensure as a registered professional nurse who is adversely affected by this provision may request a hearing within thirty days of any action taken by the board.

14.3. Based on the nature of the complaint filed against the licensee, technician, or of the information received about an applicant, the board may require the technician or applicant to request and submit to the board the results of a state and a national electronic criminal history records check by the State Police.

14.3.a. The licensee, technician, or applicant under investigation shall furnish to the State Police a full set of fingerprints and any additional information required to complete the criminal history records check.

14.3.b. The licensee, technician, or applicant under investigation is responsible for any fees required by the State Police in order to complete the criminal history records check.

14.3.c. The board may require the licensee, technician, or applicant to obtain an electronic criminal history records from a similar agency in the state of the technician or applicant's residence, if outside of West Virginia.

14.3.d. Instead of requiring the licensee, technician, or applicant under investigation to apply directly to the State Police for the criminal history records checks, the board may contract with a private vendor to provide the services required in this subsection.

14.3.e. The board may deny licensure or certification or take disciplinary action against any licensee, technician, or applicant who fails or refuses to submit the criminal history records checks required by this subsection.;

14.4. If the board finds that public health, safety and welfare requires emergency action and incorporates a finding to that effect into its order, the board shall order summary suspension of a license pending proceedings for revocation of the license or other action. The board shall promptly institute and determine further disciplinary action.

### **§19-3-15. Impaired Nurse Treatment Program**

15.1. The board may permit a licensee or applicant for licensure who has been found guilty of prohibited conduct, to participate in a structured treatment program and meet other terms and conditions for continued licensure, in lieu of disciplinary action.

15.1.a. The board may appoint a designee to monitor participation in an approved treatment program;

15.1.b. The board may excuse an applicant or licensee that remains in compliance with the terms of an approved treatment program, to the satisfaction of the board's designee, from appearing before the board or hearing examiner to respond further to charges of misconduct;

15.1.c. An applicant or licensee that fails to comply with the terms of an approved treatment program, to the satisfaction of the board's designee, may be subject to further disciplinary action to the fullest extent of the board's authority;

15.2. The board may establish or approve impaired nurse treatment programs.

### **§19-3-16. Expungement of Records.**

The Disciplinary Review Committee shall expunge all complaints that it dismisses, upon request by the licensee, from the licensee's file after three (3) years, if no other complaint is received against the same licensee within the three (3) year period.

APPENDIX F

**TITLE 19  
LEGISLATIVE RULE  
BOARD OF EXAMINERS FOR REGISTERED  
PROFESSIONAL NURSES**

**SERIES 10  
STANDARDS FOR PROFESSIONAL NURSING PRACTICE**

**19-10-1. General.**

1.1. Scope. -- This rule establishes standards of safe practice for the registered professional nurse, and serves as a guide for the board in evaluating nursing care to determine if it is safe and effective.

1.2. Authority. -- W. Va. Code '30-7-4

1.3. Filing Date. -- March 31, 1994

1.4. Effective Date. -- April 1, 1994

**19-10-2. Standards Related to the Registered Professional Nurse's Responsibility to Implement the Nursing Process.**

2.1. The registered professional nurse shall conduct and document nursing assessments of the health status of individuals and groups by:

2.1.1. Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner. The data includes but is not limited to:

2.1.1.a. The client's knowledge and perception about health status and potential, or maintaining health status;

- 2.1.1.b. Consideration of the client's health goals;
- 2.1.1.c. The client's biophysical and emotional status;
- 2.1.1.d. The client's growth and development;
- 2.1.1.e. The client's cultural, religious and socio-economic background;
- 2.1.1.f. The client's ability to perform activities of daily living;
- 2.1.1.g. The client's patterns of coping and interacting;
- 2.1.1.h. Environmental factors (e.g. physical, social, emotional and ecological);
- 2.1.1.i. Available and accessible human and material resources;
- 2.1.1.j. The client's family health history; and
- 2.1.1.k. Information collected by other health team members;

2.1.2. Sorting, selecting, reporting and recording the data; and

2.1.3. Continuously validating, refining and modifying the data by utilizing all available resources, including interaction with the client, the client's family and significant others, and health team members.

2.2. The registered professional nurse shall establish and document nursing diagnoses and/or client care needs which serve as the basis for the plan of care.

2.3. The registered professional nurse shall identify expected outcomes individualized to the client and set realistic and measurable goals to implement the plan of care.

2.4. The registered professional nurse shall develop and modify the plan of care based on assessment and nursing diagnosis and/or patient care needs. This includes:

2.4.1. Identifying priorities in the plan of care;

2.4.2. Prescribing nursing intervention(s) based upon the nursing diagnosis and/or patient care needs;

2.4.3. Identifying measures to maintain comfort, to support human functions and responses, to maintain an environment conducive to well-being, and to provide health teaching and counseling.

2.5. The registered professional nurse shall implement the plan of care by:

2.5.1. Initiating nursing interventions through:

2.5.1.a. Writing nursing orders and/or directives;

2.5.1.b. Providing direct care;

2.5.1.c. Assisting with care; and

2.5.1.d. Delegating and supervising nursing care activities;

2.5.2. Providing an environment conducive to safety and health;

2.5.3. Documenting nursing interventions and responses to care; and

2.5.4. Communicating nursing interventions and responses to care to other members of the health care team.

2.6. The registered professional nurse shall evaluate patient outcomes and the responses of individuals or groups to nursing interventions. Evaluation shall involve the client, the client's family and significant others, and health team members.

2.6.1. Evaluation data shall be documented and communicated to other members of the health care team.

2.6.2. Evaluation data shall be used as a basis for reassessing the client's health status, modifying nursing diagnoses and/or patient care needs, revising plans of care, and prescribing changes in nursing interventions.

**19-10-3. Standards Related to the Registered Professional Nurse's Responsibility as a Member of the Nursing Profession.**

3.1. The registered professional nurse shall know the statutes and rules governing nursing and function within the legal boundaries of nursing practice.

3.2. The registered professional nurse shall accept responsibility for his or her individual nursing actions and competence.

3.3. The registered professional nurse shall obtain instruction and supervision as necessary when implementing nursing techniques or practices.

3.4. The registered professional nurse shall function as a member of the health team.

3.5. The registered professional nurse shall collaborate with other members of the health team to provide optimum patient care.

3.6. The registered professional nurse shall consult with nurses and other health team members and make referrals as necessary.

3.7. The registered professional nurse shall contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to nursing practice within the employment setting.

3.8. The registered professional nurse shall participate in the systematic evaluation of the quality and effectiveness of nursing practice.

3.9. The registered professional nurse shall report unsafe nursing practice to the Board and unsafe practice conditions to recognized legal authorities.

3.10. The registered professional nurse shall delegate to another only those nursing measures which that person is prepared or qualified to perform.

3.11. The registered professional nurse shall supervise others to whom nursing interventions are delegated.

3.12. The registered professional nurse shall retain professional accountability for nursing care when delegating nursing interventions.

3.13. The registered professional nurse shall conduct practice without discrimination on the basis of age, race, religion, gender, sexual preference, socio-economic status, national origin, handicap, or disease.

3.14. The registered professional nurse shall respect the dignity and rights of clients regardless of social or economic status, personal attributes, or nature of the client's health problems.

3.15. The registered professional nurse shall respect the client's right to privacy by protecting confidential information unless obligated by law to disclose the information.

3.16. The registered professional nurse shall respect the property of clients, family, significant others, and the employer.

3.17. The registered professional nurse assuming advanced practice shall be qualified to do so through education and experience as set forth in W. Va. Code '30-7-1 et seq. and the rule governing Announcement of Advanced Practice, 19 WV CSR 7.

APPENDIX G

**TITLE 10  
LEGISLATIVE RULE  
STATE BOARD OF EXAMINERS  
FOR LICENSED PRACTICAL NURSES**

**SERIES 3  
LEGAL STANDARDS OF NURSING PRACTICE**

**10-3-1. General.**

1.1. Scope. -- This legislative rule establishes minimum standards of safe practice for the Licensed Practical Nurse.

1.2. Authority. -- W. Va. Code '30-7A-5.

1.3. Filing Date. -- April 24, 2001.

1.4. Effective Date. -- May 24, 2001.

**10-3-2. Purpose of Standards.**

The purpose of this rule is:

2.1. to establish minimum acceptable levels of nursing practice for the licensed practical nurse; and

2.2. to serve as a guide for the board to evaluate the practice of the licensed practical nurse to determine if the practice is safe and effective.

**10-3-3. Standards Related to the Licensed Practical Nurses' Contribution to, and Responsibility for, the Nursing Process.**

The licensed practical nurse practicing under the direction of a registered professional nurse, licensed physician or licensed dentist shall:

3.1. contribute to the nursing assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner. Data collection includes, but is not limited to observations of:

3.1.a. the condition or change in the condition of a client; and

3.1.b. signs and symptoms of deviation from normal health status;

3.2. participate in the development of the strategy of care in consultation with other nursing personnel. Participation in the development of a strategy of care includes:

3.2.a. contributing to the identification of priorities;

3.2.b. contributing to setting realistic and measurable goals; and

3.2.c. contributing to the selection of nursing interventions which include measures to maintain comfort, support human functions and responses, maintain an environment conducive to well-being, and provide health teaching and counseling;

3.3. provide nursing care under the direction of a registered professional nurse by:

3.3.a. caring for clients whose conditions are stabilized or predictable;

3.3.b. assisting with clients whose conditions are critical and/or fluctuating under the direct supervision of the registered professional nurse;

3.3.c. implementing nursing care according to the priority of needs and established practices;

3.3.d. providing an environment conducive to safety and health;

3.3.e. documenting nursing interventions and responses to care; and

3.3.f. communicating nursing interventions and responses to care to appropriate members of the health team.

3.4. Assign components of nursing care to other qualified persons; and

3.5. Contribute to the evaluation of the responses of individuals and groups to nursing interventions by:

3.5.a. monitoring the responses to nursing interventions;

3.5.b. documenting and communicating assessment data to appropriate members of the health care team; and

3.5.c. contributing to the modification of the strategy of care on the basis of the assessment data.

**10-3-4. Standards Relating to the Licensed Practical Nurse's Responsibilities as a Member of the Health Care Team.**

The Licensed Practical Nurse shall:

4.1. be familiar with the statutes and rules governing nursing;

4.2. clearly display on his or her name tag or other identification badge their licensing credential (LPN);

4.3. function within the legal boundaries of practical nursing practice;

4.4. accept responsibility for individual nursing actions, competencies and behavior;

4.5. function under the direction of a registered professional nurse, licensed physician or licensed dentist;

4.6. consult with the registered professional nurse to seek guidance in delivery of nursing care as necessary;

4.7. obtain instruction and supervision as necessary from the registered professional nurse when implementing nursing techniques or practices;

4.8. retain accountability for the timely and accurate completion of tasks assigned to other qualified persons;

4.9. function as a member of the health team;

4.10. contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to practical nursing practice within the employment setting;

4.11. participate in the evaluation of nursing through peer review;

4.12. report unsafe nursing practice to the Board and unsafe practice conditions to recognized legal authorities;

4.13. conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin or handicap;

4.14. respect the dignity and rights of clients regardless of social or economic status, personal attributes or the nature of the health problem;

4.15. respect the client's right to privacy by protecting confidential information, unless obligated by law to disclose the information;

4.16. respect the property of employers, clients and their families; and

4.17. participate in relevant continuing competence activities to maintain current knowledge and skill levels in practical nursing as required in West Virginia State Board of Examiners for Licensed Practical Nurses Rule, Continuing Competence, 10 CSR 6.

APPENDIX H

**TITLE 10**

**LEGISLATIVE RULE**

**WEST VIRGINIA STATE BOARD OF EXAMINERS FOR LICENSED PRACTICAL NURSES**

**SERIES 1**

**POLICIES AND PROCEDURES FOR DEVELOPMENT AND MAINTENANCE  
OF EDUCATIONAL PROGRAMS IN PRACTICAL NURSING**

**§10-1-1. General.**

1.1. Scope. -- This legislative rule establishes the administrative requirements for development and maintenance of educational programs in practical nursing.

1.2. Authority. -- W. Va. Code §30-7A-5.

1.3. Filing Date. -- April 6, 2010.

1.4. Effective Date. -- May 1, 2010.

**§10-1-2. Definition of Terms.**

2.1. "Program" means an accredited program of practical nursing that has met the requirements of W. Va. Code §30-7A-8, and of the board as specified in this rule.

2.2. "Curriculum" means a total written plan of learning activities included during the program of practical nursing.

2.3. "Sponsoring agency" refers to those agencies providing financial and administrative support for an accredited program in practical nursing.

2.4. "Affiliating agency" refers to a health care agency used by a sponsoring agency for clinical experience for students enrolled in the program.

2.5. "Licensure examination" refers to the written examination provided to qualified applicants, as required in West Virginia State Board of Examiners for Licensed Practical Nurses Rule, Policies Regulating Licensure of the Licensed Practical Nurse, 10CSR2.

**§10-1-3. Accreditation.**

3.1. The board shall issue a certificate of accreditation to each accredited program. The sponsoring agency shall display the certificate of accreditation at the program site.

3.2. Goals of Accreditation.

3.2.1. The primary goal of accreditation is to graduate safe, competent practitioners of practical nursing with a skill mix adequate to meet employer demands.

3.2.2. Contributing Goals:

3.2.2.a. Administration, faculty and the professional community understand and support the philosophy, goals and objectives of practical nursing;

3.2.2.b. Faculty maintain current curricular concepts;

3.2.2.c. Faculty and clinical facilities staff partner to develop client care experiences which enhance student competence in the clinical area;

3.2.2.d. Faculty utilize varied and effective mechanisms for evaluating student knowledge base in practical nursing;

3.2.2.e. Administration and faculty maintain a positive learning environment for students;

3.2.2.f. Graduates successfully complete the licensure examination at a rate at least equal to the national passing standard; and

3.2.2.g. Health care agencies hire program graduates.

3.3. Minimum requirements for accreditation.

The sponsoring agency shall:

3.3.1. Maintain a practical nursing program advisory committee as required in section 5 of this rule;

3.3.2. Provide classroom and clinical facilities as required by section 6 of this rule;

3.3.3. Employ qualified faculty as required by section 7 of this rule;

3.3.4. Provide a program of instruction as required by section 8 of this rule;

3.3.5. Select students and develop student policies as required by section 9 of this rule; and

3.3.6. Maintain records, reports and bulletins as required by section 10 of this rule.

#### 3.4. Accreditation.

3.4.1. All programs shall have tentative, provisional or full state accreditation by the board for graduates of the program to be eligible to take the licensure examination for practical nurses.

3.4.2. A new program for which the sponsoring agency requires time to demonstrate its eligibility for accreditation is known as a "State Tentatively Accredited Program." Tentative state accreditation is valid for operation of the program until after the first meeting of the board following receipt of the licensure examination results for graduates of the first class.

3.4.3. A program which meets the requirements set forth in this rule, and demonstrates the ability to provide an adequate educational program which reflects current educational trends and current concepts in the delivery of health services, is known as a "State Accredited Program."

3.5. All programs are urged to seek accreditation through appropriate national organizations authorized to grant accreditation.

#### 3.6. Accreditation site visits.

3.6.1. A representative of the board shall visit each program once every 3 years to evaluate compliance with minimum requirements for maintaining an accredited program in practical nursing. A representative of the board may make additional visits based on needs of the program as determined by the board, the sponsoring agency or faculty of the program. Additional visits may be announced or unannounced. Following a visit, the board representative shall send a report to the nurse coordinator and agency administrator stating the findings and recommendations. The board representative shall provide copies of visitation reports to the Board to be utilized in determining accreditation status.

3.6.2. A representative of the board shall contact the coordinator of a program that has a failure rate on the licensure examination which exceeds the national failure rate. The board representative may ask that the coordinator develop and present to the board a plan for corrective action. The board may accept the plan devised by the coordinator or offer alternative suggestions for corrective action.

3.7. A program which fails to maintain the minimum requirements and which the board has duly notified, is known as a "State Provisionally Accredited Program". The program shall meet the board recommendations within a time specified by the board but not greater than 3 years from the date of the notice. Representatives of the sponsoring agency of a program being considered for placement on Provisional State Accreditation may request a hearing before the board on behalf of the program to present information not in evidence in materials provided to the board or to present specific plans for accomplishing recommendations of the board.

3.7.1. A program which has been placed on Provisional Accreditation Status shall inform all incoming students in writing of the current accreditation status.

3.7.2. A program placed on Provisional Accreditation Status will be required to submit at least quarterly an interim report outlining the changes made to meet the standard(s) on which they were cited.

3.7.3. The board shall have the authority to limit student admissions to any program which is placed on Provisional Accreditation Status.

3.8. A representative of the board shall make site visits to a Provisionally Accredited Program as necessary and/or as requested by the program, and at the end of the period

specified in subdivision 3.7 of this rule, to determine if the sponsoring agency and faculty have corrected deficiencies. The board shall review findings resulting from the site visits. The board shall withdraw state accreditation if the criteria for Full State Accreditation is not met.

3.8.1. The sponsoring agency of a program that has had its accreditation withdrawn shall follow established procedures for closing the program.

3.8.2. The sponsoring agency of a program that has had its accreditation withdrawn and desires to reopen a program is required to follow the established procedure for opening a new program.

3.9. When a sponsoring agency transfers a program to a new sponsoring agency, the new sponsoring agency shall notify the board, in writing, of its intent to sponsor the program and seek board approval prior to assuming responsibility for the program.

3.10. The sponsoring agency of a program of practical nursing scheduled to close shall inform the Board, in writing, of:

3.10.1. The proposed closing date;

3.10.2. Plans for students currently enrolled in the program to complete the program; and

3.10.3. Provisions for permanent storage of student records.

3.11. Reopening a program.

3.11.1. The sponsoring agency of a previously accredited program may reopen the program within 1 year of the date of graduation of the last class. The sponsoring agency shall notify the board, in writing, no less than 8 weeks prior to the proposed reopening date. The Executive Secretary or a member of the board shall visit the program prior to the opening date.

3.11.2. The sponsoring agency of a previously accredited program which has been closed for more than 1 year from the date of graduation of the last class shall reapply to the board as a new program.

#### **§10-1-4. Establishing a New Program.**

4.1. An agency contemplating sponsoring a new program of practical nursing shall request from the board a copy of the manual entitled, "Manual of Recommendations and Requirements for Education and Licensure". Sponsoring agencies should consult with board staff throughout the planning process.

4.2. The following steps shall be included in planning a program of practical nursing.

4.2.1. Representatives of a sponsoring agency and the board shall hold a pre-planning conference to begin preliminary discussions about the roles and responsibilities of faculty and administration in practical nursing education.

4.2.2. Representatives of the board, the sponsoring agency, the clinical facilities, potential employers, resource people and interested citizens shall hold a community meeting to discuss:

4.2.2.a. Present and the future local need for additional licensed practical nurses;

4.2.2.b. The implications of the local expansion of existing health services;

4.2.2.c. LPN staffing patterns of local health care facilities;

4.2.2.d. The use of clinical facilities for student experience; and

4.2.2.e. The role and function of the licensed practical nurse in the local area where the program will be sponsored.

4.2.3. The sponsoring agency shall plan the meeting.

4.2.4. The sponsoring agency shall submit 10 copies of the application for a new program with resumes of the potential nurse coordinator and instructors to the board with the fee required in West Virginia State Board of Examiners for Licensed Practical Nurses Rule, Fees for Services Rendered by the Board, 10CSR4. Prior to or at the time of application the sponsoring agency shall submit:

4.2.4.a. Documentation of the local need for graduates of the program;

4.2.4.b. Verification that adequate clinical facilities are available for student experience;

4.2.4.c. The estimated number of students which will be admitted to the program annually initially and in the future;

4.2.4.d. A description of classroom and laboratory facilities; and

4.2.4.e. The basis for financial support during the planning phase and for initial and future classes.

4.2.5. The board may seek validation of the information and data submitted by the sponsoring agency from another source at its discretion.

4.2.6. The sponsoring agency shall submit this material no less than 6 weeks in advance of the board meeting during which the program is scheduled to be considered for temporary approval to proceed with the planning process.

4.2.7. The sponsoring agency shall employ a nurse coordinator after the board has granted temporary approval to plan a program of practical nursing.

4.2.8. The sponsoring agency shall submit a draft copy of the curriculum and supplementary materials to the board including:

4.2.8.a. The program philosophy;

4.2.8.b. The student terminal objectives;

4.2.8.c. The administrative structure of the sponsoring agency;

4.2.8.d. The functions and names of advisory committee members;

4.2.8.e. The faculties' qualifications and job descriptions;

4.2.8.f. The program and student policies;

4.2.8.g. The rotation schedule; and

4.2.8.h. The affiliation agreements between clinical facilities and the sponsoring agency.

4.2.9. The sponsoring agency may submit this material all at once or in sections as it is completed. A representative of the board shall review the materials and make recommendations for revision where necessary to meet board requirements.

4.2.10. Representatives of the board shall conduct an official visit to review the final draft of program materials and to survey clinical facilities planned for use by the program.

4.2.11. The sponsoring agency shall submit 10 copies of the curriculum and supplementary materials identified in paragraph 4.2.8. of this rule, with necessary revisions, to the board. The sponsoring agency shall submit the materials to the board office no less than 6 weeks in advance of the date scheduled by the board for consideration of the new program for tentative state accreditation.

4.2.12. The Executive Secretary of the board and/or a member of the board shall conduct a consultation visit to a program with tentative state accreditation when:

4.2.12.a. The program has been in operation 6 months;

4.2.12.b. The sponsoring agency or faculty of an accredited program requests a visit; or

4.2.12.c. The board determines the need for a visit.

**§10-1-5. Practical Nursing Program Advisory Committee.**

5.1. The sponsoring agency offering a program in practical nursing shall appoint an advisory committee composed of members of the community interested in the education of practical nurses and the health care of individuals.

5.2. The practical nursing program advisory committee shall meet at least twice each year.

5.3. The committee should include at least 1 of each of the following: a consumer; a director of nursing service; a hospital administrator; a licensed practical nurse; and a registered nurse. The committee members shall represent acute and long term care facilities and community health agencies. A current student representative from the program shall participate on the Advisory Committee with the exception of discussions and decisions pertaining to confidential student, faculty, or program information. The nurse coordinator and sponsoring agency administrator are ex officio members of the advisory committee. Other program faculty and staff do not serve as voting members on the Program Advisory Committee.

5.4. The sponsoring agency and/or faculty of the program shall provide all new Advisory Committee Members with an orientation to the program, the Committee's role and functions, and any other information which is relevant to the performance of their duties.

5.5. Members of the advisory committee should:

5.5.1. Be familiar with the relationships between the program and clinical practice areas;

5.5.2. Assist in interpreting the program to the community, e.g., function in a liaison capacity;

5.5.3. Be aware of the current concepts in practical nurse education and health trends in the area; and

5.5.4. Make recommendations for improvement in the program.

#### **§10-1-6. Classroom, Clinical Facilities, and Offices.**

6.1. The sponsoring agency shall provide:

6.1.1. A nursing laboratory with sufficient numbers of modern patient care units and up-to-date equipment and training;

6.1.2. Aides to meet the objectives of the program and the learning needs of students;

6.1.3. A classroom or a lecture room;

6.1.4. Access to a computer lab;

6.1.5. An appropriately equipped library;

6.1.6. A separate office with a telephone for the nurse coordinator; and,

6.1.7. Faculty offices adequate in size and number to provide the faculty with privacy for work and for student conferences.

6.2. The sponsoring agency shall provide at least 20 hours per week of secretarial assistance to the faculty of a program.

6.3. Clinical Facilities.

6.3.1. Agencies used as clinical facilities shall meet the minimum requirements set forth in this section.

6.3.2. Acute care and long term care facilities shall:

6.3.2.a. Be licensed by the State Department of Health and Human Resources;

6.3.2.b. Be accredited or certified by an appropriate and recognized state or national agency or organization;

6.3.2.c. Have an active in-service education program; and,

6.3.2.d. Be staffed by qualified service personnel.

6.3.3. Other inpatient and outpatient facilities and agencies shall meet appropriate state requirements for operation.

**§10-1-7. Faculty.**

7.1. The sponsoring agency shall submit evidence that all faculty members meet minimum requirements of the board as set forth in this section.

7.2. The number of faculty members in an accredited program of practical nursing may vary according to the size of the class, distribution of students in the clinical facilities and the philosophy of the educational program. The sponsoring agency shall employ part-time instructors to assist faculties numbering less than 3 and in other instances as considered necessary by the board or the sponsoring agency.

7.3. The ratio of students to faculty in the clinical area shall be 10 students to 1 instructor. The sponsoring agency shall consider a lower ratio when clinical space and patient census are not sufficient to accommodate the 10 to 1 ratio or when the nature of the student assignment requires close individual supervision.

7.4. The sponsoring agency shall designate a nurse coordinator for each practical nursing program. The nurse coordinator is the supervisor of the program of instruction and is responsible for planning, implementing and evaluating the entire program.

7.5. Instructors are responsible for the supervision of students within the clinical areas, and for the development and teaching of theory.

7.6. Each faculty member shall have experience as a registered professional nurse within the 3 years immediately preceding employment as a faculty member; and

7.6.1. Be a registered professional nurse currently licensed in West Virginia;

7.6.2. Have or be enrolled in a baccalaureate degree program, preferably in nursing, with completion within 5 to 7 years of date of hire as demonstrated by submission of transcripts to the program coordinator; and

7.6.3. Have a minimum of 3 years of experience as a registered professional nurse which should include:

7.6.3.a. 2 years of patient side nursing care experience in an acute, intermediate or long term care clinical facility; and,

7.6.3.b. 1 year experience in one or more of the following areas: teaching, supervision or administration; and,

7.6.3.c. Present evidence of continuing education.

7.7. Each part-time and substitute faculty shall meet the same criteria as full-time faculty. The board may make exceptions for faculty employed to teach specific subject areas, i.e., nutrition. A program may request an exemption from the board on a time-limited basis in an emergency situation for the use of faculty who do not fully meet the above-stated criteria.

7.7.1. The nurse coordinator will require each adjunct, part time, or substitute faculty to demonstrate their participation in the planning and evaluation of each course they teach, co-teach, or for which they supervise students in the clinical area.

7.7.2. The nurse coordinator shall determine how this participation shall be demonstrated in each program.

7.8. Faculty members are responsible for all activities relating to classroom and clinical experience, administration and organization, curriculum development, classroom and clinical instruction, student guidance and for maintaining a learning environment for the student. Faculty shall participate in a minimum of 15 contact hours of continuing education each year relating to their specific employment responsibilities as identified under faculty functions outlined in subsection 7.9 of this rule.

7.9. Faculty functions.

7.9.1. The nurse coordinator shall:

7.9.1.a. Assume responsibility for organizing and directing the program under the jurisdiction of the sponsoring agency;

7.9.1.b. Seek recommendations from the practical nursing advisory committee for establishing policies for the recruitment, selection, admission, progression, dismissal and counseling of students;

7.9.1.c. Schedule regular faculty conferences and maintain a written record of discussions and decisions;

7.9.1.d. Establish a system to maintain essential records that will be used to evaluate a student's progress while the student is enrolled in the program and to follow up on the student after his or her graduation;

7.9.1.e. Report, at least monthly, the status of the program to the sponsoring agency administrator and to the advisory committee as necessary;

7.9.1.f. Visit clinical practice areas regularly to evaluate student experience and maintain communications with facility administration and staff;

7.9.1.g. Plan and implement, with the sponsoring agency administrator, an annual budget for the program;

7.9.1.h. Make recommendations for faculty appointments and promotions;

7.9.1.i. Arrange for activities for selecting students including testing and interviewing;

7.9.1.j. Interpret changing practices in the utilization of the graduate practical nurse and adjust the educational program to accommodate these changes;

7.9.1.k. Develop short and long range objectives and strategies for strengthening the program;

7.9.1.l. Establish criteria for the ongoing evaluation of the curriculum, the clinical facilities and the faculty; and,

7.9.1.m. Either individually or in collaboration with the administrator of the sponsoring agency, evaluate and document, at least every 6 months, a new instructor's performance in terms of personal and professional achievement. Evaluation and documentation of a new instructor's performance in the clinical area shall be completed by the nurse coordinator.

7.9.1.n. Either individually or in collaboration with the administrator of the sponsoring agency, evaluate and document, annually an experienced faculty member's performance in terms of personal and professional achievement. Evaluation and

documentation of an instructor's performance in the clinical area shall be completed by the nurse coordinator.

7.9.2. The nurse coordinator is not expected to carry a teaching load equal to that of other faculty members. The sponsoring agency administrator shall allot adequate time to the nurse coordinator to carry out activities related to coordination of the program.

7.9.3. The nurse coordinator may:

7.9.3.a. Develop course outlines and lesson plans for teaching the nursing skills and related courses;

7.9.3.b. Direct and supervise student learning in the classroom and clinical areas;

7.9.3.c. Evaluate and record student performance;

7.9.3.d. Participate in the counseling and guidance of students related to their course of instruction; and

7.9.3.e. Perform other duties, related to the program of practical nursing, assigned by the sponsoring agency administrator.

7.9.4. The instructors shall:

7.9.4.a. Develop course outlines and lesson plans for teaching nursing skills and related courses;

7.9.4.b. Direct and supervise student learning in the classroom and clinical areas;

7.9.4.c. Evaluate and record student performance;

7.9.4.d. Participate in the counseling and guidance of students related to their course of instruction;

7.9.4.e. Assist with administrative duties when requested by the nurse coordinator or sponsoring agency administrator including the reviewing, testing and selecting of students; and

7.9.4.f. Perform other duties, related to the program of practical nursing, assigned by the nurse coordinator.

#### **§10-1-8. Program of Instruction.**

8.1. The program of instruction shall be 12 months in length unless the sponsoring agency administrator provides written justification for the change in program length to the board and the variance is approved by the board.

#### 8.2. Curriculum concepts.

8.2.1. The faculty should develop the philosophy and student terminal objectives for the program. The faculty shall use these philosophy and objectives as a basis for curriculum development.

8.2.2. The faculty should plan the curriculum for the program of practical nursing to meet community nursing needs. The faculty shall consider current concepts in health care and the changing roles of all levels of nursing in developing and evaluating the curriculum.

8.2.3. The faculty shall place emphasis on development and achievement of measurable objectives for the total program based upon the recommended number of clock hours. The faculty may adapt and enrich curriculum in accordance with stated objectives, clinical resources and facilities.

8.2.4. The faculty shall utilize current educational concepts and methods of teaching including integration of content, career mobility, and individualized and competency based instruction where appropriate in the curriculum.

8.2.5. The faculty may make major curriculum changes only after written consultation with the board's Executive Secretary or the board.

#### 8.3. Curriculum content.

8.3.1. The faculty shall develop a master plan of the curriculum and shall make the master plan available to students. The master plan shall show length and sequence of courses, areas of content to be covered and classroom and clinical settings to be used.

8.3.2. The master plan shall provide evidence that the curriculum is designed to meet the objectives of the program and shall identify that:

8.3.2.a. Classroom and clinical instruction meet the physical and psychosocial needs of all age groups;

8.3.2.b. Concurrent learning experiences in theory and clinical practice emphasize basic nursing principles and procedures related to nursing;

8.3.2.c. Clinical practice begins the third week of the program to facilitate concurrent learning;

8.3.2.d. Basic concepts of nutrition, anatomy, physiology, pharmacology, mental health, communications, history and trends in nursing, vocational responsibilities, computer skills and family living are integrated into the program;

8.3.2.e. Learning is arranged to progress from simple procedures to complex procedures; and

8.3.2.f. Clinical instruction is included for medical, surgical, geriatric, mental health, maternal infant care, pharmacology, and pediatric areas.

8.3.3. The faculty shall utilize acute, long-term and community health facilities and agencies in the program if appropriate learning experiences are available. The faculty shall utilize specialty areas, such as intensive care, coronary care and emergency rooms in the program only with faculty supervision and after providing written justification to the board.

8.4. The board suggests the following subjects and combined classroom and clinical instructional hours.

Subject	Actual Instructional Time
Principles and Fundamentals	200

Social Sciences Integrated *	150
Anatomy and Physiology	60
Nutrition and Diet Therapy	40
Pharmacology	80
Medical-Surgical **	450
Geriatrics	100
Psychiatric Nursing	100
Obstetrics	60
Pediatrics	60
Total Instructional Hours	1,300

\* To include ethical and legal responsibilities such as advance directives, advocacy, professional boundaries, confidentiality, client rights, organ donation, informed consent, incident reporting, resource management, scope of practice, delegation/assignment, leadership, legal standards, endorsement, continuing competence, and grounds for disciplinary action including procedures and penalties.

\*\* To include prevention and early detection of health problems.

8.5. The faculty shall devote not less than  $\frac{1}{4}$  nor more than  $\frac{1}{2}$  of the actual instructional time to theory unless the faculty provides written justification for a waiver of the requirements for instructional time devoted to theory to the board and the waiver is approved by the board.

8.6. Delivery of instruction by distance education methods must be consistent with the program curriculum plan. Students utilizing this mode of learning must meet the goals, competencies, and objectives of the educational program and standards of the board.

8.7. At the discretion of the coordinator, the use of reputable “virtual clinical experiences” as found on the internet, CD-ROM, or other electronic media may be utilized by faculty to supplement clinical experiences which are not available or in other circumstances in which supplemental clinical information is needed; i.e., “snow days”, etc. The use of “virtual clinical experiences” shall not be used to completely replace actual patient care experience for clinical instruction in any course.

8.8. Rotation plan.

8.8.1. The nurse coordinator shall develop and post a complete rotation plan for each student showing daily classroom theory content and corresponding clinical practice for all nursing practice experiences.

8.8.2. The nurse coordinator should develop the rotation plan in cooperation with the affiliating facilities and agencies, taking into consideration available clinical services, quantity and quality of supervision for students and requirements of the board.

8.8.3. The nurse coordinator and the affiliating agency may, by mutual agreement, change the established plan for rotation of students through the clinical services.

#### 8.9. Faculty Supervision of Students.

8.9.1. The board recommends that both faculty and students carry liability insurance.

8.9.2. The program faculty shall supervise all clinical practice.

8.9.3. Faculty members shall be registered professional nurses. A licensed practical nurse may be employed by the sponsoring agency to aid the program faculty in the supervision of the students' laboratory and clinical practice provided that a registered nurse faculty member is immediately available for consultation. The sponsoring agency shall base student-teacher ratio, as specified in section 7.2. of this rule, on the number of registered professional nurse faculty members.

8.9.4. The faculty shall select clinical practice areas that offer the student the opportunity to observe and practice good nursing care. Faculties are encouraged to use West Virginia facilities. The faculty shall periodically evaluate clinical practice areas to assure that adequate experiences are available to meet program objectives.

8.9.5. The overall objective of a program is to prepare the student to provide safe and effective nursing care; however, the affiliating agency is responsible for the provision of service to patients. The nursing service needs of the patients should not take precedence over the educational needs of the student.

8.9.6. A representative of the board shall review a program's clinical facilities when new facilities are added. The sponsoring agency shall request this visit.

8.9.7. Students assigned to community agencies, i.e., clinics, nursery schools, day care centers, community health agencies, rehabilitation centers, doctors' offices, mental health centers and other available health agencies may be supervised by a licensed nurse or physician employed by that agency in lieu of a faculty member of the program, provided that the students do not provide direct patient care. The faculty shall develop written objectives for the experience. The written objectives shall relate to the overall objectives for the program.

8.9.8. Clinical preceptors may be used to enhance clinical learning experiences after the student has received theory and clinical instruction including competency demonstration in the area of the specific clinical learning experience. Preceptors shall:

8.9.8.a. Hold a current unencumbered license as either a licensed practical nurse or registered professional nurse in the state in which the clinical experience is to be held;

8.9.8.b. Have evidence of clinical competencies related to the area of assigned clinical responsibilities with students;

8.9.8.c. Serve as a role model to students;

8.9.8.d. Be assigned as a preceptor to no more than 2 students at any time;

8.9.8.e. Not be used to replace clinical instructors as faculty retains responsibility for student learning and conferring with preceptors and students for monitoring and evaluating learning experiences; and

8.9.8.f. Have documentation which will also be shared with the sponsoring agency of orientation to the program outcomes, student learning objectives, evaluation methods, and role expectations of the student, faculty, and preceptor.

8.10. Instruction.

8.10.1. The scheduled instructional time for classroom and clinical experiences shall not exceed 32 hours per week.

8.10.2. A final passing score of "C" is required in each course.

#### 8.11. Classroom instruction.

8.11.1. The faculty shall develop and utilize a written outline for each course of instruction which includes a plan for each lesson. Each lesson shall contain behavioral objectives, an outline of lesson content, time allotment for the lesson, teaching methods, evaluation methods, visual aids and reference materials.

8.11.2. The behavioral objectives and the corresponding outline of lesson content shall be consistent with and shall contribute to the achievement of the objectives of the program.

8.11.3. The scheduled learning experiences for a unit of content shall be consistent with the master plan and rotation schedule and shall provide for concurrent clinical instruction.

8.11.4. The time allotted to each lesson shall be consistent with the content to be covered and the learning expected of the students.

8.11.5. The content of the program and teaching methods shall reflect current concepts and practices in nursing education.

#### 8.12. Clinical instruction.

8.12.1. The faculty shall develop written objectives for each area of clinical instruction and shall contribute to the achievement of the objectives of the program. Clinical learning experiences shall:

8.12.1.a. Be concurrent with classroom instruction for a given course;

8.12.1.b. Be of adequate length to permit the instructor to modify the planned assignments to meet the needs of individual students;

8.12.1.c. Be selected by the program's faculty on the basis of their contribution to the objectives of the course and the total program;

8.12.1.d. Include instructor-student pre- and post-conferences related to the care of patients;

8.12.1.e. Include the opportunity for students to participate in staff conferences and inservice education programs;

8.12.1.f. Provide for students to assist with the preparation, implementation and continuing evaluation of the nursing care plan for individual patients; and

8.12.1.g. Provide for regular evaluation of the student's achievement utilizing measurable performance objectives.

8.12.2. The sponsoring agency shall require that a student satisfactorily achieve the clinical performance objectives to progress in the program.

### 8.13. Affiliation agreements.

8.13.1. When a sponsoring agency that conducts a program of practical nursing enters into any type of cooperative relationship for provision of student experiences with another agency, the sponsoring agency shall execute a written agreement with the other agency.

8.13.2. An Administrative representative of each agency concerned with the program shall meet to establish their respective responsibilities. The responsible persons of each agency shall sign an agreement before the board may grant final approval for use of the facility. Each agreement shall state clearly the responsibilities of each agency with regard to the educational program and the welfare of the student. If a program is using clinical preceptors, the agreement shall expressly state the expectations the preceptors are to fulfill. The agreement shall be available for review by the board.

8.13.3. The agreement shall include:

8.13.3.a. The names of the respective agencies;

8.13.3.b. The effective date of the agreement;

8.13.3.c. The length of notice required by either party to terminate the agreement;

8.13.3.d. The signature, title and date the agreement was signed, for the administrative representatives from both agencies involved;

8.13.3.e. Provision for coordinated planning between the faculty and agency;

8.13.3.f. The responsibilities of the sponsoring agency to:

8.13.3.f.1. Appoint qualified faculty to teach, supervise and counsel students;

8.13.3.f.2. Provide basic learning experiences related to clinical assignment prior to assignment in the clinical area;

8.13.3.f.3. Arrange for orientation and supplemental teaching by agency personnel;

8.13.3.f.4. Select student clinical experience;

8.13.3.f.5. Maintain student records as relevant to the clinical experience;

8.13.3.f.6. Notify the affiliating agency of the inclusive dates of the affiliation and the expected numbers of students, in advance;

8.13.3.f.7. Schedule an annual conference for review of the program and its objectives, including the rotation plan; and,

8.13.3.f.8. Prepare a written evaluation of the clinical experiences.

8.13.3.g. The nurse coordinator shall retain a copy of the evaluation for review during accreditation site visits.

8.13.3.h. The responsibilities of the affiliating agency to;

8.13.3.h.1. Provide specific clinical learning experiences;

8.13.3.h.2. Make available conference areas and reference materials; and

8.13.3.h.3. Meet with the program faculty at regular intervals for evaluation of the program and student experiences:

8.14. Curriculum Evaluation.

8.14.1. The faculty shall evaluate the program of instruction at least once every 2 years.

8.14.2. The faculty shall utilize a variety of resources when evaluating the program, including, but not limited to textbooks and references used in the program, student evaluations, graduate and graduate employer evaluations, clinical facility evaluations, advisory committee or other recommendations from the local community, student performance on the national licensure examination, and the most current job analysis and test plan used to develop the national licensure examination.

8.15. Student Evaluation.

8.15.1. The faculty shall evaluate a student's progress in the clinical area at regular intervals. The student shall participate in this evaluation.

8.15.2. The faculty shall use standardized achievement tests in addition to the faculty designed testing program.

**§10-1-9. Students.**

9.1. Selection of students.

9.1.1. An Applicant shall have completed the tenth grade or its equivalent, as required by W. Va. Code §30-7A-3. Applicants shall hold a high school or equivalency diploma if a program wishes to participate in federal student loan programs. The faculty should use standardized tests specific to nursing that measure general intelligence and evaluate academic achievements on high school, college and GED transcripts when considering applicants. The nurse coordinator shall file a copy of the admission criteria, including the pre-entrance test used and the minimum acceptable score for admission, with the board.

9.1.2. Readmission, transfer, withdrawal and advance standing.

9.1.2.a. The faculty shall prepare the written policies and evaluation procedures for readmission, transfer, withdrawal and advance standing of students. The nurse coordinator shall decide whether to accept transfer of a student.

9.1.2.b. A student shall be enrolled in a program for a minimum of 90 days before a diploma may be granted, in order to allow the faculty sufficient time to evaluate the student's achievements in theory and skills.

9.1.2.c. The nurse coordinator shall prepare a final transcript of the student's grades showing credits granted from the original program and credits granted from the program graduating the student.

9.1.2.d. An applicant shall meet the requirements of the board to be eligible to take the licensure examination.

9.2. The board may refuse to admit an applicant to the licensure examination who has been convicted of a felony, is habitually intemperate or addicted to the use of habit forming drugs, who is mentally incompetent or who is guilty of professional misconduct including conviction of a misdemeanor with substantial relationship to the practice of practical nursing. West Virginia State Board of Examiners for Licensed Practical Nurses Policies Regulating Licensure, of the Licensed Practical Nurse 10CSR2. The sponsoring agency should require that students accepted into the program have a pre-admission criminal history records check. The sponsoring agency shall develop written policies which relate to admission of students with a criminal history. The written policy shall include a statement advising the applicant to contact the board office to discuss the potential impact of a criminal conviction on the board application and licensure process as a practical nurse at the completion of the practical nursing program.

9.3. The sponsoring agency shall require that students accepted into the program have a pre-admission physical, a drug screen, a tuberculosis skin test or chest x-ray, immunization for Hepatitis B, as well as other immunizations as recommended by the Centers for Disease Control. The board recommends that a student have a pre-admission dental examination with dental repairs. The program's faculty shall develop policies related to student health services.

9.4. The sponsoring agency should develop a written policy which provides for random drug screening during the course of the instructional year.

9.5. The faculty shall develop written policies regarding absences due to illness or other causes.

9.6. The sponsoring agency shall determine the number and schedule of vacation days and holidays. The board recommends a minimum of 3 week's vacation and all legal holidays.

9.7. The sponsoring agency should provide for qualified counseling services for the students. The faculty should refer students to the qualified counseling service for problems which are not related to the course of instruction.

9.8. The sponsoring agency shall establish written policies regarding the scholastic and personal achievement required of students for graduation from the program. Students receiving a diploma indicating satisfactory completion of an accredited program in practical nursing are eligible to apply to take the licensure examination.

#### **§10-1-10. Records, Reports and Bulletins.**

10.1. The program faculty shall maintain a comprehensive record for each student currently enrolled including:

10.1.1. Admission records including interview results, the pre-admission test scores, references and transcripts for all previous education;

10.1.2. Health records including physical and dental examinations, and records of immunizations;

10.1.3. Counseling records;

10.1.4. A record of instruction while in the program; and

10.1.5. An evaluation of the student's progress and grades.

10.2. The sponsoring agency shall keep an individual permanent folder for each student who graduated. The graduate's permanent record shall include:

10.2.1. The high school transcript, GED score or proof of completion of the tenth grade;

10.2.2. A record of the grades on the admission examination and standardized tests administered during the program;

10.2.3. A transcript of grades with an interpretation of each credit or unit; and

10.2.4. Licensure examination results.

10.3. The sponsoring agency shall keep an individual file for students who do not complete the program for 5 years from the date the student leaves the program. The individual file shall include:

10.3.1. Entrance and departure dates;

10.3.2. The high school transcript, GED score or proof of completion of tenth grade;

10.3.3. A transcript of grades for courses completed; and

10.3.4. A brief counseling and anecdotal record.

10.4. The nurse coordinator shall submit a final transcript, including the title of courses taken, clinical and theory grades, and clock hours or an interpretation of credits or units completed, for each graduate practical nurse who applies for the licensure examination.

10.5. The nurse coordinator shall indicate on the application to the board for examination for each program graduate whether a criminal history records check was conducted upon admission to the program or during the course of the program. The nurse coordinator shall submit with the application a true copy of all documents received from any law enforcement agency indicating conviction of any crime. The student with a positive

criminal history records check will also submit with the application to the board an explanation of the events surrounding the conviction.

10.6. The sponsoring agency is responsible for safeguarding student records so that graduates may obtain copies of their transcripts.

10.7. The sponsoring agency offering a program in practical nursing should publish a brochure or bulletin of information for prospective students.

10.8. The nurse coordinator shall submit an annual report to the board, on forms provided by the board, within 30 days of completion of a program.

APPENDIX I

**TITLE 64**  
**LEGISLATIVE RULE DEPARTMENT OF**  
**HEALTH AND HUMAN**

**SERIES 60**  
**MEDICATION ADMINISTRATION AND PERFORMANCE OF HEALTH**  
**MAINTENANCE TASKS BY APPROVED MEDICATION ASSISTIVE PERSONNEL**

**§ 64-60-1. General.**

1.1. Scope. This legislative rule prescribes specific standards and procedures to provide for training, competency testing, and the certification of approved medication assistive personnel for the limited administration of medications and performance of health maintenance tasks in specified health care facilities. This rule must be read in conjunction with W.Va. Code § 16-50-1 et seq.

1.2. Authority. W.Va. Code §§ 16-50-11 and 16-1-7.

1.3. Filing Date. April 1, 2015

1.4. Effective Date. June 29, 2015

1.5. Enforcement. This rule is enforced by the secretary of the West Virginia Department of Health and Human Resources or his or her lawful designee.

**§ 64-60-2. Definitions.**

2.1. Administration of medications.

2.1.a. Assisting a person in the ingestion, application or inhalation of medications, including both prescription drugs and non-prescription drugs, or using universal precautions for rectal or vaginal insertion of medication, according to the legibly written or printed directions of the attending physician or health care professional authorized to prescribe medication and consistent with his or her scope of practice, or as written on the prescription label; and

2.1.b. Making a written record of such assistance with regard to each medication administered, including the time, route and amount taken. "Administration" does not include:

2.1.b.1. Judgment, evaluation, assessments;

2.1.b.2. Injections of medication or any parenteral medications, except prefilled insulin injections and insulin pens pursuant to W.Va. Code §§ 16-50-10.a. and 16-50-1 et seq.;

2.1.b.3. Monitoring of medication; or

2.1.b.4. Self-administration of medications, including prescription drugs and self-injection of medication by the resident.

2.2. Approved medication assistive personnel (AMAP). The unlicensed facility staff member, who meets eligibility requirements, has successfully completed the required training and competency testing, and is considered competent by the authorized registered professional nurse to administer medications or perform health maintenance tasks, or both, to residents of the facility in accordance with W.Va. Code § 16-50-1 et seq.

2.3. Assisted living residence. Any living facility or place of accommodation in the state, however named, available for four or more residents, that is advertised, offered, maintained or operated by the ownership or management, for the express or implied purpose of providing personal assistance, supervision, or both to any residents who are dependent upon the services of others by reason of physical or mental impairment, and who may also require nursing care at a level that is not greater than limited and intermittent nursing care.

2.4. Authorized registered professional nurse. A person who holds an unencumbered license pursuant to W. Va. Code § 30-7-1 et seq., and meets the requirements to train and supervise approved medication assistive personnel pursuant to this rule and W. Va. Code § 16-50-1 et seq., and has completed the facility trainer/instructor course developed by the authorizing agency. The curriculum can be accessed at <http://www.ohflac.wv.gov>.

2.5. Authorizing agency. The department's Office of Health Facility Licensure and Certification.

2.6. Behavioral health group home. A community-based type of housing that: is established for adults/children with similar needs, levels of independence and ability which provides services and supervision for people with developmental disabilities, behavioral disorders or substance addictions; is licensed by the department; and is in compliance with the state fire commission for residential facilities.

2.7. Department. The Department of Health and Human Resources.

2.8. Delegation. Transferring to a competent individual, as determined by the registered professional nurse, the authority to perform a selected task in a selected situation.

2.9. Delegation decision model. Describes the process the authorized registered professional nurse must follow to determine whether or not to delegate a nursing task to an approved medication assistive personnel. The delegation decision model currently approved by the West Virginia Board of Examiners for Registered Professional Nurses is a part of the "Criteria for Determining Scope of Practice for Licensed Nurses and Guidelines for Determining Acts that May be Delegated or Assigned by Licensed Nurses." The delegation decision model describes the process the authorized registered professional nurse must follow to determine whether or not to delegate a nursing task to an approved medication assistive personnel. It is the Registered Professional Nurse who makes the determination regarding competency of the approved medication assistive personnel to whom he or she is delegating a task.

2.10. Facility. An intermediate care facility for individuals with intellectual disabilities, assisted living residences, behavioral health group home, or private residence in which health care services or health maintenance tasks, or both, are provided under the supervision of a registered professional nurse.

2.11. Facility staff member. An individual employed by a facility, but does not include a health care professional acting within the scope of a professional license or certificate.

2.12. Family. Biological parents, adoptive parents, foster parents, or other immediate family members living within the same household.

2.13. Health care professional. A medical doctor or doctor of osteopathic medicine, a podiatrist, registered professional nurse, licensed practical nurse, advanced practice

registered nurse, physician=s assistant, dentist, optometrist, pharmacist, physical therapist or respiratory care professional licensed under chapter thirty of the W. Va. Code.

#### 2.14. Health maintenance tasks.

2.14.a. Performing the following tasks according to the legibly written or printed directions of a physician under the provisions of W. Va. Code §§ 30-3-1 et seq. or 30-14-1 et seq. or health care professional authorized to prescribe medication and consistent with his or her scope of practice, or as written on the prescription label and consistent with the delegation decision model and the training curriculum developed by the authorizing agency according to the provisions of this rule, and making a record of that assistance with regard to each health maintenance tasks administered, including but not limited to, the time, route, and amount taken:

2.14.a.1. Administering glucometer tests;

2.14.a.2. Administering gastrostomy tube feedings;

2.14.a.3. Administering enemas;

2.14.a.4. Performing ostomy care which includes skin care and changing appliances;

2.14.a.5. Administering prefilled insulin or insulin pens;

2.14.a.6. Performing tracheostomy care for residents in a private residence who are living with family or natural supports, or both; and

2.14.a.7. Performing ventilator care for residents in a private residence who are living with family or natural supports, or both.

#### 2.14.b. Health maintenance tasks do not include:

2.14.b.1. Judgment, evaluation, assessments;

2.14.b.2. Injections of medication or any parenteral medications, except prefilled insulin injections and insulin pens pursuant to W. Va. Code §§ 16-50-10-a and 16-50-1 et seq.

2.14.b.3. Monitoring of medication; or

2.14.b.4. Self-administration of medications, including prescription drugs and self-injection of medication by the resident.

2.15. ICF/IID. An intermediate care facility for individuals with intellectual disabilities which is certified by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services to provide health or rehabilitation services to persons with intellectual disabilities or persons with related conditions who are receiving active treatment.

2.16. Immediate family. A mother, stepmother, father, stepfather, sister, stepsister, brother, stepbrother, spouse, child, grandparent, or grandchild.

2.17. Medication. A drug, as defined in W. Va. Code § 60A-1-101 et seq., which has been prescribed by a health care professional authorized to prescribe and consistent with his or her scope of practice, to be ingested through the mouth; inhaled through the nose or mouth; administered through a gastrostomy tube; administered through pre-filled insulin or insulin pen; applied to the outer skin, eye or ear; or applied through nose drops, vaginal or rectal suppositories.

2.18. Medication error. Any deviation from the "six rights of medication administration," that occurs during medication administration process required by the provisions of this rule. A resident refusal is not considered a medication error.

2.19. Natural supports. Family, friends, neighbors, or anyone who provides assistance and support to a resident but is not reimbursed.

2.20. Prefilled insulin or insulin pen. A self-contained cartridge that is not drawn up from a bottle.

2.21. Primary health care professional. A medical doctor or doctor of osteopathic medicine, advanced practice registered nurse, and physician's assistant licensed under chapter thirty of the W. Va. Code.

2.22. Registered professional nurse. A person who holds a valid license pursuant to W. Va. Code §30-7-1et seq.

2.23. Resident. A resident of a facility who for purposes of this rule, is in a stable condition.

2.24. Secretary. The secretary of the Department of Health and Human Resources or his or her designee.

2.25. Self-administration of medication. The act of a resident, who is independently capable of reading and understanding the labels of drugs ordered by a physician, or an authorized health care professional authorized to prescribe and consistent with his or her scope of practice, in opening and accessing prepackaged drug containers, accurately identifying and taking the correct dosage of the drugs at the correct time and under the correct circumstances.

2.26. Self-administration of medication with assistance. Assisting residents who are otherwise able to self-administer their own medication except their physical disability prevents them from completing one or more steps in the process.

2.27. Single specific agency. A person or entity operating two or more facilities.

2.28. Six rights of medication administration. The criteria used to assure that each resident receives the specific medication, prescribed for the person, in the ordered amount, at the scheduled time, by the designated route, both as prescribed and prepared, which is accurately recorded in the resident's record. The six rights of medication administration are: the right resident, the right drug, the right *dosage*, the right time, the right route, and the right record and documentation. The six rights of medication administration is defined in the curriculum, and can be accessed at <http://www.ohflac.wv.gov>.

2.29. Stable. The individual's health condition is predictable and consistent as determined by the authorized registered professional nurse.

2.30. Supervision of self-administration of medications. A personal service which includes reminding residents to take medications, opening medication containers for residents, reading the medication label to residents, observing residents while they take medication, checking the self-administered dosage against the label on the container and reassuring residents that they have obtained and are taking the dosage as prescribed.

### **§ 64-60-3. Facility Administrative Procedures.**

3.1. Any facility may offer the training and competency evaluation program developed by the department to authorize approved medication assistive personnel. The training and competency program shall be provided by the facility through an authorized registered professional nurse.

3.1.a. Prior to initiating a training program, the facility shall submit to the authorizing agency written notification of the intent to participate in this program, documentation of the credentials of the authorized registered professional nurse who will provide the training, and the facility policies and procedures required by the provisions of this rule.

3.1.b. Participation in the program shall only be permitted after review and approval of the registered professional nurse's credentials and the facility policies and procedures by the authorizing agency, and after the authorized registered professional nurse has completed the facility trainer and instructor orientation course developed by the authorizing agency.

3.1.c. Approved medication assistive personnel who have successfully trained and tested in one facility shall, prior to being approved to administer medications or health maintenance tasks, or both, in another facility, be re-evaluated for competency by the authorized registered professional nurse. This re-evaluation of competency shall be determined by using the tasks in the curriculum adopted in policy by the authorizing agency. The curriculum can be accessed at <http://ohflac.wv.gov>.

3.2. The authorizing agency may contract with an entity to provide facility trainer/instructor orientation training for the authorized registered professional nurse and to test the competency of prospective approved medication assistive personnel. The facility utilizing services shall pay any fees for training and testing.

### **§ 64-60-4. Administration of Medications and Performance of Health Maintenance Tasks in Facilities.**

4.1. Before delegating the performance of medication administration or health maintenance tasks, or both, the authorized registered professional nurse must decide whether the task is appropriate to delegate based on the criteria set forth by the "Delegation Decision Model."

4.2. Administration of medication or the performance of health maintenance tasks, or both pursuant to this rule shall only be performed by:

4.2.a. licensed health care professionals subject to the provisions of their respective licensing law; and

4.2.b. Approved medication assistive personnel who have been trained and retrained every two years and who are subject to the supervision of and approval by the authorized registered professional nurse.

4.3. After having assessed the health status of an individual resident, the authorized registered professional nurse, in collaboration with the resident's primary health care professional and the approved medication assistive personnel, may recommend that the administration of medications or performance of health maintenance tasks, or both, be provided by an approved medication assistive personnel.

4.4. Authorization to administer medications or health maintenance tasks, or both, may only be granted and continued if the approved medication assistive personnel:

4.4.a. Has successfully completed the approved medication administration or health maintenance tasks, or both, training programs and received a satisfactory competency evaluation as required by the provisions of this rule;

4.4.b. Is considered by the authorized registered professional nurse to be competent, including satisfactory completion of the training program and competency evaluation and possession of the ability to perform the required tasks to administer medications or health maintenance tasks, or both;

4.4.c. Consults with the authorized registered professional nurse on a regular basis;

4.4.d. Is monitored or supervised by the authorized registered professional nurse as required by the provisions of this rule; and

4.4.e. Participates in the required retraining program at least every two years.

4.5. Any facility which uses approved medication assistive personnel to administer medications or health maintenance tasks, or both, pursuant to the provisions of this

rule shall make available to the authorizing agency a list of the approved medication assistive personnel upon request, but no less than annually.

4.6. Any agency or facility employing a health care provider licensed pursuant to chapter thirty of the W. Va. Code for the purposes of supervising the administration of medication or the performance of health maintenance tasks, or both, shall maintain liability insurance for the licensed care provider and any approved medication assistive personnel who have been trained and are employed to administer medication or perform health maintenance, or both, pursuant to W. Va. Code § 16-50-1 et seq. and this rule.

4.7. The authorized registered professional nurse shall initiate and keep current a file for all approved medication assistive personnel which contains proof of compliance with eligibility requirements as required by the provisions of this rule. This file shall be maintained in the facility and available to representatives of the authorizing agency on request.

4.8. Exclusions from this rule for administration of medications in facilities.

4.8.a. Nothing in this rule may be construed to prohibit any facility staff member from administering medications or performing health maintenance tasks, or both, or providing any other prudent emergency assistance to aid any person who is in acute physical distress or requires emergency assistance.

4.8.b. Supervision of self-administration of medication by facility staff members who are not licensed health care professionals may be permitted in certain circumstances when the substantial purpose of the setting is other than the provision of health care.

4.8.c. Any parent or guardian may administer medication to, or perform health maintenance tasks, or both, for his or her adult or minor child regardless of whether or not the parent or guardian receives compensation for caring for said child.

4.9. The location of medication administration or location where health maintenance tasks are performed is not limited to the facility. Medication administration or health maintenance tasks, or both, must be administered or performed in a manner that protects the facility resident's personal privacy and dignity.

## **§ 64-60-5. Instruction and Training.**

### 5.1. Curriculum.

5.1.a. The authorizing agency will develop the training curricula in accordance with W. Va. Code §§ 16-50-5 and 16-50-1 et seq.

5.1.b. The curriculum adopted in policy by the authorizing agency utilized to train prospective approved medication assistive personnel shall be the West Virginia Department of Health and Human Resources Curriculum for Unlicensed Approved Medication Assistive Personnel. The curriculum may be obtained from the authorizing agency, and the curriculum can be accessed at <http://www.ohflac.wv.gov>.

### 5.2. Competency evaluation.

5.2.a. The authorizing agency will develop the competency evaluation in accordance with W. Va. Code §§ 16-50-5 and 16-50-1 et seq.

5.2.b. The administration of the competency test to the prospective approved medication assistive personnel shall be by the authorized registered professional nurse. The authorized registered professional nurse shall handle competency tests in accordance with the instructions of the authorizing agency.

5.2.c. Competency evaluation includes the prospective approved medication assistive personnel and his or her:

5.2.c.1. Satisfactory completion and demonstration of all tasks in the curriculum; and

5.2.c.2 Satisfactory completion of a competency test approved by the authorizing agency.

5.2.d. The prospective approved medication assistive personnel shall be allowed two opportunities to satisfactorily complete a competency test, utilizing a different test for each opportunity. A third and final competency test may only be given if the prospective approved medication assistive personnel repeats the training program. The decision to repeat the training course will be at the discretion of the authorized registered professional nurse.

### 5.3 Retraining Program

5.3.a. Retraining of the approved medication administration personnel shall be conducted every two years by the authorized registered professional nurse.

5.3.b. The retraining shall include the curriculum and documentation of the required AMAP observation by the authorized registered professional nurse of medication administration or performance of health maintenance tasks or both.

#### 5.4. Requirements of the authorized registered professional nurse.

5.4.a. The authorized registered professional nurse shall train approved medication assistive personnel to administer medications or perform health maintenance tasks, or both and shall:

5.4.a.1. Possess a current valid and unencumbered West Virginia license in good standing to practice as a registered professional nurse;

5.4.a.2. Have practiced as a registered professional nurse in a position or capacity requiring knowledge of medications and health maintenance tasks for the immediate two years prior to being authorized to train approved medication assistive personnel;

5.4.a.2.a As used in this section, "immediate two years" means the two years prior, disregarding short absences, including, but not limited to, vacation or illness.

5.4.a.3. Be familiar with the nursing care needs of the residents of the facility;

5.4.a.4. Have completed the facility trainer and instructor orientation course developed by the authorizing agency;

5.4.a.5. Have knowledge of all facility policies and procedures pertaining to medication administration and health maintenance tasks;

5.4.a.6. Have knowledge of the provisions in this rule; and

5.4.a.7. Have competencies for health maintenance tasks reassessed and documented annually by the employer of record to ensure continued competency.

**§ 64-60-6. Eligibility Requirements for Approved Medication Assistive Personnel to be Trained.**

6.1. A facility may permit a facility staff member to be trained as an approved medication assistive personnel to administer medications or health maintenance tasks, or both, in a single specific agency only after compliance with all of the following:

6.1.a. The facility determines there is no statement on the state administered nurse aide registry indicating that the facility staff member has been the subject of a finding of abuse or neglect of a long-term care facility resident or convicted of the misappropriation of such a resident's property;

6.1.b. The facility staff member has had a criminal background check or if applicable, a check of the state police abuse registry, establishing that the individual has not been convicted of any crimes against persons or drug related crimes;

6.1.c. The facility staff member holds a high school diploma or a general education diploma;

6.1.d. The facility staff member has successfully completed the training curriculum and passed the competency evaluation developed by the authorizing agency;

6.1.e. The approved medication assistive personnel is currently certified in cardiopulmonary resuscitation and first aid;

6.1.f. The approved medication assistive personnel participates in a retraining program every two years; and

6.1.g. The approved medication assistive personnel must have competencies for health maintenance tasks reassessed and documented annually by the authorized registered professional nurse and maintained by the employer of record to ensure continued competency.

**§ 64-60-7. Facility Oversight of Medication Administration and Health Maintenance Tasks by Approved Medication Assistive Personnel.**

7.1. Administrative policy requirements.

7.1.a. The facility or single specific agency must submit policies and procedures pertaining to medication administration and health maintenance tasks to the authorizing agency for approval, prior to receiving authorization to train facility staff members as approved medication assistive personnel.

7.1.b. An authorized registered professional nurse shall participate in development and revision of these policies and procedures.

7.1.c. The policies and procedures shall include at least the following:

7.1.c.1. Eligibility requirements for the authorized registered professional nurse and approved medication assistive personnel participating in medication administration or health maintenance tasks, or both;

7.1.c.2. Limitations on the functions of the approved medication assistive personnel;

7.1.c.3. Requirements for documentation in personnel records;

7.1.c.4. Requirements for documentation in resident medical records, shall include at least the following:

7.1.c.4.A. Each facility shall maintain a medication or a treatment administration record, or both, for each resident, to be maintained as a part of the permanent medical record. This record shall be available for review by the authorized registered professional nurse, representatives of the authorizing agency, and other authorized persons. This record shall include:

7.1.c.4.A.1. The name of the resident to receive the medication or health maintenance task, or both;

7.1.c.4.A.2. The name of the medication or health maintenance task, or both the dosage to be administered and the route of administration;

7.1.c.4.A.3. The time or intervals at which the medication or health maintenance task, or both, is to be administered or performed;

7.1.c.4.A.4. The date the medication or health maintenance task, or both, is to begin and cease.

7.1.c.4.A.5. The printed name, the initials and the signature of the individual who administered the medication or performed health maintenance task, or both; and

7.1.c.4.A.6. Any special instructions for handling or administering the medication or performing health maintenance task, or both, including instructions for maintaining aseptic conditions and appropriate storage.

7.1.c.4.B. Written, signed and dated orders by the physician or authorized health care professional shall be present in the medical record of each resident, for each medication to be administered, including over-the-counter medications. Verbal orders may only be taken by the authorized registered professional nurse and must be countersigned by the physician or authorized health care professional within the designated timeframe not to exceed 14 days.

7.1.c.4.C. Written, signed and dated by the physician or authorized health care professional orders shall be present in the medical record of each resident, for each authorized health maintenance task to be performed. Verbal orders may only be taken by the authorized registered professional nurse and must be countersigned by the physician or authorized health care professional within the designated timeframe not to exceed 14 days.

7.1.c.4.D. Written, signed and dated verification of physician or authorized health care professional collaboration in the decision to allow medication administration or health maintenance tasks, or both, by approved medication assistive personnel shall be present in the medical record of each resident.

7.1.c.5. Requirements for the monitoring and supervision of the approved medication assistive personnel by the authorized registered professional nurse employed or contracted by the facility shall include at least the following:

7.1.c.5.A. The authorized registered professional nurse coverage to respond to questions related to any aspect of medication administration or health maintenance tasks, or both by approved medication assistive personnel;

7.1.c.5.B. The number of approved medication assistive personnel, residents, and sites the authorized registered professional nurse will supervise;

7.1.c.5.C. The number of residents and sites for which the approved medication assistive personnel will administer medications or health maintenance tasks, or both;

7.1.c.5.D. The furthest distance the authorized registered professional nurse will be expected to travel to a site and between sites;

7.1.c.5.E. Periodic and ongoing observation and supervision, not less frequently than quarterly, of the medication administration or health maintenance tasks, or both;

7.1.c.5.F. The training and approval process for an approved medication assistive personnel to administer medications or health maintenance tasks, or both, at different sites within a specific agency;

7.1.c.5.G. Ongoing review of the physician=s or authorized health care professional=s orders, medication administration records, and medication labels by the authorized registered professional nurse for consistency and documentation of such; ongoing review of medication error reports and medication related incident reports by the authorized registered professional nurse and the primary health care professional; and

7.1.c.5.H. The withdrawal of approval for an approved medication assistive personnel to administer medication or perform health maintenance tasks, or both, including the reasons for the withdrawal of approval.

7.1.c.6. Requirements for communication and monitoring between the approved medication assistive personnel and the authorized registered professional nurse in situations where a condition arises which may create a risk to the resident=s health and safety, shall include at least the following:

7.1.c.6.A. Any change in a resident=s condition;

7.1.c.6.B. Any discrepancy between the pharmacy label and the medication administration record;

7.1.c.6.C. Any deviation from the six rights of medication administration;

7.1.c.6.D. Any doubt or question about the medication administration or health maintenance tasks processes;

7.1.c.6.E. Resident refusal of medication or health maintenance tasks, or both;

7.1.c.6.F. Any question about a medication or health maintenance task, or both ordered to be given "as needed";

7.1.c.6.G. Any question about a medication or health maintenance task, or both looking different or unusual;

7.1.c.6.H. Receipt of any change in the physician=s or authorized health care professional=s orders, and the need for disposal of medications; and

7.1.c.6.I. The type and frequency of monitoring and the training requirements for management of these occurrences shall be determined through the nurse delegation decision model.

7.1.c.7. The medication delivery system to be utilized by the facility shall include at least the following: the type of medication packaging required; medication storage; how the six rights of medication administration are assured; disposal of medications; and special procedures for controlled substances;

7.1.c.8. Infection control, including: universal precautions, use of personal protective equipment, and medical aseptic practices;

7.1.c.9. The process for resident identification; and

7.1.c.10. The process to prevent drug diversion.

7.1.d. Each facility shall have available the most, current published resource information on all drugs being administered by the facility, including the risks and possible side effects.

7.1.e. The authorizing agency shall require alterations to facility policy if the determination is made that medication administration or health maintenance task, or both, is not being administered in accordance with the nurse delegation decision model or if potentially unsafe conditions exist.

7.1.f. Failure by the facility to provide oversight of medication administration or health maintenance tasks, or both, as required by this rule or by facility policies may result in penalties, including the denial of participation in this program.

7.1.g. Have competencies for health maintenance tasks reassessed and documented annually by the employer of record to ensure continued competency for the authorized registered professional nurse and approved medication assistive personnel.

#### **§ 64-60-8. Withdrawal of Authorization.**

8.1. The authorized registered professional nurse may withdraw the authorization for the approved medication assistive personnel if the registered professional nurse determines that the approved medication assistive personnel is not performing in accordance with the training and written instructions.

8.2. The withdrawal of authorization and the reasons for the withdrawal, with any corresponding evidence, shall be documented and shall be relayed to the facility and the authorizing agency in order to remove the approved medication assistive personnel from the list of authorized individuals.

#### **§ 64-60-9. Limitations on Medication Administration and Health Maintenance Tasks Approved Medication Assistive Personnel.**

9.1. The medication to be administered shall be received and maintained in the original container in which it was dispensed by a pharmacist or the physician until such time as it is administered to the resident.

9.2. No injections nor any parenteral medications shall be administered, except that prefilled insulin or insulin pens may be administered.

9.3. No irrigations nor debriding agents used in the treatment of a skin condition or minor abrasions shall be administered.

9.4. No verbal medication orders shall be accepted, no new medication orders or health maintenance task orders, or both, shall be transcribed, and no drug dosages shall be converted or calculated.

9.5. Medications ordered by the physician or a health care professional with legal prescriptive authority to be given as needed shall be administered only if the order is written with specific parameters which preclude independent judgment.

9.6. Delegation of tracheostomy care and ventilator care is not permitted in an intermediate care facility for individuals with an intellectual disability, assisted living, behavioral health group home, or private residence where the resident is not residing with family and/or natural supports.

**§ 64-60-10. Administrative Due Process.**

10.1. Those persons adversely affected by the enforcement of this rule may submit a written request for a desk review to determine whether the privileges were appropriately withdrawn in a manner prescribed by the policy developed by the authorizing agency.

## REFERENCES

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2. National Council of State Boards of Nursing, Inc., Test Plan for the National Council Licensure Examination for Practical Nurses NCLEX-PN, April 2013.
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4. National Council of State Boards of Nursing, Inc., Role Delineation Study of Nurse Practitioners and Clinical Nurse Specialists, 2007.
5. National Council of State Boards of Nursing, Inc., 2009 Job Analysis of Nurse Aides, 2010.
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10. West Virginia Code §30-7 (RN) and §30-7A (LPN).
11. West Virginia Legislative Rules Title 19 (RN) and Title 10 (LPN).

12. West Virginia Code and Rules related to health care such as Health Facilities Licensure and Certification (Licensing of hospitals, nursing homes, etc., as well as certification of nursing assistants); Education (School Nurse); Board of Pharmacy (appropriate handling of drugs). This reference is not exhaustive.
  
13. West Virginia Bureau of Public Health Office of Emergency Medical Services (EMS) Personnel in Emergency Departments, Procedure (10.2-060114). Retrieved at <http://www.dhhr.wv.gov/bph/connections>.