

**DEPARTMENT OF STATE**  
**DIVISION OF PROFESSIONAL REGULATION**  
**Delaware Board of Nursing**  
Statutory Authority: 24 Delaware Code, Section 1904(c) (24 Del.C. §1904(c))  
24 DE Admin. Code 1900

**FINAL**

**ORDER**

**1900 Board of Nursing**

After due notice in the *Register of Regulations* and two Delaware newspapers, a public hearing was held on August 10, 2011 at a scheduled meeting of the Delaware Board of Nursing ("Board") to receive comments regarding the Board's proposed amendments to its rules and regulations. The proposed amendments to Rule 1.0 are an attempt to better organize the regulation, come into compliance with statutory changes that have occurred since the regulation was enacted, and remove confusing out-dated language. The proposed revisions to Rule 2.0 are an attempt to better organize the regulation, clarify the information that must be provided at each phase of the application process, and conform more closely to the model rules. The proposed revisions Rule 3.0 are an attempt to update the requirements of a nursing refresher course to better reflect the needs of today's nurse. The proposed revisions to Rule 4.0 are an attempt to integrate the use of an alternative supervised practice plan as an option for nurses for whom a refresher course is not available within a reasonable distance or time. The proposed revisions to Rule 6.0 are an attempt to, among other things, remove the 90 day requirement for recent graduates to take the NCLEX, remove the requirement that applicants submit two copies of their application, change the amount of times the NCLEX exam may be taken and how often, and change the CE documentation audit to occur after renewal and not before. The proposed revisions to this Rule 7.0 are an attempt to reorganize the entire regulation, parsing out RN and LPN standards of practice, renumber the entire section, and change the use of the term "bone marrow aspiration" needle to "intraosseous" needle. The proposed revisions to Rule 9.0 among other things, increases the percentage of renewing applicants subject to CE audit from 1 to 3%, redefines contact hours to a 60 minute hour standard, and requires CE providers renew their approval every two years. The proposed revisions to Rule 14.0 update the regulations clarifying the Nurse Compact Act by including a requirement that any compact licensee successfully pass the NCLEX, allowing applicants from foreign countries to apply for compact licensure or single state licensure, and clarifying that suspension, revocation or surrender of a home state license still entitles an applicant to single state licensure in another state until such time as the home state restrictions are lifted.

The proposed changes to the regulations were published in the *Register of Regulations*, Vol. 15, Issue 1, on July 1, 2011. Notice of the August 10, 2011 hearing was published in the *News Journal* (Exhibit 1) and the *Delaware State News*. Exhibit 2.

**SUMMARY OF THE EVIDENCE AND INFORMATION SUBMITTED**

The Board received identical written comments from Daniese McMullin-Powell, Chairperson for the State Council for Persons with Disabilities; (Exhibit 3); Harline Dennision from the Delaware Developmental Disabilities Council; (Exhibit 4); Terri Hancharick from the Governor's Advisory Council for Exceptional Citizens. Exhibit 5. These comments endorsed the proposed changes to Rules 2.4.1.7.1, Rule 2.4.1.7.2, Rule 2.4.1.9.4.1.1.3, Rule 7.3.1.7, and Rule 7.3.18.

The written comments requested reconsideration of Rule 4.3.1. No proposed change was published with regard to Rule 4.3.1. Nonetheless, the commentators requested reconsideration of the requirement that a refresher course participating facility must be no less than a skilled nursing facility.

The written comments requested retaining the term "record" instead of the proposed "document" in proposed change to Rule 10.4.2.4 as the term "document" may be read too narrowly to not include electronic or computer-based entries. Finally, the written comments requested a paring down of the list of crimes listed in Rule 15.0 as substantially related to the practice of nursing.

The Board received verbal comments from Ms. Connie Bushy from the Beebe School of Nursing. Ms. Bushy commented that Regulation 6.1.5 deals with the deletion of the requirement of taking the exam within 90 days. She does not see anywhere in the Rules and Regulations where there is a time period. The Board struck this regulation because every person that ever asked for the waiver received it. The Board believes that the public interest is better served by addressing the number of fails it permits rather than regulating how quickly an applicant must take the exam. 6.3.4 states that applicants who fail the examination may retake the examination within one year from the date of the initial examination. 6.3.5 also now states that after one year, the applicant must petition the Board for specific authorization to retest.

Finally, Tammy Paxton from the Owens Campus of Delaware Tech provided verbal comments. With regard to 3.2.4, Ms. Paxton testified that her organization is in favor of the increase in clinical hours, but they ask that the effective date be

delayed until the Spring of 2013.

## FINDINGS OF FACT AND CONCLUSIONS

1. The public was given notice and an opportunity to provide the Board with comments in writing and by testimony at the public hearing on the proposed amendments to the Board's rules and regulations.

2. The written comments requested reconsideration of Rule 4.3.1. No proposed change was published with regard to Rule 4.3.1. Nonetheless, the commentators requested reconsideration of the requirement that a refresher course participating facility must be no less than a skilled nursing facility. The Board has thoughtfully considered this suggestion. The Board finds that an out of practice nurse coming back into practice requires the broad range of exposure that a skilled nursing facility can provide and not the narrow exposure that can be gleaned from a group home, for example.

3. The written comments requested retaining the term "record" instead of the proposed "document" in proposed change to Rule 10.4.2.4 as the term "document" may be read too narrowly to not include electronic or computer-based entries. The Board finds that this suggestion has merit, and the final order will retain the use of the word "record" instead of the previously proposed "document." This is a non-substantive change that is reflected in the attached final regulations.

4. The written comments requested a paring down of the list of crimes listed in Rule 15.0 as substantially related to the practice of nursing. The Board did not propose any changes to Rule 15 in this publication and is not inclined to remove any substantially related crimes from its list at this time.

5. The Board received verbal comments from Ms. Connie Bushy from the Beebe School of Nursing. Ms. Bushy commented that Regulation 6.1.5 deals with the deletion of the requirement of taking the exam within 90 days. The Board struck this regulation because every person that ever asked for the waiver received it. The Board believes that the public interest is better served by addressing the number of fails it permits rather than regulating how quickly an applicant must take the exam. However, 6.3.4 states that applicants who fail the examination may retake the examination within one year from the date of the initial examination. 6.3.5 also now states that after one year, the applicant must petition the Board for specific authorization to retest. By removing the 90 day requirement, the Board also is allowing applicants to move toward licensure without holding them up waiting for a waiver. Nonetheless, the board will add the words "test or" before the words "retest" in Rule 6.3.4 so that all graduating students must take the exam within one year of graduation. This is a non-substantive change that is reflected in the attached final regulations.

6. Tammy Paxton from the Owens Campus of Delaware Tech provided verbal comments. With regard to 3.2.4, Ms. Paxton testified that her organization is in favor of the increase in clinical hours, but they ask that the effective date be delayed until the Spring of 2013. The Board is not inclined to memorialize a delay of the effective date in its regulations. However, it encourages Ms. Paxton to submit a request for special consideration regarding enforcement.

7. Pursuant to 24 **Del.C.** §1904(c) the Board has statutory authority to promulgate rules and regulations clarifying specific statutory sections of its statute.

## DECISION AND EFFECTIVE DATE

The Board hereby adopts the changes to its rules and regulations to be effective 10 days following publication of this order in the *Register of Regulations*.

## TEXT AND CITATION

The text of the revised rules remains as published in the *Register of Regulations*, Vol. 15, Issue 1, July 1, 2011 with only the two non-substantive changes described above, as attached hereto as Exhibit A.

SO ORDERED this 14<sup>th</sup> day of September, 2011.

DELAWARE BOARD OF NURSING

Evelyn Nicholson, President

## 1900 Board of Nursing

### 1.0 General Provisions for the Operation of the Delaware Board of Nursing

These Rules and Regulations are adopted by the Delaware Board of Nursing by authority of the Delaware Nurse Practice Act, 24 **Del.C.** §1906(1).

#### 1.1 Officers

The officers of the Board shall be the President and the Vice-President to be elected each year during the month of June and to assume their duties as of July 1.

1.1.1 The President of the Board shall:

- 1.1.1.1 ~~Chair~~ Preside at all regular and disciplinary hearings of the Board;
- 1.1.1.2 Represent the Board at the National Council of State Boards of Nursing (NCSBN) Delegate Assembly as a voting delegate, certain professional and/or community functions, and regional or national meetings, or shall designate a member or the Executive Director to represent the Board;
- 1.1.1.3 Sign or delegate to the Executive Director all correspondence conveying rulings of the Board to nursing service agencies and educational institutions;
- 1.1.1.4 Execute those functions delegated to the President elsewhere in these rules and regulations, or otherwise by law;
- 1.1.1.5 Collaborate with the Executive Director to develop and ~~R~~review the agenda for the Board meeting ~~with the Executive Director prior to distribution.~~

1.1.2 The Vice-President of the Board shall:

- 1.1.2.1 ~~Chair~~ Preside at meetings and hearings in the absence of the President;
- 1.1.2.2 Execute those functions delegated to the Vice-President elsewhere in these rules and regulations, or otherwise by law;
- 1.1.2.3 Represent the Board at the NCSBN Delegate Assembly, and other meetings as delegated by the President or the Board, as a voting delegate.

1.1.3 Filling Vacancies:

- 1.1.3.1 In the event of a resignation, termination or departure of one of the officers, a replacement shall be elected at the next Board meeting or at a meeting called for that purpose. A quorum of the Board is required.
- 1.1.3.2 In the event one of the officers shall not be available to fulfill their duties for a period ~~not exceeding~~ of three months, the Board shall nominate one of its members to serve for the interim period.

1.2 Members

- 1.2.1 All members appointed to the Board share the responsibility vested in the Board. The President of the Board shall consider qualifications and educational preparation in delegating certain duties to individual members of the Board.
- 1.2.2 Board members ~~in executive session~~ may review drafts of National Council Licensure Examination questions for Registered Nurses and Licensed Practical Nurses in a private setting.
- 1.2.3 Two Board members, ~~one a Registered Nurse and one a Licensed Practical Nurse~~, shall be chosen as alternate voting delegates to the NCSBN Delegate Assembly if one of the voting delegates can not attend.
- 1.2.4 The members of the Board shall attend all scheduled Board business meetings. If there are extenuating circumstances which prevent a member from attending all or part of a scheduled meeting, the Executive Director should be informed in writing, if time permits, or by telephone, in advance of the meeting.
- 1.2.5 All members are expected to be aware of and follow their obligations under the State Employees', Officers' and Officials' Code of Conduct.

1.3 Duties of the Executive Director

- 1.3.1 The Division of Professional Regulation prescribes the duties of the Executive Director. See 29 **Del.C.** §8810(a).

1.4 Meetings

- 1.4.1 The Board of Nursing shall meet as often as necessary to transact the regular business of the Board.
- 1.4.2 Special meetings may be called at the request of the president or any two Board members.
- 1.4.3 An agenda shall be ~~mailed~~ provided to Board members prior to each meeting and notice of each meeting shall be given in accordance with the Freedom of Information Act.
- 1.4.4 The order of business for all regular meetings shall be:
  - 1.4.4.1 Call to Order
  - 1.4.4.2 Disposition of Minutes
  - 1.4.4.3 Adoption of the Agenda
  - 1.4.4.4 Activities Report
  - 1.4.4.5 Unfinished Business
  - 1.4.4.6 Committee Reports
  - 1.4.4.7 President's Report
  - 1.4.4.8 Executive Director's Report
  - 1.4.4.9 Licensee Applicant Reviews

- 1.4.4.10 Licensee Reviews
- 1.4.4.11 Other Business
- 1.4.4.12 Licensee Approval
- 1.4.4.13 Next Meeting
- 1.4.4.14 Public Comment
- 1.4.4.15 Adjournment

1.4.5 Hearings shall be included in 1.4.4.10 for information purposes.

## 1.5 Requests for Meeting with the Board

- 1.5.1 ~~The Board shall meet, upon request, with any group. The group asking for a meeting shall be asked to submit, in advance, items of interest for the agenda and shall receive a copy of the minutes. A request for a meeting shall be honored at the earliest convenience of the Board.~~

## 2.0 Nursing Education Programs

### 2.1 Definitions

~~“Board” the Delaware Board of Nursing.~~

~~“Conditional Approval” the status granted to a program that is determined to be deficient in a specified area. When this determination is made by the Board, written notice shall be sent to the program specifying the deficient areas, and the time limit within which the deficiencies are to be corrected.~~

~~“Full Approval” the status granted to a program that meets the requirements of the Law and the Rules and Regulations of the Board. Continuation of full approval is contingent upon annual review of the program and continuing to meet the criteria.~~

~~“Initial Approval” authorization to admit students and enter into contractual agreements for clinical facilities. It is granted only after an application has been submitted, reviewed and a survey visit made by the Board. No students shall be admitted to the program until the institution has received written notification that initial approval has been granted. Failure to comply will delay initial approval.~~

~~“National Accrediting Agency For Nursing Education” a national accrediting agency for nursing education that is recognized by the Council on Postsecondary Accreditation and by the U.S. Department of Education.~~

### ~~1-DE Reg. 1879 (6/1/98)~~

~~“Nursing Education Program” as defined in 24 Del.C. Ch. 19.~~

### 2.2 Authority Designated to Board of Nursing

#### 2.2.1 In accordance with 24 Del.C. Ch. 19, the Board may:

- 2.2.1.1 Approve curricula and develop criteria and standards for evaluating nursing education programs;
- 2.2.1.2 Provide for surveys of such programs at such time as it may deem necessary;
- 2.2.1.3 Approve such programs to meet the requirements of the Chapter and of the Board; and
- 2.2.1.4 Deny or withdraw approval from nursing education programs for failure to meet prescribed curriculum or other standards. (Subsections 1906 (b), (c), (e)).

### 2.3 Purposes of Approval

#### 2.3.1 The state requires that nursing education programs be approved in order to:

- 2.3.1.1 Provide for the safe practice of nursing by setting minimum requirements for the programs that prepare the licensee.
- 2.3.1.2 Encourage self-evaluation for the improvement of a nursing education program.
- 2.3.1.3 Provide for the public a list of nursing education programs that meet the requirements set by the Board.
- 2.3.1.4 Assure the graduates of approved nursing programs of their eligibility to apply for admission to the licensing examination and to facilitate their licensure by endorsement in other states.

### 2.4 Procedure for Establishing a Nursing Education Program

#### 2.4.1 Phase I

- 2.4.1.1 An administrative officer of the institution shall complete the appropriate application form and forward three copies to the Executive Director of the Board at least 12 months prior to enrollment of students.
- 2.4.1.2 The Board shall review the application and conduct a site visit. At least one of the visitors shall be a nurse educator who has curriculum expertise at the level of the program being reviewed.
  - 2.4.1.2.1 Alternatively, the institution desiring to establish a nursing education program may elect to have the site visit made by a Board member(s) and a nursing education consultant, the latter with special expertise in the same type of nursing education as the program. The consultant shall be from a list of qualified persons approved by the Board. Costs associated with the visit of the consultant shall be borne by the nursing education program requesting same.
- 2.4.1.3 The purpose of the site visit is to validate the information recorded on the application.
- 2.4.1.4 The site visitation team shall make a written report to the Board.

- 2.4.1.5 The Board shall report to the institution within 90 days after all requirements of Phase I have been met.

#### 2.4.2 Phase II

- 2.4.2.1 The institution shall notify the Board of the appointment of a qualified nurse as director of the program at least nine months in advance of the anticipated enrollment of students in nursing courses.
- 2.4.2.2 The director shall be responsible for planning the program and providing the information required in Part II of the application form, which must be resubmitted at least three months prior to the anticipated enrollment of students.
- 2.4.2.3 The Board shall review the application and supporting information at a regularly scheduled meeting and determine if the program is prepared to admit students. If it is so determined, initial approval will be granted.

#### 2.4.3 Phase III

- 2.4.3.1 Following initial approval, the director of the program shall submit five copies of a progress report to the Board every six months. This shall be a general report of progress to date to include number of students enrolled, attrition rate, faculty credentials, curriculum design, and use of clinical facilities. After the admission of students, these reports shall continue to be submitted at six month intervals until discontinued by the Board.
- 2.4.3.2 The institution shall appoint other qualified nurse faculty members no less than four months in advance of enrollment of students in nursing courses to participate in determining the theoretical framework and in developing the curriculum plan and course content.
  - 2.4.3.2.1 The program shall be developed according to criteria in accordance with 2.5 of these Regulations. The curriculum plan, including course descriptions, shall be submitted for Board review and approval three months in advance of enrollment of students in nursing courses.
- 2.4.3.3 Following the graduation of the first class, the nurse faculty shall prepare and submit five copies of a self-evaluation report to the Board for review. The Board will conduct a survey visit to consider full approval of the program.
  - 2.4.3.3.1 The Board's decision regarding approval status shall be sent in writing to the appropriate administrative officers and to the director of the nursing education program.

### 2.5 Standards for Approval

#### 2.5.1 Organization and Administration:

- 2.5.1.1 The school shall be authorized to conduct a nursing education program by charter or articles of incorporation of the controlling institution, by resolution of its board of control, or by the school's own charter or articles of incorporation.
- 2.5.1.2 Universities, colleges, community or junior colleges, and public schools offering programs in nursing shall be accredited by their appropriate agencies.
- 2.5.1.3 Hospitals conducting a nursing education program shall be accredited by the Joint Commission on Accreditation of Health Care Organizations or the American Osteopathic Association.
- 2.5.1.4 Any agency or institution that is used by a nursing education program shall be authorized to conduct business in the state of Delaware, or in the state in which the agency or institution is located.
- 2.5.1.5 The authority and responsibility for the operation of the nursing education program shall be vested in a director who is duly licensed to practice professional nursing in Delaware and who is responsible to the controlling board, either directly or through appropriate administrative channels.
- 2.5.1.6 A written organization plan shall be prepared and submitted to the Board and shall indicate the lines of authority and communication of the program to the controlling body, other departments within the controlling institution, the affiliating and cooperating agencies, and to the advisory committee, if one exists.
- 2.5.1.7 Adequate funds shall be allocated by the controlling agency to carry out the stated purposes of the program. The director of the nursing program shall be responsible for budget recommendations and administration, consistent with the established policies of the controlling agency.
- 2.5.1.8 When the program uses educational or clinical resources that are under the control of another authority, there shall be written agreements with each resource provider. Such agreements shall be developed jointly with the provider, reviewed periodically according to the policies of the program and the agency, and include provision for adequate notice of termination.
- 2.5.1.9 Clerical services shall be provided to support the program with a minimum of one full-time secretary and additional secretarial staff as needed.

#### 2.5.2 Philosophy and Objectives

- 2.5.2.1 Philosophy and objectives shall be clearly stated in writing.

#### 2.5.3 Faculty

- 2.5.3.1 Minimum Qualifications

- 2.5.3.1.1 All nursing faculty members, including the director, shall hold current licenses to practice as Registered Nurses in Delaware.
- 2.5.3.1.2 The director and each member of the nursing faculty shall be academically and professionally qualified for the position to which appointed. All nursing faculty members shall maintain professional competence in their area(s) of teaching responsibility through professional development activities such as nursing practice, participation in professional meetings, workshops, formal college courses, and nursing research.
- 2.5.3.1.3 The director of a baccalaureate degree program shall hold an earned doctoral degree or have a specific plan for completing a doctoral degree and shall hold a degree in nursing at the Master's level or higher. The director shall have experience in nursing practice, nursing education and shall give evidence of ability in providing leadership. A director employed by the school prior to the promulgation of these Rules and Regulations shall be exempt from this rule while remaining in the employ of that school.
- 2.5.3.1.4 The director of a nursing education program shall hold a minimum of a Master's degree. The director shall hold a degree in nursing at the baccalaureate level or higher and shall have experience in nursing practice, nursing education and shall give evidence of ability in providing leadership. A director employed by the school prior to the promulgation of these Rules and Regulations shall be exempt from this rule while remaining in the employ of that school.
- 2.5.3.1.5 Each member of the nursing faculty shall hold a baccalaureate degree in nursing or a Master's in nursing. Faculty employed by the school prior to the promulgation of these Rules and Regulations shall be exempt from this rule while remaining in the employ of that school.
- 2.5.3.1.6 Non-nurse members of the faculty shall hold academic and professional credentials in their field of specialization.
- 2.5.3.2 **Number-**
  - 2.5.3.2.1 The number of faculty members shall be sufficient to prepare the students for licensure, to achieve the objectives as stated in the school's application, and reasonably proportionate to:
    - 2.5.3.2.1.1 Number of students enrolled;
    - 2.5.3.2.1.2 Frequency of admissions;
    - 2.5.3.2.1.3 Education and experience of faculty members;
    - 2.5.3.2.1.4 Number and location of clinical facilities; and
    - 2.5.3.2.1.5 Total responsibilities of the faculty members.
- 2.5.3.3 **Conditions of employment**
  - 2.5.3.3.1 Qualifications and responsibilities for faculty member positions shall be defined in writing.
  - 2.5.3.3.2 Written personnel policies shall be consistent with the policies of the sponsoring institution.
  - 2.5.3.3.3 Faculty assignments shall allow time for class and laboratory preparation, teaching, program evaluation, improvement of teaching methods, guidance of the students, participation in faculty organizations and committees, attendance at professional meetings, and participation in continuing education activities.
- 2.5.3.4 **Functions**
  - 2.5.3.4.1 The principal functions of the faculty shall be to:
    - 2.5.3.4.1.1 Develop the philosophy and objectives of the nursing program;
    - 2.5.3.4.1.2 Develop, implement, evaluate and revise the curriculum;
    - 2.5.3.4.1.3 Participate in the recruitment, admission and retention of students in the nursing program;
    - 2.5.3.4.1.4 Establish criteria for promotion and completion of the program in nursing;
    - 2.5.3.4.1.5 Evaluate student achievement on the basis of established criteria;
    - 2.5.3.4.1.6 Recommend successful candidates for degree, diploma and other forms of recognition; and
    - 2.5.3.4.1.7 Participate in appropriate activities of the controlling institution.
- 2.5.3.5 **Organization**
  - 2.5.3.5.1 The nursing faculty shall attend regular meetings of the faculty for the purpose of developing, implementing and evaluating the nursing curriculum.
  - 2.5.3.5.2 Committees shall be established as needed.
  - 2.5.3.5.3 Written rules or bylaws shall govern the conduct of nursing faculty meetings and committees.
  - 2.5.3.5.4 Minutes of faculty and committee meetings, including action taken, shall be recorded and available for reference.
  - 2.5.3.5.5 Provision shall be made for nursing student membership and participation on faculty committees and in committee meetings as appropriate.
  - 2.5.3.5.6 Where nursing practice/education (advisory) committees are established, their functions and relationship to the board of control and to the program shall be clearly defined

~~2.5.3.5.7 Written rules shall govern the activities of the nursing practice/education (advisory) committee(s) and minutes of the meetings shall be on file in the administrative office of the program.~~

#### **2.5.4 Students**

##### **2.5.4.1 Admission, Promotion and Graduation**

###### **2.5.4.1.1 Criteria**

~~2.5.4.1.1.1 Policies and procedures related to the selection and admission of students are the responsibility of the individual school.~~

~~2.5.4.1.1.2 Students shall be admitted on the basis of established criteria and without discrimination as to age, race, religion, sex, sexual preference, national origin, or disability.~~

~~2.5.4.1.1.3 There shall be written policies for the admission and re-admission of students.~~

~~2.5.4.1.1.4 Schools granting advanced standing after admission via challenge examinations, College Level Examination Program, teacher made tests or any other method shall have written criteria for granting course credit.~~

~~2.5.4.1.1.5 The policies for promotion, retention and graduation shall be published in the school catalogue or in other appropriate documents that are available to students.~~

~~2.5.4.1.1.6 All candidates in a program that requires applicants to be registered nurses must be licensed in Delaware if any clinical experiences occur in the State.~~

###### **2.5.4.2 Services**

~~2.5.4.2.1 There shall be written policies for student welfare as related to health, counseling and guidance, financial aid, and residence life, if offered.~~

~~2.5.4.2.2 There shall be well-defined written policies governing payment and refund of tuition and other fees.~~

#### **2.5.5 Information**

##### **2.5.5.1 Annual Report**

~~2.5.5.1.1 By October 1 of each year, five copies of an annual report of the nursing education program shall be sent to the Board, using the format supplied by the Board. The report will include information from August 1 of the previous year through July 31 of the current academic year.~~

### **3-DE Reg. 1373 (4/1/00)**

##### **2.5.5.2 School Records**

~~2.5.5.2.1 A nursing education program shall maintain a system of records which shall contain all data relating to approval by any agency or body. The data shall include, but not be limited to, course outlines, minutes of faculty and committee meetings, pertinent correspondence, reports of standardized tests and survey reports. Such data shall be available to the Board representatives during the course of a site survey visit subject to applicable provisions of state and federal law.~~

##### **2.5.5.3 Student Records**

~~2.5.5.3.1 The school shall maintain a record for each student. Subject to applicable provisions of law, such records shall be available to Board representatives during the course of a site survey visit.~~

~~2.5.5.3.2 A final transcript for each student shall be retained in the permanent records of the school.~~

~~2.5.5.3.3 Provision shall be made for the protection of records against loss, destruction and unauthorized use.~~

##### **2.5.5.4 School Bulletin or Catalogue**

~~Current information about the school shall be published periodically and distributed to students, applicants for admission and to the Board. It should include a general description of the program, philosophy and objectives of the controlling institution and of the nursing programs, admission and graduation requirements, fees, expenses, and financial aid, educational facilities, living accommodations, student activities and services, curriculum plan, course descriptions, and faculty staff roster.~~

#### **2.5.6 Curriculum**

~~The following shall apply to nursing education programs:~~

##### **2.5.6.1 Nursing Education Programs**

~~2.5.6.1.1 The curriculum shall reflect the stated philosophy and objectives of the school and evidence of an organized pattern of instruction and appropriate supervised nursing practice consistent with sound educational practices and principles of learning.~~

~~2.5.6.1.2 LPN and RN programs shall provide for concurrent or correlated theory and clinical practice in the physical and/or mental health care of individuals of all ages, the nursing care of mothers and newborns, children, adults, the aged, individuals with mental health problems, and individuals in diverse settings, not necessarily in separate courses.~~

- 2.5.6.1.2.1 Clinical experiences shall include preventive aspects of illness, nursing care of persons with acute and chronic illnesses and rehabilitative care. Opportunities shall be provided for the student to participate in patient teaching in a variety of settings with individuals, families and other groups.
- 2.5.6.1.2.2 Concurrent and or correlated theory shall include the history of nursing, health care issues, and legal ethical issues.
- 2.5.6.1.3 The RN curriculum shall provide instruction in the following fields:
  - 2.5.6.1.3.1 Physical and biological sciences including content from the areas of anatomy and physiology, chemistry, microbiology, pharmacology and nutrition, which may be integrated, combined or presented as separate courses, and
  - 2.5.6.1.3.2 Social and behavioral sciences including content drawn from the fields of communication theory, psychology and sociology and shall serve as a basis for the selection of learning experiences which develop abilities and skills in observation, interviewing, interpersonal relations, and problem-solving.
  - 2.5.6.1.3.3 Professional nursing responsibilities.
  - 2.5.6.1.3.4 Nursing research and nursing leadership in BSN programs.
- 2.5.6.1.4 The LPN curriculum shall provide instruction in the following fields:
  - 2.5.6.1.4.1 Essential facts and principles in the biological, physical and social sciences including body structure and functions, elementary microbiology, pharmacology and nutrition, signs of emotional and mental health, human growth and development, and administration of medications.
- 2.5.7 Evaluation
  - 2.5.7.1 Evaluation as a basis for curriculum revision and change in practices is a continuous process and an inherent responsibility of the faculty. The degree to which the faculty accomplishes its objectives shall be determined through evaluation of curriculum content, teaching methodologies, clinical and other learning experiences, student progress, success of graduates on the licensing examination, promotion, retention and degree of nursing competence of the graduate.
- 2.5.8 Educational Facilities
  - 2.5.8.1 Classrooms, laboratories, and conference rooms shall be adequate in number, size and type for the number of students and educational purposes for which the rooms are used.
  - 2.5.8.2 Offices
    - 2.5.8.2.1 Offices shall be available and adequate in size, number and type to provide faculty with opportunities for uninterrupted work and privacy for conferences with students.
    - 2.5.8.2.2 Space for clerical staff, records, files and other equipment shall be adequate for the needs of the program.
  - 2.5.8.3 Learning Resources
    - 2.5.8.3.1 The library shall have recent, pertinent and sufficient holdings to meet the learning needs of students and faculty.
      - 2.5.8.3.1.1 Provision shall be made for regular additions to and deletions from the library collection.
      - 2.5.8.3.1.2 Library facilities and policies shall be conducive to effective use.
    - 2.5.8.3.2 Equipment shall be available so that a multimedia approach to learning is afforded.
  - 2.5.8.4 Clinical Facilities
    - 2.5.8.4.1 The clinical facility to which the student is assigned for clinical practice is considered an integral part of the nursing program.
      - 2.5.8.4.1.1 Clinical facilities shall be selected by the faculty to provide learning experiences essential to achieve the stated purposes of the program and the stated objectives for each clinical course. They may include, but are not limited to:
        - 2.5.8.4.1.1.1 Inpatient facilities such as acute care hospitals, specialized hospitals, long term and extended care facilities.
        - 2.5.8.4.1.1.2 Outpatient facilities such as hospital based clinics, community health centers, mental health clinics and physicians' offices.
        - 2.5.8.4.1.1.3 Other community agencies such as hospices, health maintenance organizations, day care centers, senior centers and prisons.
      - 2.5.8.4.1.2 The following criteria for clinical facility use must be met:
        - 2.5.8.4.1.2.1 There shall be an environment in which effective learning can take place and in which the student is recognized as a learner.
        - 2.5.8.4.1.2.2 There shall be an adequate number of qualified professional and other nursing personnel not including the student, to ensure safe care of the patient.
        - 2.5.8.4.1.2.3 There shall be a sufficient number and variety of patients to provide adequate learning experiences.

- 2.5.8.4.1.3 ~~Hospital facilities shall be accredited by the Joint Commission on Accreditation of Health Care Organizations or the American Osteopathic Association. Other facilities such as specialized hospitals, long term and extended care facilities and community health agencies shall be licensed or approved by the appropriate approving authority.~~
  - 2.5.8.4.1.4 ~~Facilities used for clinical experience shall be approved by the Board prior to the assignment of students. Approval shall be based on information provided by the school on forms furnished by the Board. A visit by Board representatives to the clinical site may be scheduled.~~
  - 2.5.8.4.1.5 ~~Clinical facilities used in another state require written notification to that jurisdiction's Board of Nursing.~~
  - 2.5.8.4.1.6 ~~Written agreements between the school and agencies involved shall:~~
    - 2.5.8.4.1.6.1 ~~Ensure that the faculty are ultimately responsible for the students' learning experiences.~~
    - 2.5.8.4.1.6.2 ~~Provide for continuous planning for students in cooperation with the director of nursing and appropriate nursing staff of the agency.~~
    - 2.5.8.4.1.6.3 ~~Provide adequate space for the number of students and faculty to conduct educational conferences.~~
  - 2.5.8.4.1.7 ~~Observational experiences shall be planned in cooperation with the agency to meet stated objectives.~~
  - 2.5.9 ~~Program Changes~~
    - 2.5.9.1 ~~Program Changes Requiring Board of Nursing Prior Approval~~
      - 2.5.9.1.1 ~~Changes in the philosophy and/or objectives of the program.~~
      - 2.5.9.1.2 ~~Changes in the overall curriculum plan.~~
      - 2.5.9.1.3 ~~Changes in the administrative sponsorship of the program.~~
    - 2.5.9.2 ~~Procedure for Approval of Program Change~~
      - 2.5.9.2.1 ~~When a program change is contemplated, consultation from the Board is available.~~
      - 2.5.9.2.2 ~~When any program change is proposed, a written plan shall be submitted to the Board including the:~~
        - 2.5.9.2.2.1 ~~Description of the change~~
        - 2.5.9.2.2.2 ~~Rationale for the change~~
        - 2.5.9.2.2.3 ~~Relationship of the proposed change to the present program.~~
    - 2.5.9.3 ~~Three copies of these materials shall be submitted to the Board at least one month prior to the Board meeting at which time the request will be considered.~~
  - 2.5.10 ~~Procedure for Continuing Full Approval~~
    - 2.5.10.1 ~~Each nursing education program that is accredited by a Board approved national accrediting agency for nursing education must submit a copy of the self study document and the letter of notification of accreditation status by October following the reaccreditation visit. This is contingent on the program remaining accredited and sharing copies of all correspondence related to compliance with the national accrediting agency's recommendations. Extraneous material will be disseminated to Board Members at the discretion of the Executive Director in consultation with the President.~~
    - 2.5.10.2 ~~Each nursing education program that does not have Board approved national accreditation will be re-evaluated at least every five years. Survey visits may be scheduled as determined by the Board.~~
      - 2.5.10.2.1 ~~Representative(s) of the Board will conduct a survey visit on a date mutually acceptable to the nursing program and the Board.~~
      - 2.5.10.2.2 ~~The Board shall notify the director of the nursing education program of the intended survey visit by June of the year preceding the survey visit. The Director shall coordinate an agenda for the visit with the Board and submit it to the Board office three weeks prior to the visit for distribution to the team.~~
      - 2.5.10.2.3 ~~The school shall submit five copies of a comprehensive self evaluation report, following the format supplied by the Board, by October 1 of the survey year.~~
- ~~1 DE Reg. 1883 (6/1/98)~~
- ~~3 DE Reg. 1373 (4/1/00)~~
- ~~2.5.10.3 Interim visits may be made at any time within the five year period either by request or as deemed necessary by the Board, with advance notice. At least one of the visitors shall be a nurse educator who has curriculum expertise at the level of the program being reviewed.~~

- 2.5.10.4 If the Board determines that a program is not maintaining the standards of Section 2.5 of these Rules and Regulations, the program shall be granted conditional approval and given a reasonable period of time to correct deficiencies.
- 2.5.10.5 A failure to attain an eighty percent pass rate on the licensure examination for first time candidates as reflected in two consecutive annual reports will require presentation to the Board of a plan to identify and correct deficiencies. Progress reports will be required.
- 2.5.10.5.1 A program reporting five or fewer candidates in a 12 month period with a failure to attain an eighty percent pass rate as reflected in two consecutive annual reports must provide a written explanation to the Board for action.
- 2.5.10.6 Deficiencies sufficient to warrant a determination of conditional approval (probation) may include one or more of the following:
- 2.5.10.6.1 Failure to adhere to the school's stated philosophy and curriculum objectives.
- 2.5.10.6.2 Repeated violations of stated academic and/or admission policies.
- 2.5.10.6.3 Failure to maintain a faculty and administration of adequate size and qualifications.
- 2.5.10.6.4 Use of students for nursing services or other purposes that are not primarily educational.
- 2.5.10.6.5 Failure to provide adequate resources for cognitive learning and clinical practice.
- 2.5.10.6.6 Failure to admit and retain students and/or hire and promote faculty and other personnel without discrimination as to age, race, religion, sex, sexual preference, national origin, or disability.
- 2.5.10.6.7 Failure to attain an eighty percent pass rate on the licensure examination for first time candidates in any three consecutive calendar years.
- 2.5.10.6.8 Any other deficiencies that, in the opinion of the Board, detrimentally affect the educational process.
- 2.5.10.7 Upon notification of conditional approval (probation), the program administrator shall submit an action plan no less than two weeks preceding the Board meeting designated in the notification. The action plan shall include identification of the deficiency(ies), proposed corrective action, and projected timeline to remediate the deficiency(ies). The program administrator will be invited to present the action plan at the designated Board meeting. The Board may approve the plan as submitted, recommend revisions, or reject the plan. The program shall submit progress reports as specified by the Board during the term of conditional approval (probation). Prior to the expiration of the probationary period, the program administrator will be invited to meet with the Board to review the status of the plan relative to remediation of the deficiency(ies). A program becomes eligible for unconditional approval when the Board is satisfied that the stated deficiency(ies) has been corrected. If satisfactory remediation has not occurred in the stated timeline, the program administrator will submit an explanation and revised plan with projected timeline. The Board may approve the plan as submitted, or with revisions, or reject the plan and propose to withdraw program approval.

**~~3-DE Reg. 1373 (4/1/00)~~**

- 2.5.10.8 A program that fails to correct these deficiencies to the satisfaction of the Board within a reasonable time shall be discontinued after a hearing in which facts regarding such deficiencies are established.

**~~3-DE Reg. 1373 (4/1/00)~~**

- 2.5.10.9 Provisions of Rules 2.6.1.1.2, 2.6.1.1.2.3, 2.6.1.1.2.4, and 2.6.1.1.2.5 shall prevail for any program for which Board approval has been discontinued.

**~~3-DE Reg. 1373 (4/1/00)~~**

**2.6.1 Termination of a Nursing Program**

**2.6.1.1 The controlling institution shall:**

- 2.6.1.1.1 Submit written notification to the Board of its intent to terminate or interrupt the nursing program.
- 2.6.1.1.2 Provide for the completion of the nursing program for all students currently enrolled.
- 2.6.1.1.3 Safeguard the quality of the educational program for these students.
- 2.6.1.1.4 Provide for the permanent retention of records of students and graduates.
- 2.6.1.1.5 Notify the Board in writing as to the location of records and where requests for records may be sent.

**2.7.1 Procedure for Annual Review of Nursing Education Programs**

- 2.7.1.1 The Board shall review the annual reports and self-evaluation reports of the programs to be submitted each October 1.

**~~3-DE Reg. 1373 (4/1/00)~~**

- 2.7.1.2 Following review of the reports from the programs, written notification of the action taken at the regularly scheduled board meeting, including any recommendations, shall be sent to the

~~appropriate administrative officers of the school. This could include notification of the Board's intention to conduct a site visit.~~

#### ~~2.7.3 Site Visits~~

- ~~2.7.3.1 For any site visit, the President shall designate the Board members who are to make the survey visits and the chair person of the survey team. At least one member of each team shall be a nurse educator who has curriculum expertise at the level of the program being reviewed.~~
- ~~2.7.3.2 The site visit may be made by a Board member(s) and a nursing education consultant, the latter with special expertise at the same level of nursing education as the program. The consultant shall be selected from a list of qualified persons submitted by the nursing program and approved by the Board. Costs associated with the hiring of the consultant shall be borne by the program.~~
- ~~2.7.3.3 The Board will indicate in advance any clinical areas they wish to visit.~~
- ~~2.7.3.4 The school shall schedule separate interviews for the visitors with:~~
  - ~~2.7.3.4.1 The nurse administrator of the program~~
  - ~~2.7.3.4.2 The faculty~~
  - ~~2.7.3.4.3 Representative students from each level~~
  - ~~2.7.3.4.4 Others as deemed appropriate by the agency or the Board.~~
- ~~2.7.3.5 The school shall have records available for visitor review, including:~~
  - ~~2.7.3.5.1 Committee minutes~~
  - ~~2.7.3.5.2 Course materials~~
  - ~~2.7.3.5.3 Evaluation data regarding the entire program~~
  - ~~2.7.3.5.4 Other materials as specified by the survey team.~~

(Approved 11/8/95)

(Revised 7/8/98)

## **2.0 Nursing Education Programs**

### Definitions

**"Board"** the Delaware Board of Nursing

**"Conditional Approval"** the status granted to a program that is determined to be deficient in a specified area or areas. When this determination is made by the Board, written notice shall be sent to the program specifying the deficient areas, and the time limit within which the deficiencies are to be corrected. May apply to any program either holding "full" or "initial" approval and may also apply to Delaware Board-approved RN or LPN Refresher Programs.

**"Full Approval"** the status granted to a program that meets the requirements of the Law and the Rules and Regulations of the Board. Continuation of full approval is contingent upon annual review of the program and continuing to meet the criteria.

**"Initial Approval"** authorization to admit students and enter into contractual agreements for clinical facilities. It is granted only after an application has been submitted, reviewed and a survey visit made by the Board. No students shall be admitted to the program until the institution has received written notification that initial approval has been granted. Failure to comply will delay initial approval.

**"National Accrediting Agency for Nursing Education"** a national accrediting agency for nursing education that is recognized by the Council on Postsecondary Accreditation and by the U.S. Department of Education.

**"Nursing Education Program"** as defined in 24 **Del.C.** Ch. 19.

**"Preceptor"** a nurse, who holds a BSN or higher degree, and a valid license to practice. Clinical preceptors shall have demonstrated competencies in the area of practice to which the student is assigned. Clinical preceptors may be used to accomplish faculty directed clinical learning experiences.

## **2.2 Authority Designated to the Board of Nursing**

In accordance with 24 **Del.C.** Ch. 19, the Board may:

- 2.2.1 Approve curricula and develop criteria and standards for evaluating nursing education programs;**
- 2.2.2 Provide for surveys of such programs at such time as it may deem necessary;**
- 2.2.3 Approve such program to meet the requirements of the Chapter and of the Board; and**
- 2.2.4 Deny or withdraw approval for nursing education programs for failure to meet prescribed curriculum or other standards. (Subsections 1906 (b), (c), (e)).**

## **2.3 Purpose of Nursing Education Standards**

The state requires that nursing education programs be approved in order to:

- 2.3.1 Ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.**
- 2.3.2 Provide for the criteria for the development, evaluation and improvement of new and established nursing education programs.**

2.3.3 Assure candidates are educationally prepared for licensure and recognition at the appropriate level.

2.4 Nursing Education Standards

All nursing education programs shall meet these standards:

- The purpose and outcomes of the nursing programs shall be consistent with the Nurse Practice Act and Board promulgated administrative rules, regulations and other relevant state statutes.
- The purpose and outcomes of the nursing program shall be consistent with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered.
- The input of consumers shall be considered in developing and evaluating the purpose and outcomes of the program
- The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement principles.
- The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.
- Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.
- The nursing program administrator (Director) shall be a professionally and academically qualified Registered Nurse with institutional authority and administrative responsibility for the program. (Section 2.4.1.5 – Administrator Qualifications)
- Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement. (Section 2.4.1.6 – Faculty Qualifications)
- The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.
- Program information communicated by the nursing program shall be accurate, complete, consistent and readily available.

2.4.1 Required Criteria for Nursing Education Programs – The organization and administration of the nursing education shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing institution with appropriate accreditation. The following minimum criteria serve to support the implementation of the Nursing Education Standards:

2.4.1.1 Annual Report

2.4.1.1.1 By December 1 of each year, a copy of an annual report of the nursing education program shall be sent to the Board, using the format supplied by the Board. The report will include information from the previous academic year and is required of new programs as well. This is a comprehensive education program self-evaluation and shall include but not be limited to:

2.4.1.1.1.1 Students' achievement of program outcomes.

2.4.1.1.1.2 Evidence of adequate program resources including fiscal, physical, human, clinical and technical learning resources; and the availability of clinical sites and the viability of those sites to meet the objectives of the program.

2.4.1.1.1.3 Multiple measures of program outcomes for graduates. These may include but are not limited to NCLEX pass rates, student and/or employer surveys, etc.

2.4.1.1.1.4 Evidence that accurate program information for consumers is readily available.

2.4.1.1.1.5 The head of the academic institution and the administration support program outcomes

2.4.1.1.1.6 Program administrator and program faculty meet Board of Nursing qualifications and are sufficient to achieve program outcomes.

2.4.1.1.1.7 Evidence that the academic institution assures security of student information.

2.4.1.2 School Records

2.4.1.2.1 A nursing education program shall maintain a system of records which shall contain all data relating to approval by any agency or body. The data shall include, but not be limited to, course outlines, minutes of faculty and committee meetings, pertinent correspondence, reports of standardized tests and survey reports. Such data shall be available to the Board representatives during the course of a survey or site visit subject to applicable provisions of state and federal law.

2.4.1.3 Student Records

2.4.1.3.1 The school shall maintain a record for each student subject to applicable provisions of law, such records shall be available to Board representatives during the course any survey or site visit.

2.4.1.3.2 A final transcript for each student shall be retained in the permanent records of the school.

2.4.1.3.3 Provision shall be made for the protection of records against loss, destruction and unauthorized use.

2.4.1.4 School Bulletin or Catalogue

2.4.1.4.1 Current information about the school shall be published periodically and distributed to students, applicants for admission and to the Board. It should include a general description of the program, philosophy and objectives of the controlling institution and of the nursing programs, admission and graduation requirements, fees, expenses, and financial aid, educational facilities, living accommodations, student activities and services, curriculum plan, course descriptions, process for addressing student complaints and/or grievances and faculty staff roster.

2.4.1.5 Administrator Qualifications

2.4.1.5.1 Administrator qualifications in a program preparing for LPN licensure shall include:

2.4.1.5.1.1 A current, active, unencumbered Delaware RN license or compact (multi-state) license, and meet requirements in the state where the program is approved and/or accredited.

2.4.1.5.1.2 A minimum of a master's degree in nursing from a nationally accredited program.

2.4.1.5.1.3 Experience in nursing practice and shall give evidence of ability in providing leadership.

2.4.1.5.1.4 Experience in nursing education including teaching and learning principles for adult education and curriculum development and administration.

2.4.1.5.2 Administrator qualifications in a program preparing for RN licensure shall include:

2.4.1.5.2.1 A current, active, unencumbered Delaware RN license or compact (multi-state) license, and meet requirements in the state where the program is approved and/or accredited.

2.4.1.5.2.2 For a baccalaureate degree program, the administrator shall hold an earned doctoral degree in nursing or related field and a master's degree in nursing from a nationally accredited program. For an associate degree or diploma program, the administrator shall hold a minimum of a master's degree in nursing from a nationally accredited program.

2.4.1.5.2.3 Experience in nursing practice and shall give evidence of ability in providing leadership.

2.4.1.5.2.4 Experience in nursing education including teaching and learning principles for adult education and curriculum development and administration.

2.4.1.5.3 The number of faculty members shall be sufficient to prepare the students for licensure, to achieve the objectives as stated in the school's application, and reasonably proportionate to:

2.4.1.5.3.1 Number of students enrolled

2.4.1.5.3.2 Frequency of admissions

2.4.1.5.3.3 Education and experience of faculty members (current experience in all specialties must be represented among the faculty and must correspond with the primary teaching responsibilities assigned)

2.4.1.5.3.4 Number and location of clinical facilities

2.4.1.5.3.5 Total responsibilities of the faculty members

2.4.1.5.3.6 The faculty-to-student ratio shall not exceed 1:8 for inpatient settings where faculty directly supervise students during the delivery of patient care.

2.4.1.5.4 Qualifications and responsibilities for faculty member positions shall be defined in writing.

2.4.1.5.5 Written personnel policies shall be consistent with the policies of the sponsoring institution.

2.4.1.5.6 Faculty assignments shall allow time for class and laboratory preparation, teaching, program evaluation, improvement of teaching methods, guidance of the students, participation in faculty organizations and committees, attendance at professional meetings, and participation in continuing education activities.

2.4.1.5.7 Principal functions of the faculty shall be to:

2.4.1.5.7.1 Develop the philosophy and objectives of the nursing program

2.4.1.5.7.2 Develop, implement, evaluate and revise the curriculum

2.4.1.5.7.3 Participate in the recruitment, admission and retention of students in the nursing program

2.4.1.5.7.4 Establish criteria for promotion and completion of the program in nursing

2.4.1.5.7.5 Evaluate student achievement on the basis of established criteria

2.4.1.5.7.6 Recommend successful candidates for degree, diploma and other forms of recognition

2.4.1.5.7.7 Participate in appropriate activities of the controlling institution

- 2.4.1.5.8 The nursing faculty shall hold a current, active, unencumbered Delaware RN license or compact (multi-state) license and meet requirements in the state where the program is approved and/or accredited.
- 2.4.1.5.9 Clinical faculty shall hold a license or privilege to practice and meet requirements in the state or jurisdiction of the students' clinical site.
- 2.4.1.5.10 Qualifications for nursing faculty who teach in a program leading to licensure as an LPN:
  - 2.4.1.5.10.1 Have a minimum of a baccalaureate degree in nursing
  - 2.4.1.5.10.2 Have current clinical experience
  - 2.4.1.5.10.3 Have preparation in teaching and learning principles for adult education, including curriculum development and implementation
  - 2.4.1.5.10.4 Have current knowledge of licensed practical nursing practice
- 2.4.1.5.11 Qualifications for nursing faculty who teach in a program leading to licensure as a registered nurse:
  - 2.4.1.5.11.1 Have a minimum of a master's degree in nursing
  - 2.4.1.5.11.2 Have current clinical experience
  - 2.4.1.5.11.3 Have preparation in teaching and learning principles for adult education, including curriculum development and implementation
- 2.4.1.5.12 Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall have a minimum of a baccalaureate degree in nursing with the majority holding a master's degree in nursing or actively enrolled in a master's degree in nursing program.
- 2.4.1.5.13 Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to those areas of content.
- 2.4.1.5.14 Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator for the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors should be licensed as a nurse at or above the level for which the student is preparing.
- 2.4.1.5.15 Organization
  - 2.4.1.5.15.1 The nursing faculty shall attend regular meetings of the faculty for the purpose of developing, implementing and evaluating the nursing curriculum.
  - 2.4.1.5.15.2 Committees shall be established as needed to meet the responsibilities and accountabilities of the department.
  - 2.4.1.5.15.3 Written rules or bylaws shall govern the conduct of nursing faculty meetings and committees.
  - 2.4.1.5.15.4 Minutes, guided by an agenda, of faculty and committee meetings and will include: conclusions made following discussions, recommendations and actions as well as timeline for evaluation and follow-up.
  - 2.4.1.5.15.5 Provisions shall be made for nursing student membership and participation on faculty committees and in committee meetings as appropriate.
  - 2.4.1.5.15.6 Where nursing practice/education (advisory) committees are established, their functions and relationship to the board of control and to the program shall be clearly defined
  - 2.4.1.5.15.7 Written rules shall govern the activities of the nursing practice/education (advisory) committee(s) and minutes of the meetings shall be on file in the administrative office of the program.
- 2.4.1.6 Students
  - 2.4.1.6.1 Students shall be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice, in theory and clinical experience with faculty oversight.
  - 2.4.1.6.2 All policies relevant to applicants and students shall be available in writing.
  - 2.4.1.6.3 Students shall be required to meet the health standards and criminal background checks as required.
  - 2.4.1.6.4 Students shall receive faculty instruction, advisement and oversight.
  - 2.4.1.6.5 Students shall be held accountable for the integrity of their work.
  - 2.4.1.6.6 Admission, Promotion and Graduation

- 2.4.1.6.6.1 Policies and procedures related to the selection and admission of students are the responsibility of the individual school.
- 2.4.1.6.6.2 Students shall be admitted on the basis of established criteria and without discrimination as to age, race, religion, sex, sexual preference, national origin, or disability.
- 2.4.1.6.6.3 There shall be written policies for the admission and re-admission of students.
- 2.4.1.6.6.4 Schools granting advanced standing after admission via challenge examinations, College Level Examination Program, teacher made tests or any other method shall have written criteria for granting course credit. Course credits attained through one of these mechanisms or transferred in from another institution shall not represent more than fifty (50) percent of the credits required for graduation.
- 2.4.1.6.6.5 The policies for promotion, retention and graduation shall be published in the school catalogue or in other appropriate documents that are available to students.
- 2.4.1.6.6.6 All candidates in a program that requires applicants to be registered nurses must be licensed in Delaware or hold a current, valid compact (multi-state) license if any clinical experiences occur in the State.

#### 2.4.1.7 Curriculum

The following shall apply to nursing education programs:

- 2.4.1.7.1 The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure.
- 2.4.1.7.2 LPN and RN programs shall provide for concurrent or correlated theory and clinical practice in the physical and/or mental health care of individuals of all ages the nursing care of mothers and newborns, children, adults, the aged, individuals with mental health problems, and individuals in diverse settings, not necessarily in separate courses.
- 2.4.1.7.3 Clinical experiences shall include preventive aspects of illness, nursing care of persons with acute and chronic illnesses and rehabilitative care. Opportunities shall be provided for the student to participate in patient teaching in a variety of settings with individuals, families and groups.
- 2.4.1.7.4 A minimum of 200 hours of clinical experience is required for LPN students and a minimum of 400 hours of clinical experience is required for RN students. Simulation – high fidelity and/or standardized patient – clinical experiences may be used for a portion of the clinical experience requirements.
- 2.4.1.7.5 The curriculum shall include:
  - 2.4.1.7.5.1 Content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities.
  - 2.4.1.7.5.2 Experiences that promote the development of clinical judgment, leadership and management skills, and professional socialization consistent with the level of licensure. This includes demonstration of the ability to supervise others and provide leadership of the profession.
  - 2.4.1.7.5.3 Learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.
  - 2.4.1.7.5.4 Coursework including, but not limited to:
    - 2.4.1.7.5.4.1 Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.
    - 2.4.1.7.5.4.2 The RN curriculum shall provide instruction in the following fields:
      - 2.4.1.7.5.4.2.1 Physical and biological sciences including content from the areas of anatomy and physiology, chemistry, microbiology, pharmacology and nutrition, which may be integrated, combined or presented as separate courses, and
      - 2.4.1.7.5.4.2.2 Social and behavioral sciences including content drawn from the fields of communication theory, psychology and sociology and shall serve as a basis for the selection of learning experiences which develop abilities and skills in observation, interviewing, interpersonal relations, and problem-solving.
      - 2.4.1.7.5.4.2.3 Professional nursing responsibilities.
      - 2.4.1.7.5.4.2.4 Nursing research and nursing leadership in BSN programs.
    - 2.4.1.7.5.4.3 The LPN curriculum shall provide instruction in the following fields:

2.4.1.7.5.4.3.1 Essential facts and principles in the biological, physical and social sciences including body structure and functions, elementary microbiology, pharmacology and nutrition, signs of emotional and mental health, human growth and development, and administration of medications.

2.4.1.7.5.4.4 Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in clients across the life span and in a variety of clinical settings to include:

2.4.1.7.5.4.4.1 Using informatics to communicate, manage knowledge, mitigate error, and support decision making.

2.4.1.7.5.4.4.2 Employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care

2.4.1.7.5.4.4.3 Providing client-centered, culturally competent care.

2.4.1.7.5.4.4.4 Respecting client differences, values, preferences and expressed needs

2.4.1.7.5.4.4.5 Involving clients in decision-making and care management

2.4.1.7.5.4.4.6 Coordinating and managing continuous client care.

2.4.1.7.5.4.4.7 Promoting healthy lifestyles for clients and populations.

2.4.1.7.5.4.4.8 Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion.

2.4.1.7.5.4.4.9 Participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.

2.4.1.7.6 Supervised clinical practice shall include development of skill in making clinical judgments, management and care of groups of clients, and delegation to and supervision of other health care providers.

2.4.1.7.6.1 Clinical experience shall be comprised of sufficient hours to meet these standards, shall be supervised by qualified faculty and ensure students' ability to practice at any entry level.

2.4.1.7.6.2 All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

#### 2.4.1.8 Evaluation

2.4.1.8.1 Evaluation as a basis for curriculum revision and change in practices is a continuous process and an inherent responsibility of the faculty. The degree to which the faculty accomplishes its objectives shall be determined through evaluation of curriculum content, teaching methodologies, clinical and other learning experiences, student progress, success of graduates on the licensing examination, promotion, retention and degree of nursing competence of the graduate.

#### 2.4.1.9 Education Facilities

2.4.1.9.1 Classrooms, laboratories, and conference rooms shall be adequate in number, size and type for the number of students and educational purposes for which the rooms are used.

##### 2.4.1.9.2 Offices

2.4.1.9.2.1 Offices shall be available and adequate in size, number and type to provide faculty with opportunities for uninterrupted work and privacy for conferences with students.

2.4.1.9.2.2 Space for clerical staff, records, files and other equipment shall be adequate for the needs of the program.

##### 2.4.1.9.3 Learning Resources

2.4.1.9.3.1 Learning resources must be recent, pertinent and sufficient to meet the learning needs of students and faculty.

2.4.1.9.3.1.1 Provisions shall be made for regular additions to and deletions from the resource collection.

2.4.1.9.3.1.2 Learning facilities and policies shall be conducive to effective use.

##### 2.4.1.9.4 Clinical Facilities

2.4.1.9.4.1 The clinical facility to which the student is assigned for clinical practice is considered an integral part of the nursing program.

2.4.1.9.4.1.1 Clinical facilities shall be selected by the faculty to provide learning experiences essential to achieve the stated purposes of the program and the stated objectives for each clinical course. They may include, but are not limited to:

2.4.1.9.4.1.1.1 Inpatient facilities such as acute care hospitals, specialized hospitals, long term and extended care facilities.

2.4.1.9.4.1.1.2 Outpatient facilities such as hospital based clinics, community health centers, mental health clinics and physician offices.

2.4.1.9.4.1.1.3 Other community based opportunities such as home health, hospices, health maintenance organizations, day care centers, schools/school systems, senior centers and correctional facilities.

2.4.1.9.4.1.2 The following criteria for clinical facility use must be met:

2.4.1.9.4.1.2.1 There shall be an environment in which effective learning can take place and in which the student is recognized as a learner.

2.4.1.9.4.1.2.2 There shall be an adequate number of qualified professional and other nursing personnel not including the student, to ensure safe care of the patient.

2.4.1.9.4.1.2.3 There shall be a sufficient number and variety of patients to provide adequate learning experiences.

2.4.1.9.4.1.3 Hospital facilities shall be accredited by the Joint Commission or the American Osteopathic Association. Other facilities such as specialized hospitals, long term and extended care facilities and community health agencies shall be licensed or accredited by the appropriate approving authority.

2.4.1.9.4.1.4 Facilities used for clinical experience shall be approved by the Board prior to the assignment of students. Approval shall be based on information provided by the school on forms furnished by the Board. A visit by Board representatives to the clinical site may be scheduled.

2.4.1.9.4.1.5 Use of clinical facilities in another state or jurisdiction requires written notification to that jurisdiction's Board of Nursing. Likewise, out of state schools requesting use of clinical facilities in Delaware will notify the Board prior to utilization.

2.4.1.9.4.1.5.1 Out of state programs must submit, prior to utilization of a Delaware clinical facility: proof of program approval by a respective State Board of Nursing and/or accreditation of the program by a nationally recognized accrediting body; copies of written agreements with every clinical agency being utilized; program requirements for clinical faculty and/or preceptors, if used; name of faculty/preceptor and site(s) where assigned; copy of current Delaware or compact (multi-state) licensure for faculty/preceptor.

2.4.1.9.4.1.6 Written agreements between the school and agencies involved shall:

2.4.1.9.4.1.6.1 Ensure that the faculty is ultimately responsible for the students' learning experiences.

2.4.1.9.4.1.6.2 Provide for continuous planning for students in cooperation with appropriate nursing staff of the agency.

2.4.1.9.4.1.6.3 Provide adequate space for the number of students and faculty to conduct educational conferences.

2.4.1.9.4.1.7 Observational experiences shall be planned in cooperation with the agency to meet the stated objectives.

#### 2.4.1.10 Services

2.4.1.10.1 There shall be written policies for student welfare as related to health, counseling and guidance, financial aid, and residence life, if offered.

2.4.1.10.2 There shall be well-defined written policies governing payment and refund of tuition and other fees.

2.4.2 Purpose of New Nursing Education Program Approval. The State requires that new nursing education programs be approved in order to: promote the safe practice of nursing by implementing standards for individuals seeking licensure as registered nurses and licensed practical nurses; grant legal recognition to nursing education programs that the board determines have met the standards; assure graduates that they meet the education and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries; assure continuous evaluation and improvement of nursing education programs; provide the public and prospective students with a list of nursing programs that meets the standards established by the Board.

## 2.5 Procedure for Establishing (New) Nursing Education Programs

### 2.5.1 Phase I

Application to the Board

- 2.5.1.1 An administrative officer of the institution shall complete the appropriate application form supplied by the Board and forward both one hardcopy and an electronic file copy in a format specified by the Board to the Executive Director of the Board prior to planned enrollment of students.
- 2.5.1.2 The proposed program shall provide the following information to the Board at the time of application:
  - 2.5.1.2.1 Results of a needs assessment, including identification of potential students and employment opportunities for program graduates.
  - 2.5.1.2.2 Identification of sufficient financial and other resources
  - 2.5.1.2.3 Governing institution approval and support
  - 2.5.1.2.4 Evidence of community support
  - 2.5.1.2.5 Type of educational program proposed
  - 2.5.1.2.6 Clinical opportunities and availability of resources
  - 2.5.1.2.7 Availability of qualified faculty
  - 2.5.1.2.8 A pool of available students
  - 2.5.1.2.9 A proposed timeline for initiating and expanding the program
- 2.5.1.3 The Board shall review the application and determine whether it is complete and meets the criteria established in the current application guidelines to move to Phase II. No applicant program may proceed into Phase II until the Board has determined that the applicant program has met all the requirements of Phase I.

## 2.5.2 Phase II

### Approval for Admission of Students

- 2.5.2.1 The institution shall notify the Board of the appointment of a qualified nurse as director of the program at least five (5) months in advance of the anticipated enrollment of students in nursing courses.
- 2.5.2.2 The program director shall be responsible for planning the program and providing:
  - 2.5.2.2.1 Overview of total curriculum:
    - 2.5.2.2.1.1 Content
    - 2.5.2.2.1.2 Schedule (course sequence)
    - 2.5.2.2.1.3 Course descriptions
    - 2.5.2.2.1.4 Contracts for clinical sites
    - 2.5.2.2.1.5 Program evaluation plan
    - 2.5.2.2.1.6 Board of Nursing consultation
    - 2.5.2.2.1.7 Course syllabi for first year with identified timeline for submission of syllabi for next years
  - 2.5.2.2.2 Student policies for admission, progression, retention and graduation
- 2.5.2.3 The institution shall appoint other qualified nurse faculty members in advance of enrollment of students in nurse courses to participate in determining the theoretical framework and in developing the curriculum plan and course content.
- 2.5.2.4 The program shall be developed according to criteria in accordance with 2.4 of these Regulations. An applicant program must demonstrate compliance with Rule 2.4 before it may proceed into Phase III.
- 2.5.2.5 The Board shall review information from the Phase I and Phase II application forms and materials and conduct a site visit. At least one of the visitors shall be the nurse educator member of the Board.
  - 2.5.2.5.1 Alternatively, the institution desiring to establish a nursing education program may elect to have a site visit made by a Board member(s) and a nursing education consultant, the latter with special expertise in the same type of nursing education as the proposed program. The consultant shall be from a list of qualified persons approved by the Board. Costs associated with the visit of the consultant shall be borne by the nursing education program requesting the same.
- 2.5.2.6 The purpose of the site visit is to validate the information recorded on the application.
- 2.5.2.7 The site visit team shall make a written report to the Board.
- 2.5.2.8 The Board shall review the application and supporting information at the regularly scheduled meeting and determine if the program is prepared to admit students. If it is so determined, initial approval will be granted.

2.5.2.9 The Board shall notify the institution in writing when it has been determined that all requirements of Phase I and Phase II have been met.

2.5.2.10 When the Board determines that an applicant program has met the requirements of Phase I and Phase II, the board shall grant the program initial approval and the applicant program may begin to admit students.

### 2.5.3 Phase III

#### Full Approval

2.5.3.1 Following initial approval, the director of the program shall submit a copy of a progress report to the Board at least every six months (December and June). This shall be a general report of progress to date to include the number of students enrolled, attrition rate, faculty credentials, curriculum design, and use of clinical facilities and shall address status and progress on any deficiencies noted as a result of any site visit(s) and/or documentation previously submitted to the Board resulting in any requirements placed on the program by the Board. After the admission of students, these reports shall continue to be submitted at six month intervals until discontinued by the Board.

2.5.3.2 Following the graduation of the first class

2.5.3.2.1 The nurse faculty shall prepare and submit a copy of the program's evaluation plan and data to the Board for review.

2.5.3.2.2 The Board will complete a program site visit concurrent with graduation of the first class or their eligibility for NCLEX and prepare a site visit report that verifies the degree to which the program is in compliance with the Board of Education standards found in 2.4 of this Section.

2.5.3.2.3 The Board will review the information and consider full approval of the program if it finds significant compliance with 2.4 and a satisfactory site visit report.

2.5.3.3 The Board's decision regarding approval status shall be sent in writing to the appropriate administrative officers and to the director of the nursing education program. New programs will have five years from the first graduating class to obtain national accreditation.

### 2.5.4 Denial or Withdrawal of Initial Approval

2.5.4.1 Conditions that may result in denial of initial approval.

2.5.4.1.1 Failure to meet nursing education standards.

2.5.4.1.2 Failure to meet the requirements of Phase I or Phase II within one year of the initial application date.

2.5.4.2 Conditions that may result in withdrawal of initial approval.

2.5.4.2.1 Initial or subsequent graduating class within the first three (3) years of operation with a NCLEX pass rate of less than 60%.

2.5.4.2.2 Conclusion of three (3) consecutive years of operation with only initial approval and a NCLEX pass rate of less than 80% for each year.

2.5.4.2.3 Failure to remain in compliance with the Board's Rule and Regulations Section 2 as evidenced by continued communication(s) from the Board to the Program Director.

2.5.4.2.4 Failure to graduate the initial class of students within the stated timeframe of the curriculum.

2.5.4.2.5 Removal of approval from the body granting the authority to confer a degree, diploma or certificate of completion.

2.5.4.2.6 Failure to correct identified deficiencies within the time specified.

2.5.4.2.7 Failure to obtain national program accreditation.

2.5.4.3 Procedure for denial or withdrawal of initial approval

2.5.4.3.1 If the Board determines that any approved nursing education program is not maintaining the standards required by this chapter the Board shall give written notice thereof, specifying the deficiency and the time within which the same shall be corrected to the program.

2.5.4.3.2 The Board shall withdraw such program's approval if it fails to correct the specified deficiency within the time specified.

2.5.4.3.3 Such nursing education program may request, upon written application, a hearing on the Board's proposal to withdraw.

2.5.4.3.4 The Board may extend the period for correcting specified deficiency upon good cause being shown.

### 2.5.5 Procedure for Continuing Full Approval

2.5.5.1 Each nursing education program shall be accredited by a Board-approved national accrediting agency for nursing education and must submit a copy of the self-study document and the letter of notification of accreditation status following the accreditation/re-accreditation visit. This is contingent on the program remaining accredited and sharing copies of all correspondence related to compliance with the national accrediting agency's recommendations. Extraneous material will be disseminated to Board Members at the discretion of the Executive Director in consultation with the Board President.

2.5.5.2 Each nursing education program that does not have Board approved national accreditation will obtain accreditation by December 30, 2016.

2.5.5.3 Interim (site) visits may be made at any time either by request or as deemed necessary by the Board, with advance notice. At least one of the visitors shall be a nurse educator who has curriculum expertise at the level of the program being reviewed.

2.5.5.4 The Board shall monitor and analyze various sources of information regarding program performance, including but not limited to: Periodic site visits and or reports; accreditation visits and reports; results of ongoing program evaluations; other sources of information regarding achievement of program outcomes such as student retention and attrition, faculty turnover, complaints regarding program, and trend data regarding NCLEX performance.

2.5.5.5 Continuing approval will be granted upon the Board's verification that the program is in compliance with the Board's Nursing Education Standards in 2.4.

#### 2.5.6 Procedure for Annual Review of Nursing Education Programs

2.5.6.1 The Practice and Education Committee of the Board shall review the annual and self-evaluation reports of the programs. They will compile a summary with recommendations to report to the Board of Nursing.

2.5.6.2 Following review of the reports from the programs, written notification of the action taken at the regularly scheduled board meeting, including any recommendations, shall be sent to the appropriate administrative officers of the school. This will include notification of either continuing full approval or conditional approval (probation). This could include notification of the Board's intention to conduct a site visit.

#### 2.5.7 Site Visits

2.5.7.1 For any site visit, the Board President shall designate the Board members who are to make the site visits and the chair person of the site visit team. At least one member of each team shall be a nurse educator who has curriculum expertise at the level of the program being reviewed.

2.5.7.2 The site visit may be made by a Board member(s) and an optional nursing education consultant, the latter with special expertise at the same level of nursing education as the program. The consultant shall be selected from a list of qualified persons submitted by the nursing program and approved by the Board. Costs associated with the hiring of the consultant shall be borne by the program.

2.5.7.3 The Board will indicate in advance any clinical areas they wish to visit.

2.5.7.4 The school shall schedule separate interviews for the visitors with:

2.5.7.4.1 The nurse administrator of the program

2.5.7.4.2 The faculty

2.5.7.4.3 Representative students from each level

2.5.7.4.4 Others as deemed appropriate by the school or the Board.

2.5.7.4.5 The school shall have records available for visitor review, including:

2.5.7.4.5.1 Committee minutes

2.5.7.4.5.2 Course Materials

2.5.7.4.5.3 Evaluation data regarding the entire program

2.5.7.4.5.4 Other materials as specified by the site visit team

#### 2.5.8 Conditional Approval/Probation

2.5.8.1 Deficiencies sufficient to warrant a determination of conditional approval/probation may include one or more of the following:

2.5.8.1.1 Failure to adhere to the school's stated philosophy and curriculum objectives.

2.5.8.1.2 Repeated violations of stated academic and/or admission policies.

2.5.8.1.3 Failure to maintain a faculty and administration of adequate size and qualifications.

2.5.8.1.4 Use of students for nursing services or other purposes that is not primarily educational.

- 2.5.8.1.5 Failure to admit and retain students and/or hire and promote faculty and other personnel without discrimination as to age, race, religion, sex, sexual preference, national origin, or disability.
    - 2.5.8.1.6 Failure to attain an eighty percent (80%) pass rate on the licensure examination for first time candidates in any three consecutive academic years.
  - 2.5.8.2 Any other deficiencies that, in the opinion of the Board, detrimentally affect the education process and ability to meet any standard in 2.4 of this Section.
  - 2.5.8.3 Upon written notification of conditional approval/probation, the program director shall submit an action plan no less than two (2) weeks preceding the Board meeting designated in the notification.
    - 2.5.8.3.1 The action plan shall include identification of the:
      - 2.5.8.3.1.1 Deficiency(ies)
      - 2.5.8.3.1.2 Proposed corrective action(s)
      - 2.5.8.3.1.3 Objective (measurable) measures of success
      - 2.5.8.3.1.4 Projected timeline to remediate the deficiency(ies)
    - 2.5.8.3.2 The action plan will be presented by the school's program director at a regularly scheduled meeting of the Board. The program director will receive notification of the date for the presentation in writing.
    - 2.5.8.3.3 The Board may approve the plan as submitted, recommend revisions, or reject the plan. If revisions are required or the plan is rejected, the revised or re-written plan shall be submitted within thirty (30) calendar days of the written notification of the Board's decision. Additional presentations before the Board may be required.
    - 2.5.8.3.4 Program progress reports during the term of conditional approval shall be submitted as specified by the Board and are in addition to any other reporting requirement specified in this Section.
    - 2.5.8.3.5 Prior to the expiration of the conditional approval period, the program director will meet with the Board during a regularly scheduled Board meeting to review the status of the plan relative to remediation of the deficiency(ies).
    - 2.5.8.3.6 A program becomes eligible to have the conditional approval removed when the Board is satisfied that the stated deficiency(ies) has/have been corrected.
      - 2.5.8.3.6.1 If satisfactory remediation has not occurred in the stated timeline, the program director shall submit a written explanation and revised action plan with projected timeline(s). The Board may approve the plan as submitted, or with revision, or may reject the plan and move to propose the withdrawal of the program's approval.
- 2.5.9 Withdrawal of Full Approval
  - 2.5.9.1 The Board may withdraw full approval if it determines that a nursing education program fails substantially to meet the standards for nursing education and fails to correct the identified deficiencies within the time specified.
    - 2.5.9.1.1 Failure to correct deficiencies under conditional approval is grounds for withdrawal of approval.
    - 2.5.9.1.2 The Board shall grant a hearing to such program that make a written application and the Board shall extend the period for correcting specified deficiency upon good cause being shown.
  - 2.5.9.2 Any program that has its full approval withdrawn by the Board must comply with the regulations governing closure of a nursing program.
- 2.5.10 Closure of a Nursing Program
  - 2.5.10.1 The controlling institution shall:
    - 2.5.10.1.1 Submit written notification to the Board of its intent to close the nursing program.
    - 2.5.10.1.2 Provide for the completion of the nursing program for all students currently enrolled.
    - 2.5.10.1.3 Safeguard the quality of the educational program for these remaining students.
    - 2.5.10.1.4 Provide for the permanent retention of records of students and graduates.
    - 2.5.10.1.5 Notify the Board in writing as to the location of records and where requests for records may be sent.
- 2.5.11 Program Changes for Programs with Full Approval
  - 2.5.11.1 Program changes requiring Board of Nursing prior approval:
    - 2.5.11.1.1 Changes in the philosophy and/or objectives of the program

2.5.11.1.2 Changes in the overall curriculum plan including conversion to online or simulation clinical learning experiences

2.5.11.1.2.1 Online and distance learning programs must provide the same types of resources and students must be taught by qualified faculty, both in didactic and clinical experiences as defined in this Section.

2.5.11.1.3 Changes in the administrative leadership, including program director, or sponsorship of the program.

2.5.11.2 Procedure for approval of program change(s):

2.5.11.2.1 Change(s) will not be made without review and approval of the Board prior to the change(s).

2.5.11.2.2 The program director of the nursing education program shall submit to the Board a written plan outlining the change(s) proposed that includes:

2.5.11.2.2.1 Description of the change

2.5.11.2.2.2 Rationale for the change

2.5.11.2.2.3 Relationship of the proposed change to the present program

2.5.11.2.3 A copy of the written plan and request shall be submitted to the Board at least one (1) month prior to the Board meeting at which time the request will be reviewed and acted upon.

2.5.11.2.4 A written decision of the Board will be sent to the program director.

### **3.0 Nursing Refresher Courses**

#### **3.1 Statement of Purpose**

A nursing refresher course is required for Registered and Licensed Practical Nurses who are presently ineligible for endorsement or reinstatement of licensure because they have been inactive in nursing practice ~~for five or more years.~~

3.1.1 Nurses successfully completing an approved refresher course may apply for licensure by reinstatement and may resume active practice.

3.1.2 An orientation program does not take the place of a refresher course.

#### **3.2 Course Content**

3.2.1 The design of the course for the Registered and the Licensed Practical Nurse shall emphasize adult teaching/learning methods at an appropriate level in accordance with the Nurse Practice Act, wherein tThe learner is responsible for considerable self-study under the guidance of the faculty.

3.2.2 Course content for both Registered ~~and~~ Licensed Practical Nurses shall ~~include cover~~ but not be limited to concepts from the following areas: nursing care of mothers and newborns, children, adults, the aged, and individuals with mental health problems, cultural competence, infectious disease/blood borne pathogens, informatics, bioterrorism response and disaster planning, and shall include:

3.2.2.1 current professional/practical nursing trends,

3.2.2.2 legal and ethical aspects of professional/practical nursing,

3.2.2.3 the nursing process,

3.2.2.4 communication skills,

3.2.2.5 pharmacology,

3.2.2.6 fluid and electrolytes

3.2.2.7 commonly used lab tests and values,

3.2.2.8 nutrition,

3.2.2.9 Basic Life Support, and

3.2.2.10 basic nursing procedures

3.2.3 The Registered and the Licensed Practical Nurse course content will be presented at the appropriate level of practice and shall also include:

3.2.3.1 physical and mental assessment, and

3.2.3.2 crisis intervention,

3.2.4 The refresher course for the Registered and the Licensed Practical Nurse shall have a minimum of ~~20~~ 40 hours of theory and a minimum of ~~40~~ 80 hours of clinical practice.

3.2.5 Each course shall include sufficient theory and supervised clinical practice to meet the course objectives.  
~~The Licensed Practical Nurse course content shall also include:~~

~~3.2.5.1 The Licensed Practical Nurse's relationship to the health care team.~~

- 3.2.6 ~~The refresher course for the Licensed Practical Nurse shall have a minimum of 15 hours of theory and a minimum of 30 hours of clinical practice.~~
- 3.2.7 ~~Each course shall include sufficient theory and supervised clinical practice to meet the course objectives.~~
- 3.3 Clinical Facilities
- 3.3.1 The clinical facilities shall be:
- 3.3.1.1 Able to support the necessary clinical practice.
- 3.3.1.2 Licensed by the State and/or Accredited by a national accrediting agency where the course is being conducted.
- 3.3.1.3 Approved by the Board of Nursing. An acute and/or long-term care facility.
- 3.3.1.4 ~~Acute and/or long-term care.~~
- 3.4 Director and Faculty Qualifications
- 3.4.1 ~~The course director and/or faculty of the course shall be a Registered Nurse licensed in Delaware or a compact state with a minimum of a baccalaureate~~ Master's of Science in Nursing degree in nursing.
- 3.4.2 The faculty and preceptors shall be Registered Nurses licensed in Delaware or a compact state with a minimum of a Bachelor's of Science in Nursing degree or have completed all requirements for a BSN in an RN-to-MSN Program.
- 3.5 Evaluation
- 3.5.1 There shall be an evaluation that will measure ~~acquisition~~ the application of the knowledge, skills and abilities needed to return to active nursing practice.
- 3.5.2 Evaluation tools that may be used include:
- 3.5.2.1 ~~Written examination~~ Evaluation of clinical competence for safe nursing practice
- 3.5.2.2 ~~Evaluation of clinical competence~~ Written assignments
- 3.5.2.3 ~~Written required graded assignments~~ Examination
- 3.5.3 ~~The course coordinator~~ director shall verify to the Board of Nursing in writing that each nurse participant has successfully completed the refresher course.
- 3.6 Procedure for Approval and Continuing Approval
- 3.6.1 ~~Refresher courses offered to meet requirements for Registered professional or p and Licensed Practical Nurse licensure, renewal, endorsement, reinstatement or reactivation shall be approved by the Board prior to student enrollment and follow the criteria in Section 2.0-Nursing Education Programs.~~
- 3.6.2 Applications for course approval shall be ~~submitted to~~ approved by the Board ~~at least ninety days prior to the starting date prior to student enrollment.~~
- 3.6.3 Applications for approval shall include:
- 3.6.3.1 ~~Name of institution~~ the entity offering the ~~program~~ course
- 3.6.3.2 Type of ~~program~~ course:
- 3.6.3.2.1 Registered Nurse refresher program
- 3.6.3.2.2 Licensed Practical Nurse refresher program
- 3.6.3.3 ~~Faculty and their qualifications~~ The course director, faculty and preceptor(s) must submit their curriculum vitae to the Board and meet all requirements as identified in Section 2.0.
- 3.6.3.4 Course outline, including:
- 3.6.3.4.1 Theoretical and clinical objectives
- 3.6.3.4.2 Course content
- 3.6.3.4.3 Hours of theory and practice
- 3.6.3.4.4 Facilities used for clinical practice
- 3.6.3.4.5 Assignments
- 3.6.3.4.56 Evaluation procedures
- 3.6.4 Approval shall be considered after the program has been reviewed and has met the standards of the Board. Written notification of the action taken at a regularly scheduled board meeting, including any recommendations, shall be sent to the ~~appropriate administrative officers~~ director of the program course. ~~A site visit may be made at the discretion of the Board.~~
- 3.6.5 When any ~~program~~ course change(s) is projected, such as, but not limited to, course hours, faculty or facility, a plan shall be submitted to the Board including:
- 3.6.5.1 Proposed change(s)
- 3.6.5.2 Rationale for the change(s)

- 3.6.5.3 Relationship of the proposed change(s) to the present ~~program~~ course(s)
- 3.6.5.4 Five copies of ~~these materials~~ the proposed changes shall be submitted to the Board at least ~~one month~~ 14 days prior to the Board meeting at which the request will be considered.
- 3.6.6 The ~~institution~~ entity offering the course shall submit ~~five~~ a copy of an Annual Report every ~~September~~ year prior to ~~December 1~~ using a format supplied by the board.
- 3.6.7 ~~Every three years on September 1 of the due year the institution shall submit five copies of a comprehensive self-evaluation report, based on the requirements for approval as stated by the Board.~~
- 3.6.7.1 A ~~survey~~ site visit may be made at the Board's discretion.

#### **4.0 Alternate Supervised Practice Plan for Nurses Inactive in Practice ~~Five or More Years If No Refresher Course Is Available within a Reasonable Distance or Time.~~**

- 4.1 Introduction
  - 4.1.1 Nursing and the health care field have undergone many changes ~~in the past two decades~~. Most nurses who are reentering practice after a period of inactivity of ~~five or more years~~ need to be ~~oriented to~~ brought up to date regarding changes that may have an impact on their role and the competency of their practice.
- 4.2 Statement of Purpose
  - 4.2.1 To provide opportunities for a nurse who is presently ineligible for endorsement of licensure, reinstatement of licensure, or renewal of licensure because the nurse fails to satisfy the 1000 practice hours in the past five years or a minimum of 400 nursing practice hours in the past two years, to review and update nursing knowledge and skills in order to become licensed and resume active practice.
  - 4.2.2 This alternate supervised practice plan applies only if a Delaware Board of Nursing approved refresher course in nursing is not available within a reasonable distance or time.
- 4.3 Procedural Guidelines
  - 4.3.1 The participating facility must be no less than a skilled nursing facility as defined by the Office of Health Facilities Licensing and Certification.
  - 4.3.2 Upon agreeing with an applicant to provide a period of supervised practice for the assurance of minimal competency, the ~~Director of Nursing~~ Chief Nurse Executive of the employing agency shall verify this agreement in a letter on agency stationery to the Board. An Alternate Supervised Practice Plan (ASPP) shall accompany the letter.
  - 4.3.3 Upon receipt of verification of this supervised practice, a temporary permit to practice will be issued by the Board to the nurse for presentation to the health care institution. The clinical experience evaluation form will be sent to the health care institution providing this supervised practice opportunity.
  - 4.3.4 The ~~Director of Nursing~~ Chief Nurse Executive shall designate a ~~single~~ Registered Nurse to provide the supervised clinical nursing practice of no less than 240 hours. The ~~assigned nurse who provides the supervision~~ Chief Nurse Executive is accountable for the quality of the supervised experience and ~~for the~~ accurate assessment of the competence of the nurse applicant.
  - 4.3.5 The Board shall issue a letter of authorization to each applicant upon approval.
  - 4.3.6 Upon completion of the required hours, the ~~supervising nurse~~ Chief Nurse Executive shall submit a completed ~~agency~~ evaluation form confirming satisfactory completion of the supervised plan and a recommendation regarding the licensure reinstatement, endorsement, or renewal of the nurse applicant.
  - 4.3.7 ~~The Director of Nursing shall submit a statement confirming satisfactory completion of the supervised plan, and a recommendation related to the licensure reinstatement of the applicant.~~
  - 4.3.8 Based on the submitted documentation, the Board ~~will~~ may reinstate, endorse, or renew the license or issue a ~~license or a letter of intent~~ proposed to deny licensure.
    - 4.3.7.1 If denied licensure, the applicant will be notified of his or her right to a hearing for reconsideration before the Board of Nursing.

#### **5.0 Guidelines for Courses Related to Assistance with Medications 24 Del.C. 1902**

- 5.1 Definition

**"Assistance with medications"** means a situation where a designated care provider functioning in a setting authorized by 24 Del.C. §1921 of this Chapter, who has taken a Board approved medication training program, or a designated care provider who is otherwise exempt from the requirement of having to take the Board approved self administration of medication training program, assists the patient in self-administration of medication other than by injection, provided that the medication is in the original container with a proper label

and directions. The designated care provider may hold the container for the patient, assist with the opening of the container, and assist the patient in taking the medication.

## 5.2 Procedure for Administering Training Course

5.2.1 Three copies of each proposed medication training course shall be submitted to the Board for approval or advance notice made to the Board that the approved core training program will be used.

5.2.2 Credentials of all instructors shall be submitted to the Board for approval.

5.2.3 Upon completion of the course, the instructor shall submit a list of the successful students to the Board.

## 5.3 Provider Qualifications

5.3.1 Upon completion of this assistance with self-administration of medications training course, the designated care provider will be able to meet the objectives as indicated in the Board approved course guidelines.

5.3.2 Designated care providers will be recertified as specified by the Board of Nursing.

## 5.4 Annual Reporting

5.4.1 The administrator of the program shall submit an annual report to the Board of Nursing by August 1 on a form provided by the Board.

### 3 DE Reg. 1373 (4/1/00)

5.4.2 The report shall indicate compliance with the guidelines as set forth in the Board approved assistance with administration of medication training program.

## 6.0 Requirements and Procedures for Licensure

### 6.1 Examinations

6.1.1 The Board declares that the National Council Licensure Examination-RN (NCLEX-RN) and the National Council Licensure Examination-PN (NCLEX-PN) are the required examinations for licensure in Delaware. ~~The Division of Professional Regulation Board of Nursing~~ has the authority to review and approve the content and validity of examinations.

6.1.2 Up to July 1982, the passing score for professional nurse candidates was a standard score of 350 on each test of the State Board Test Pool Examination.

6.1.3 Effective July 1, 1982, the passing score for Registered Nurse candidates was 1600 on the NCLEX-RN and 350 on NCLEX-PN.

6.1.4 Effective July 1, 1988, results are reported and recorded as pass or fail.

~~6.1.5 The candidate shall take the licensing examination within 90 calendar days following graduation from a Board approved program of professional or practical nursing and not thereafter without petitioning the Board for specific authorization to test after the 90 day period. Such petitions may be granted by the Board upon a showing of good cause.~~

### 3 DE Reg. 1373 (4/1/00)

~~6.1.6~~ To be eligible to take the examination for licensure for practical nursing, the applicant must be a graduate of a Board approved program for practical nursing. A graduate of a program for professional nursing will be denied permission to take the examination for licensure as a practical nurse.

~~6.1.7 The candidate shall file two applications for each examination.~~

~~6.1.7.1~~ The NCLEX examination registration application shall be filed with the test vendor with a non-refundable fee.

~~6.1.7.2~~ The candidate shall file a completed and notarized Delaware application for licensure by examination, along with the required non-refundable fee.

~~6.1.7.3~~ In addition, the candidate shall file a signed official school transcript indicating the date of graduation or date degree was conferred. If this is not possible, a certifying letter from the director indicating the candidate had completed the program will be accepted until an official transcript is available.

~~6.1.7.4~~ The candidate shall present the admission card issued by the Board authorization to test document issued by the test vendor in order to be admitted to any portion of the examination.

~~6.1.8 A candidate who has been accepted but is unable to attend the scheduled examination must notify the Board prior to the starting time or during the first day of examination with a specific reason for not attending. If the reason is acceptable to the Board, (e.g. candidate is ill, death in immediate family, accident, etc.) the Delaware application for licensure by examination will be extended to the next examination date.~~

### 6.2 Temporary Permits Prior to Examination

6.2.1 Prior to the employment starting date the candidate shall submit a ~~notarized application~~ written request for a temporary permit on a form provided by the Board along with the required non-refundable fee.

- 6.2.2 The temporary permit is a limited license authorizing professional or practical nursing practice only at the institution employing the graduate, and only under supervision and pending the results of the examination.
- 6.2.3 Any graduate who has completed the requirements of a state board of nursing approved program of professional or practical nursing and who has filed for licensure by examination in Delaware may be employed in professional or practical nursing, working under the direct supervision of a Registered Nurse pending results of the licensing examination.
- 6.2.4 Direct supervision means supervision by a Registered Nurse ~~on the same assigned unit during the same time period. The term "unit" is defined as one staffed unit of a maximum of forty patients practicing on the assigned unit during the same time period. The assigned patient care unit cannot exceed forty patients.~~
- 6.2.5 In order to practice nursing in Delaware with a temporary permit, a recent graduate of a state board of nursing approved program of nursing in another state must file an application for licensure before beginning to practice. If the graduate has taken, or is scheduled to take, the NCLEX Examination in the state in which the program is located, the applicant shall file an application for licensure by endorsement in Delaware.
- ~~6.2.5.1 Candidates must submit written documentation that they are candidates for the NCLEX in the state in which the examination is being written.~~
- 6.2.6 The Board of Nursing will verify employment ~~with the employer and verified documentation will be noted on the application and the start date before issuing the permit.~~
- 6.2.7 ~~Only a candidate approved to take an examination scheduled after graduation from an approved State Board of Nursing program in the United States or its territories may be issued a temporary permit to practice nursing, good until the release of the examination results.~~
- 6.2.8 ~~The temporary permit shall terminate forthwith if a candidate fails to take the examination in the time prescribed. The Board will notify the candidate's employer of the termination of the permit. The candidate shall return the permit to the Board.~~
- 6.2.9~~7~~ If extenuating circumstances exist, the candidate may apply to the Board for reissuance of a temporary permit. If the reason is acceptable, the permit may be reissued. (Refer to Section 6.7, Temporary Permits)

### 6.3 Test Results

- 6.3.1 ~~In the case of a successful candidate, the results are released in the following order: the candidate, the director of the school of nursing and the news media. In the case of the unsuccessful candidate the results are released in the following order: the candidate, the employer, and the director of the school program. Notification occurs for the successful candidate in the following order: the candidate and director of the school program, and for the unsuccessful candidate: the candidate, employer and the director of the school program.~~
- 6.3.2 A successful candidate will receive the test results ~~and a copy of the Law regulating the practice of nursing in Delaware, (24 Del.C. Ch. 19), and a certificate of registration with and a permanent license number.~~
- 6.3.3 A letter to unsuccessful candidates will accompany the test results to advise them of their status and the procedure to be followed for re-examination.
- 6.3.4 Candidates for licensure who fail the National Council Licensure Examination may not be employed ~~in nursing as a graduate nurse or a graduate practical nurse~~, are not permitted to practice nursing as defined in the Law, and must return the temporary permit upon receipt of the failure notification. The applicant shall retake the examination within one year from the date of the initial examination.

### 3 DE Reg. 1373 (4/1/00)

- 6.3.54.1 The candidate's employer shall be notified that the temporary permit is not valid, ~~and the candidate may not be employed in nursing until the NCLEX has been passed.~~

### 3 DE Reg. 1373 (4/1/00)

- 6.3.65 ~~The applicant shall retake the examination within a one-year period following notification of failure in order to be eligible for re-examination and not there after without petitioning the Board for specific authorization to retest after the one-year period. After one year, the applicant must petition the Board for specific authorization to retest. Such petitions may be granted by the Board upon a showing of good cause to allow for further examination. There is a non-refundable fee for each re-examination request. Any candidate who graduated following the date of February 1982 may retake NCLEX for an unlimited number of times within a five year period from the date of graduation from an approved nursing education program. Notwithstanding the foregoing, a~~Any candidate who graduates from an approved nursing education program after April 30, 2000 may retake NCLEX an unlimited number of times up to 8 times per year at 45 day intervals within a ~~two one~~ year period from graduation and not there after without petitioning the Board for specific authorization to retest after the ~~two one~~ year period for a total of five years. Such petitions may

be granted by the Board upon a showing of good cause to allow further examination. There is a non-refundable fee for each re-examination.

- 6.3.6 An applicant who petitions to retake NCLEX after the two year period must successfully complete or have completed an examination review course within the six months immediately prior to a petition to retake the examination.

### **3 DE Reg. 1373 (4/1/00)**

#### **6.4 Requirements for Applicants Graduating from Foreign Programs**

- 6.4.1 Applicants graduating from programs outside of the United States and not licensed by the State Board Test Pool Examination or NCLEX in another state:

- 6.4.1.1 Must have been issued a certificate of licensure by the licensing agency in the state, territory, or country where the nursing program is located;
- 6.4.1.2 Must submit a certificate issued by the Commission on Graduates of Foreign Nursing Schools or other Board approved agency as evidence of the educational requirements of a curriculum for the preparation of professional nurses which is equivalent to the approved professional schools in Delaware;
- 6.4.1.3 Must submit official English translations of all required credentials;
- 6.4.1.4 Must, in instances when completion of a four-year high school course of study or its equivalent cannot be verified, take the high school equivalence examination given by a State Department of Education;
- 6.4.1.5 Must submit evidence that the program from which applicant is a graduate meets the approved standards adopted by the Board (24 **Del.C.** §§1910, 1914) and Rules and Regulations: 2.54. (If the program does not include the areas specified in the above curricula, the deficiencies must be made up before the applicant is eligible to take NCLEX);
- 6.4.1.6 Are allowed one year from the date of Board review of the completed application to make up all deficiencies, including the taking of the initial examination;
- 6.4.1.7 Effective July 1, 1982, professional nurse applicants must have passed the NCLEX examination (with a minimum standard score of 1600) and practical nurse applicants must have passed the NCLEX examination (with a minimum standard score of 350) within four examination opportunities, within a period of two years or original notification of failure.
- 6.4.1.8 Effective July 1, 1988, results are reported and recorded as pass or fail.
- 6.4.1.9 May be issued a temporary permit and may be employed in professional or practical nursing if the applicant has met all of the Board's prerequisites for taking the NCLEX in Delaware and is scheduled to do so;
- 6.4.1.10 May work only at the institution employing the applicant, under the direct supervision of a registered nurse pending results of the first licensing examination.
- 6.4.1.11 Must meet all other requirements for licensure.

- 6.4.2 ~~All applications will be reviewed by the Board to determine if the applicant is eligible to take the NCLEX Examination or to determine if applicant's educational qualifications are as Board prescribed and may be eligible for licensure by examination.~~ RN applicants who meet the requirements listed in 6.4.1 are eligible to take NCLEX-RN. LPN applicants who meet the requirements listed in 6.4.1 are eligible to take the NCLEX-PN. Applicants will be issued a license upon successful completion of the respective NCLEX.

- 6.4.3 Canadian applicants writing the Canadian Nurses' Association Testing Service (CNATS) Examination from 1970 - 1979 are eligible for licensure by endorsement.

- 6.4.4 Canadian applicants writing the Canadian Nurses' Association Testing Service (CNATS) Examination, first administered August 1980, are eligible for licensure by endorsement with a passing score of 400. (September 15, 1981)

- 6.4.5 Canadian applicants writing the Canadian Nurses' Association Testing Service (CNATS) Examination after that examination became graded on a pass or fail basis are not eligible for licensure by endorsement and must pass the NCLEX. (June 8, 1996)

#### **6.5 Licensure by Endorsement**

- 6.5.1 All endorsement applicants shall:

- 6.5.1.1 Submit a completed, signed, and notarized application on a form provided by the Board.
- 6.5.1.2 Remit the required non-refundable fee.
- 6.5.1.3 Attach to the application a photocopy of a current active or inactive license indicating date of expiration.

- 6.5.1.4 Provide official verification of original licensure in another jurisdiction on a form acceptable to the Board.
- 6.5.1.5 ~~An applicant for endorsement must have~~ Have completed high school or must have passed a nationally standardized test, and be otherwise qualified for licensure.
- 6.5.1.5-16 ~~The Board shall~~ Request a reference on a form supplied by the Board from:
  - 6.5.1.56.1.4 the applicant's immediate past employer(s) in the past six months. Such reference(s) should be given by the nursing employer, or if the immediate past employer is not a nursing professional, by the applicant's immediate supervisor (e.g. physician, director, manager). In the case of someone engaged in solo practice or who is self-employed, the reference shall be provided by at least one professional colleague with whom the individual has most recently worked for at least six months in the past five years.
  - 6.5.1.56.4-2 in the event of no previous nursing employer, the Director of the applicant's approved nursing education program within two years of graduation. Any unsatisfactory reference shall be brought to the attention of the Board for review.
- 6.5.1.5-27 If the applicant has not been employed in nursing a minimum of 1000 hours in the past five years or a minimum of 400 hours of nursing practice within the previous two years, the applicant must give evidence of satisfactory completion of an approved refresher program within a two-year period before licensure by endorsement will be granted. In the event no refresher course is available the Board may consider alternate methods of evaluating current knowledge in professional/practical nursing.
- 6.5.1.8 Submit a completed report on a form provided by the Board office, listing and attesting to the completion of all continuing education requirements for the two years immediately preceding application, unless submitting a refresher course completion certificate.
- 6.5.4-5-32 All completed applications for endorsement will be submitted to the Board for consideration of approval.
- 6.5.4-5-43 Issuance of a license shall be considered as notice of approval of the application.
- 6.5.4-5-54 All applications will be purged in accordance with Division policy.
- 6.5.26 Registered Nurses
  - 6.5.26.1 The Board may issue a license to practice professional nursing as a Registered Nurse by endorsement, without a written examination, to an applicant who has been duly licensed as a Registered Nurse under the laws of another state, territory, or foreign country if, in the opinion of the Board, the applicant meets the qualifications for licensure in this state.
  - 6.5.26.2 As of 1950 and thereafter, the State Board Test Pool Examination for professional nursing is the licensing examination authorized for use by all boards of nursing in jurisdictions in the United States. (In July 1982, the examination was re-titled National Council Licensure Examination-RN (NCLEX-RN). Prior to this date, examinations constructed by state boards of nursing are acceptable, providing such examinations include all of the required clinical areas: medicine, surgery, obstetrics-gynecology, pediatrics, psychiatry). Until 1953, the passing score required for each of the tests was 70%.
  - 6.5.26.3 Those applicants graduating as of 1953 and thereafter are required to show evidence of clinical experience in medical nursing, surgical nursing, psychiatric nursing, nursing of children, and obstetrical nursing.
  - 6.5.26.4 An applicant for licensure by endorsement must be a graduate of a State Board of Nursing approved school of nursing, have passed the NCLEX-RN, and be otherwise qualified for licensure.
- 6.5.37 Licensed Practical Nurses
  - 6.5.37.1 Effective October 1, 1963, waiver or equivalency licensure is not acceptable in Delaware. The Board may issue a license to practice nursing as a Licensed Practical Nurse, without a written examination, to an applicant who has been licensed as a Practical Nurse or a person entitled to perform similar services under a different title under the laws of any state, territory or foreign country if, in the opinion of the Board, the applicant has the qualifications and demonstrates convincing evidence that the applicant's education, training, experience and conduct have been sufficient as required for the licensing of practical nurses.
  - 6.5.37.2 Candidates for licensure are required to have theory and clinical experience in medical nursing, surgical nursing, psychiatric nursing, obstetrical nursing, and nursing of children.
  - 6.5.37.3 The applicant must be a graduate of a Board approved program for practical nursing.
  - 6.5.37.4 A licensed practical nurse applicant for licensure by endorsement must have passed the NCLEX-PN.

6.5.37.5 An applicant for endorsement must be otherwise qualified for endorsement.

6.6 Licensure: Biennial Renewal and Reinstatement

6.6.1 Biennial Renewal of Licensure

6.6.1.1 In order to practice nursing in Delaware with or without financial compensation, Registered Nurses or Licensed Practical Nurses who are duly licensed under any provision of 24 ~~Del.C.~~ Ch. 19 shall renew their licenses biennially, ~~prior to December 31 of the biennium~~ on dates established by the Division of Professional Regulation. In the event that applicant for renewal or reinstatement of licensure has not been actively employed/practicing in professional or practical nursing in the past five years, the applicant will be required to give evidence of satisfactory completion of a board-approved professional or practical nursing refresher program ~~within an approved agency~~ within a two-year period prior to the application for renewal before licensure will be granted, In the event no refresher course is available the Board may consider alternate methods of evaluating current knowledge in professional or practical nursing.

6.6.1.1.1 Registered Nurses - the license shall be valid for no more than two calendar years expiring each odd-numbered year on dates established by the Department of ~~Administrative Services~~ State.

6.6.1.1.2 Licensed Practical Nurses - the license shall be valid for no more than two calendar years expiring each even-numbered year on the dates established by the Department of ~~Administrative Services~~ State.

6.6.1.2 The applicant shall indicate nursing employment within the past five years before the renewal application will be processed. A minimum of 1000 hours of nursing practice within the past five years or a minimum of four hundred hours of nursing practice within the past two years is required for licensure by renewal or reinstatement. Verification of completion of the practice hours will occur for a minimum of 43% of the total number of licensees with notice of the audit ~~two months prior to the renewal in a biennium. An additional 2% will be audited~~ within six months of following the renewal of licensure. See 9.0, for Mandatory Continuing Education requirements.

6.6.1.2.1 Upon receipt of such notice, the licensee must submit verification of compliance for the period being audited/verified. Verification will be done on a form supplied by the Board office that includes employer's name, title, address, telephone number, job title, and dates of employment.

6.6.1.2.2 The employer will submit the completed form directly to the Board office.

~~6.6.1.2.3 The Board shall notify the licensee of the results of the audit immediately following the Board meeting at which the audits are reviewed.~~

~~6.6.1.2.43~~ An unsatisfactory verification or audit shall result in Board action.

~~6.6.1.2.54~~ Failure to notify the Board of a change in mailing address will not absolve the licensee from audit requirements.

6.6.1.3 ~~An application for A~~ renewal of notice for license renewal will be ~~mailed sent~~ at least 12 weeks prior to the expiration date of current licensure.

6.6.1.4 Failure to receive the ~~application for~~ renewal notice shall not relieve the licensee of the responsibility for renewing their license by the expiration date.

6.6.1.5 Renewal application, along with the required non-refundable fee, shall be returned to the Board office and postmarked no later than the last day of the month before the month of expiration or completed online by midnight of the last day of the month before the month of expiration, or a penalty fee will be assessed.

6.6.1.6 Licenses that have lapsed may be reinstated by the Board upon satisfactory explanation by the licensee of failure to renew and after payment of a penalty fee.

~~6.6.1.7 During the month of expiration, the Board may issue a renewal certificate upon receipt of a renewal application, the documentation of nursing employment, the renewal fee and late fee.~~

6.6.2 Reinstatement of Licensure

6.6.2.1 Registered Nurses or Licensed Practical Nurses who fail to renew their licenses by February 28, May 31, and September 30, of the renewal period shall be considered to have lapsed licenses and shall not practice nursing in the state of Delaware. ~~After February 28, May 31, and September 30 of the current licensing period, any requests for reinstatement of a lapsed licensed shall be presented to the Board for action.~~ Reinstatement of a lapsed license is required. All applicants shall have a minimum of 1000 hours of nursing practice within the previous five years or a minimum of four hundred hours of nursing practice within the past two years before licensure by reinstatement will be granted. The practice of nursing can be with or without financial

compensation. In the event the applicant has not been actively employed in nursing as described above, the applicant will be required to give evidence of satisfactory completion of a refresher program with an approved agency within two years prior to reinstatement. In the event no refresher course is available, the Board may consider alternate methods of evaluating current knowledge in professional or practical nursing defined in Section 4.0.

6.6.2.2 The applicant shall file a notarized application for reinstatement of licensure. The application shall be accompanied by a satisfactory reference from a current or previous employer, required continuing education documents, a renewal fee and penalty fee.

6.6.3 It is unprofessional conduct and a violation of Delaware Law to practice without a license. The Board may refuse a license or refuse to renew a license of a professional nurse or a practical nurse who practices without a current license.

#### 6.6.4 Reinstatement Hearings

6.6.4.1 Hearings for consideration of licensure reinstatement ~~licensure~~ may be held for those applicants who file for reinstatements more than 90 days after the renewal period and who have been practicing nursing without a current license, or who have submitted an unsatisfactory explanation for failure to renew.

6.6.4.2 A notice of hearing shall be sent to the Registered Nurse or Licensed Practical Nurse. The hearing shall be conducted in accordance with the Administrative Procedures Act and the Nurse Practice Act.

6.6.4.3 The Board shall make determination for reinstatement of licensure or shall determine that the Registered Nurse or Licensed Practical Nurse shall be subject to the penalties provided for violations of the Nurse Practice Act.

6.6.4.4 Upon determination that licensure shall be reinstated, the Board shall issue a license to practice nursing.

#### 6.7 Temporary Permits

6.7.1 The temporary permit is a limited license authorizing professional, practical or graduate nursing practice only at the employing institution for no longer than an initial 90 day period.

6.7.2 Nurses who produce current evidence of licensure to practice nursing in another state and who have applied for endorsement may be issued a temporary permit to practice nursing for a maximum of 90 days, if they have been employed in nursing a minimum of 1000 hours in the past five years or a minimum of four hundred hours of nursing practice within the past two years.

6.7.3 A temporary permit to practice nursing for a maximum of 90 days may be issued to persons who have requested reinstatement of their licensure, if they have been employed in nursing a minimum of 1000 hours in the past five years or a minimum of four hundred hours of nursing practice in the past two years.

6.7.4 All applicants seeking temporary permits to practice professional, practical or graduate nursing in Delaware must:

6.7.4.1 Prior to employment starting date, submit a notarized application for endorsement or examination, completing the portion for a temporary permit, and indicating employer.

6.7.4.2 Have been employed in nursing a minimum of 1000 hours in the past five years or a minimum of four hundred hours in the past two years, if applying for reinstatement or endorsement, with current evidence of licensure from another state.

6.7.4.3 Have been accepted as a nurse employee in Delaware. The Board of Nursing will verify employment with the employer and verified documentation will be noted on the application.

6.7.4.4 Have graduated from a State Board of Nursing approved program.

6.7.4.5 Pay a licensure fee which is not refundable.

6.7.5 Upon completion of all requirements, a temporary permit will be issued for no longer than 90 days with subsequent renewal periods of 60 and 30 days sequentially. Temporary Permits issued to a graduate nurse or graduate practical nurse are limited per 6.3.4 of these Rules.

6.7.6 The Executive Director shall:

6.7.6.1 Keep a register of permits.

6.7.6.2 Refrain from issuing a temporary permit in any doubtful situation until further evidence is obtained or until the Board has given approval.

6.7.7 In the absence of the Executive Director, the President may issue a temporary permit with the same restrictions.

#### 6.8 Inactive Status

- 6.8.1 A person previously licensed by the Board and not engaged in the practice of nursing in the state of Delaware, but desiring to maintain the right to use the title Registered Nurse or Licensed Practical Nurse, may apply and be granted inactive status by the Board in accordance with these regulations.
- 6.8.2 A nurse desiring inactive status shall send a written notice to the Board with fee. Upon receipt of notice and fee the Board shall place the name of the person on an inactive status list and shall issue a certificate. The person shall not practice nursing in this state.
- 6.8.3 A licensee on inactive status shall use the appropriate title, Registered or Licensed Practical Nurse, followed by (INACTIVE).
- 6.8.4 A licensee will receive a certificate of inactive status with the term Inactive Registered Nurse or Inactive Licensed Practical Nurse printed across the top.
- 6.8.5 A notice of inactive status shall be sent to all persons on the inactive list at renewal time. To receive a certificate of inactive status, the licensee shall return the renewal notice with the fee. An inactive license not renewed shall become lapsed and is eligible for reinstatement.
- 6.8.6 All applications from persons on inactive status who decide to resume active status ~~will be presented to the Board for review for reinstatement~~ shall meet all requirements for reinstatement.
- 6.8.7 In the event the applicant has not been actively practicing nursing within the previous five years, the applicant will be required to give evidence of satisfactory completion of a refresher program with an approved agency within two years prior to reactivation, or participate in an alternate Board approved method of evaluating current knowledge in professional or practical nursing. All applicants shall have a minimum of 1000 hours of nursing within the previous five years or a minimum of four hundred hours of nursing practice within the previous two years. See 9.0 for Mandatory Continuing Education requirements.
- 6.9 ~~Loss of License, Change of Name/address~~
- 6.9.1 ~~If a license is lost, stolen or destroyed, the licensee shall submit a letter to the Board explaining the loss. A letter indicating the original number and expiration dates shall be issued by the Executive Director in lieu of a duplicate license.~~
- 6.9.2 Licensees who legally change their names and wish to change the name on the license, shall provide notarized copies of evidence, such as marriage licenses or court actions. The maiden name will be retained on the license.
- 6.9.3 ~~2~~ Notice of change of address shall be submitted in writing within 30 days of the change. All notices from the Board will be sent to the last address provided by the licensee or applicant to the Board.
- 6.9.4 ~~A list of license numbers of lost, stolen or otherwise destroyed licenses shall be kept on file in the Board office.~~
- 6.10 Register of Nurses Licensed in Delaware
- 6.10.1 Multistate Licensure Verification
- 6.10.1.1 ~~Following the official renewal period,~~ The Executive Director shall request each employer or employing agency to submit to the Board by April 15 a list of all nurses employed with a nursing license from another compact state. The list shall include the following information:
- 3 DE Reg. 1373 (4/1/00)**
- 4 DE Reg. 1500 (3/1/01)**
- 6.10.1.1.1 Name of employee, alphabetized by last name;
- 6.10.1.1.2 Classification (Registered Nurse, Licensed Practical Nurse, Advanced Practice Nurse or nurse holding temporary permit);
- 6.10.1.1.3 License number; and
- 6.10.1.1.4 Expiration date of current license or temporary permit.
- 6.10.1.2 Individuals submitting the list attest by their signatures that they viewed each current registration of licensure and advanced practice recognition.
- 6.10.1.3 The list will be checked by the Executive Director. If it is not possible to verify current licensure, the Executive Director will immediately notify the employer by letter.
- 6.10.1.4 The Executive Director shall prepare a summary of the survey to be presented to the Board.
- 6.10.2 Release of Information
- 6.10.2.1 The Executive Director may release to a citizen of Delaware the following information:
- 6.10.2.1.1 Whether or not the individual was or is currently licensed,
- 6.10.2.1.2 Date of original licensure,
- 6.10.2.1.3 Under what condition license was issued (examination, endorsement, or waiver),
- 6.10.2.1.4 Whether license was ever suspended or revoked following a hearing.

## **7.0 Standards of Nursing Practice**

### **7.1 Authority**

~~"Standards of Nursing Practice" means those standards of practice adopted by the Board that interpret the legal definitions of nursing, as well as provide criteria against which violations of the law can be determined. Such standards of nursing practice shall not be used to directly or indirectly affect the employment practices and deployment of personnel by duly licensed or accredited hospitals and other duly licensed or accredited health care facilities and organizations. In addition, such standards shall not be assumed the only evidence in civil malpractice litigation, nor shall they be given a different weight than any other evidence.~~

### **7.2 Purpose**

~~The purpose of standards is to establish minimal acceptable levels of safe practice for the Registered and Licensed Practical Nurse, and to serve as a guide for the Board to evaluate safe and effective nursing care.~~

### **7.3 Standards of Practice for the Registered and Licensed Practical Nurse**

#### **7.3.1 Standards related to the Registered Nurse.**

~~7.3.1.1 The Registered Nurse shall conduct and document nursing assessments of the health status of individuals and groups by:~~

~~7.3.1.1.1 Collecting objective and subjective data from observations, examinations, interviews and written records in an accurate and timely manner. The data include but are not limited to:~~

~~7.3.1.1.1.1 Biophysical and emotional status and observed changes;~~

~~7.3.1.1.1.2 Growth and development;~~

~~7.3.1.1.1.3 Ethno-cultural, spiritual, socio-economic and ecological background;~~

~~7.3.1.1.1.4 Family health history;~~

~~7.3.1.1.1.5 Information collected by other health team members;~~

~~7.3.1.1.1.6 Ability to perform activities of daily living;~~

~~7.3.1.1.1.7 Consideration of client's health goals;~~

~~7.3.1.1.1.8 Client knowledge and perception about health status and potential, or maintaining health status;~~

~~7.3.1.1.1.9 Available and accessible human and material resources;~~

~~7.3.1.1.1.10 Patterns of coping and interaction.~~

~~7.3.1.1.2 Sorting, selecting, reporting, and recording the data.~~

~~7.3.1.1.3 Analyzing data.~~

~~7.3.1.1.4 Validating, refining and modifying the data by using available resources including interactions with the client, family, significant others, and health team members.~~

~~7.3.1.1.5 Evaluating data.~~

~~7.3.1.2 Registered Nurses shall establish and document nursing diagnoses that serve as the basis for the strategy of care.~~

~~7.3.1.3 Registered Nurses shall develop strategies of care based on assessment and nursing diagnoses. This includes, but is not limited to:~~

~~7.3.1.3.1 Prescribing nursing intervention(s) based on the nursing diagnosis.~~

~~7.3.1.3.2 Initiating nursing interventions through~~

~~7.3.1.3.2.1 Giving care.~~

~~7.3.1.3.2.2 Assisting with care.~~

~~7.3.1.3.2.3 Delegating care.~~

~~7.3.1.3.3 Identifying to the identification of priorities in the strategies of care.~~

~~7.3.1.3.4 Setting realistic and measurable goals for implementation.~~

~~7.3.1.3.5 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.~~

~~7.3.1.3.6 Supervising the caregiver to whom care is delegated.~~

~~7.3.1.4 Registered Nurses shall participate in the implementation of the strategy of care by:~~

~~7.3.1.4.1 Providing care for clients whose conditions are stabilized or predictable.~~

- 7.3.1.4.2 ~~Providing care for clients whose conditions are critical and/or fluctuating, under the direction and supervision of a recognized authority.~~
- 7.3.1.4.3 ~~Providing an environment conducive to safety and health.~~
- 7.3.1.4.4 ~~Documenting nursing interventions and client outcomes.~~
- 7.3.1.4.5 ~~Communicating nursing interventions and client outcomes to health team members.~~
- 7.3.1.5 ~~Registered Nurses shall evaluate outcomes, which shall include the client, family, significant others and health team members.~~
- 7.3.1.5.1 ~~Evaluation data shall be appropriately documented; and~~
  - 7.3.1.5.1.1 ~~Be communicated to the client, family, significant others and appropriate members of the health care team; and~~
  - 7.3.1.5.1.2 ~~Used as a basis for modifying outcomes by reassessing client health status, modifying nursing diagnoses, revising strategies of care or prescribing changes in nursing interventions.~~

#### 7.4 Standards of Practice for the Licensed Practical Nurse

##### 7.4.1 Standards related to the Licensed Practical Nurse's contributions to the nursing process.

- 7.4.1.1 ~~The Licensed Practical Nurse shall contribute to and document nursing assessments of the health status of individuals and groups by:~~
  - 7.4.1.1.1 ~~Sorting, selecting, reporting, and recording the data.~~
  - 7.4.1.1.2 ~~Collecting objective and subjective data from observations, examinations, interview and written records in an accurate and timely manner. The data include but are not limited to:~~
    - 7.4.1.1.2.1 ~~Biophysical and emotional status and observed changes;~~
    - 7.4.1.1.2.2 ~~Growth and development;~~
    - 7.4.1.1.2.3 ~~Ethno-cultural, spiritual, socio-economic, and ecological background;~~
    - 7.4.1.1.2.4 ~~Family health history;~~
    - 7.4.1.1.2.5 ~~Information collected by other health team members;~~
    - 7.4.1.1.2.6 ~~Ability to perform activities of daily living;~~
    - 7.4.1.1.2.7 ~~Consideration of client's health goals;~~
- 7.4.1.2 ~~Licensed Practical Nurses shall participate in establishing and documenting nursing diagnoses that serve as the basis for the strategy of care.~~
- 7.4.1.3 ~~Licensed Practical Nurses shall participate in developing strategies of care based on assessment and nursing diagnoses.~~
  - 7.4.1.3.1 ~~Contributing to setting realistic and measurable goals for implementation.~~
  - 7.4.1.3.2 ~~Participating in 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.~~
  - 7.4.1.3.3 ~~Contributing to setting client priorities.~~
- 7.4.1.4 ~~Licensed Practical Nurses shall participate in the implementation of the strategy of care by:~~
  - 7.4.1.4.1 ~~Providing care for clients whose conditions are stabilized or predictable.~~
  - 7.4.1.4.2 ~~Providing care for clients whose conditions are critical and/or fluctuating, under the directions and supervision of a recognized licensed authority.~~
  - 7.4.1.4.3 ~~Providing an environment conducive to safety and health.~~
  - 7.4.1.4.4 ~~Documenting nursing interventions and client outcomes.~~
  - 7.4.1.4.5 ~~Communicating nursing interventions and client outcomes to health team members.~~
- 7.4.1.5 ~~Licensed Practical Nurses shall contribute to evaluating outcomes by appropriately documenting and communicating to the client, family, significant others and the health care team members.~~

#### 7.5 Standards Related to the Registered and Licensed Practical Nurse's Competencies and Responsibilities.

##### 7.5.1 Registered and Licensed Practical Nurses shall:

- 7.5.1.1 ~~Have knowledge of the statutes and regulations governing nursing and function within the legal boundaries of professional and practical nursing practice.~~
- 7.5.1.2 ~~Accept responsibility for competent nursing practice.~~
- 7.5.1.3 ~~Function as a member of the health team:~~
  - 7.5.1.3.1 ~~By collaborating with other members of the health team to provide optimum care, or~~
  - 7.5.1.3.2 ~~As an LPN under the direction and supervision of a recognized licensed authority.~~

- 7.5.1.4 Consult with nurses, other health team members and community agencies for continuity of care and seek guidance as necessary.
- 7.5.1.5 Obtain instruction and supervision as necessary when implementing nursing techniques.
- 7.5.1.6 Contribute to the formulation, interpreting, implementing and evaluating of the objectives and policies related to professional and practical nursing practice within the employment setting.
- 7.5.1.7 Participate in evaluating nurses through peer review.
- 7.5.1.8 Report unsafe nursing practice to the Board and unsafe practice conditions to recognized legal authorities.
- 7.5.1.9 Practice without discrimination as to age, race, religion, sex, sexual orientation, national origin, or disability.
- 7.5.1.10 Respect the dignity and rights of clients regardless of social or economic status, personal attributes or nature of health problems.
- 7.5.1.11 Respect the client's right to privacy by protecting confidentiality unless obligated by law to disclose the information.
- 7.5.1.12 Respect the property of clients, their families and significant others. In addition to the proceeding, the Registered Nurse shall:
- 7.5.1.13 Delegate to others only those nursing interventions that those persons are prepared or qualified to perform.
- 7.5.1.14 Supervise others to whom nursing interventions are delegated.
- 7.5.1.15 Retain professional accountability for care when delegating.
- 7.5.1.16 Teach safe practice to other health care workers as appropriate.

## 7.6 Dispensing

### 7.6.1 Definitions

- 7.6.1.1 **"Dispensing"** means providing medication according to an order of a practitioner duly licensed to prescribe medication. The term shall include both the repackaging and labeling of medication from bulk to individual doses.
- 7.6.1.2 **"Prescription Label"**—a label affixed to every prescription or drug order which contains the following information at a minimum.
  - 7.6.1.2.1 A unique number for that specific drug order.
  - 7.6.1.2.2 The date the drug was dispensed.
  - 7.6.1.2.3 The patient's full name.
  - 7.6.1.2.4 The brand or established name and manufacturer and the strength of the drug to the extent it can be measured.
  - 7.6.1.2.5 The practitioner's directions as found on the prescription order.
  - 7.6.1.2.6 The practitioner's name.
  - 7.6.1.2.7 The initials of the dispensing nurse.
  - 7.6.1.2.8 The name and address of the facility or practitioner from which the drug is dispensed.
  - 7.6.1.2.9 Expiration date.
- 7.6.1.3 **"Standing order"**—An order written by the practitioner which authorizes a designated registered nurse or nurses to dispense prescription drugs to his/her patients(s) according to the standards listed below.

### 7.6.2 Authority to Dispense

- 7.6.2.1 Registered Nurses may assume the responsibility of dispensing as defined in the Nurse Practice Act.
- 7.6.2.2 Licensed Practice Nurses may assume the responsibility of dispensing as authorized by the Nurse Practice Act and defined in these Regulations, Section 7.6.2.2.1., 7.6.2.2.2, and 7.6.2.2.3
  - 7.6.2.2.1 Licensed Practical Nurses may provide to a patient pre-packaged medications in accordance with the order of a practitioner duly licensed to prescribe medication where such medications have been pre-packaged by a person with lawful authority to dispense drugs.
  - 7.6.2.2.2 Licensed Practical Nurses, per written order of a physician, dentist, podiatrist, advanced practice nurse, or other practitioner duly licensed to prescribe medication, may add the name of the client to a preprinted label on a pre-packaged medication.
  - 7.6.2.2.3 Licensed Practical Nurses in a licensed methadone clinic may apply a preprinted label to a pre-packaged medication.

### 7.6.3 Standards for Dispensing

7.6.3.1 All licensed nurses engaged in dispensing shall adhere to these standards.

- 7.6.3.1.1 ~~The medication must be prepackaged by a pharmaceutical company or prepared by a registered pharmacist.~~
- 7.6.3.1.2 ~~The nurse shall be responsible for proper drug storage of the medication prior to dispensing.~~
- 7.6.3.1.3 ~~The practitioner who originated the prescription or drug order must be on the premises or he/she or their designated coverage shall be available by telephone during the act of dispensing.~~
- 7.6.3.1.4 ~~Once a drug has been dispensed it shall not be returned for reuse by another or the same patient in an institutional setting.~~
- 7.6.3.1.5 ~~The nurse may not delegate any part of the dispensing function to any other individual who is not licensed to dispense.~~
- 7.6.3.1.6 ~~The dispensing nurse must assure compliance to the state generic substitution laws when selecting the product to be dispensed.~~
- 7.6.3.1.7 ~~The nurse dispensed prescription may not be refillable; it requires the authority of the prescriber with each dispensing.~~
- 7.6.3.1.8 ~~A usage review process must be established for the medicines dispensed to assure proper patient usage.~~
- 7.6.3.1.9 ~~All dispensed drugs must be labeled as defined above and dispensed in proper safety closure containers that meet the standards established by the United States Pharmacopoeia for stability.~~
- 7.6.3.1.10 ~~Record keeping must include the maintenance of the original written prescription or drug order for at least three years, allow retrospective review of accountability, and provide an audit trail. All dispensing records must be maintained on-site, and available for inspection by authorized agents of the Board of Health, Pharmacy, and Nursing.~~
- 7.6.3.1.11 ~~The dispensing nurse shall assume the responsibility of patient counseling of drug effects, side effects, desired outcome, precautions, proper storage, unique dosing criteria, drug interactions, and other pertinent data, and record evidence of patient education.~~
- 7.6.3.1.12 ~~Conformance to paragraphs 6 through 11 are not necessary if the original prescription was dispensed by a pharmacist for that specific patient.~~

## 7.7 Delegation

### 7.7.1 Definitions

- 7.7.1.1 ~~“**Accountability**”~~ The state of being accountable, answerable, or legally liable for actions and decisions, including supervision.
- 7.7.1.2 ~~“**Delegation**”~~ Entrusting the performance of selected nursing duties to individuals qualified, competent and legally able to perform such duties while retaining the accountability for such act.
- 7.7.1.3 ~~“**Supervision**”~~ The guidance by a registered nurse (RN) for the accomplishment of a function or activity. The guidance consists of the activities included in monitoring as well as establishing the initial direction, delegating, setting expectations, directing activities and courses of action, critical watching, overseeing, evaluating, and changing a course of action.
- 7.7.1.4 ~~“**Unlicensed Assistive Personnel**”~~ Individuals not licensed to perform nursing tasks that are employed to assist in the delivery of client care. The term “unlicensed assistive personnel” does not include members of the client’s immediate family, guardians, or friends; these individuals may perform incidental care of the sick in private homes without specific authority from a licensed nurse (as established in 24 ~~Del.C.~~ §1921(a)(4) of the Nurse Practice Act).

### 7.7.2 Conditions

7.7.2.1 The following conditions are relevant to delegation:

- 7.7.2.1.1 ~~Only RNs may delegate.~~
- 7.7.2.1.2 ~~The RN must be knowledgeable regarding the unlicensed assistive personnel’s education and training and have opportunity to periodically verify the individual’s ability to perform the specific tasks.~~
- 7.7.2.1.3 ~~The RN maintains accountability for determining the appropriateness of all delegated nursing duties and responsibility for the delivery of safe and competent care. Unlicensed assistive personnel may not reassign a delegated act.~~

### 7.7.3 Criteria

7.7.3.1 The RN may delegate only tasks that are within the scope of sound professional nursing judgment to delegate.

7.7.3.2 Determination of appropriate factors include, but are not limited to:

7.7.3.2.1 stability of the client's condition

7.7.3.2.2 educational background, skill level, or preparation of the individual

7.7.3.2.3 nature of the nursing act that meets the following:

7.7.3.2.3.1 task is performed frequently in the daily care of a client

7.7.3.2.3.2 task is performed according to an established sequence of steps

7.7.3.2.3.3 task may be performed with a predictable outcome

7.7.3.2.3.4 task does not involve ongoing assessment, interpretation or decision making that cannot be logically separated from the task itself.

7.7.3.3 The RN must be readily available in person or by telecommunication.

#### 7.7.4 Exclusions

7.7.4.1 The following activities require nursing knowledge, judgment, and skill and may not be delegated by the RN to an unlicensed assistive person. These exclusions do not apply to Advanced Practice Nurses.

7.7.4.2 Physical, psychological, and social assessment which requires professional nursing judgment, intervention, referral, or follow-up;

7.7.4.3 Development of nursing diagnosis and care goals;

7.7.4.4 Formulation of the plan of nursing care and evaluation of the effectiveness of the nursing care provided;

7.7.4.5 Specific tasks involved in the implementation of the plan of care which require nursing judgment, skill, or intervention, that include, but are not limited to: performance of sterile invasive procedures involving a wound or anatomical site; nasogastric, newly established gastrostomy and jejunostomy tube feeding; nasogastric, jejunostomy and gastrostomy tube insertion or removal; suprapubic catheter insertion and removal; (phlebotomy is not considered a sterile, invasive procedure);

7.7.4.6 Administration of medications, including prescription topical medications; and

7.7.4.7 Receiving or transmitting verbal orders.

~~1 DE Reg. 1888 (6/1/98)~~

~~6 DE Reg. 1195 (3/1/03)~~

#### 7.8 Intravascular Therapy By Licensed Nurses

Intravascular therapy encompasses several components, some of which require primarily skill proficiency with a minimum of critical judgement. Other aspects of intravascular therapy require skill proficiency and more importantly a high degree of knowledge, critical judgement and decision making to perform the function safely.

##### 7.8.1 Definition Of Terms

7.8.1.1 ~~Vascular system~~ is composed of all peripheral and central veins and arteries.

7.8.1.2 ~~Intravascular therapy (IV)~~ is the broad term including the administration of fluids and medications, blood and blood derivatives into an individual's vascular system.

7.8.1.3 ~~Intravenous fluids~~ include solutions, vitamins, nutrient preparations, and commercial blood fractions designed to be administered into an individual's vascular system. Whole blood and blood components, which are administered in the same manner, are considered intravenous fluids in this definition.

7.8.1.4 ~~Intravenous and intra-arterial medications~~ are drugs administered into an individual's vascular system by any one of the following methods:

7.8.1.4.1 By way of infusion diluted in solution or suspended in fluid and administered over a specified time at a specified rate.

7.8.1.4.2 Through an established intra-vascular needle or catheter (referred to as "IV push").

7.8.1.4.3 By venipuncture carried out for the sole purpose of administering the medication. This method is referred to as direct medication injection (direct IV push).

7.8.1.5 Vascular access Utilization of an established device or the introduction of a needle or catheter into an individual's vascular system.

7.8.1.6 Venipuncture Introduction of a needle or catheter into an individual's peripheral vein for the purpose(s) of withdrawing blood or establishing an infusion or administering medications.

- 7.8.1.7 Intravascular therapy maintenance—Monitoring of the therapy for changes in patient's condition, appropriate flow rate, equipment function, the hanging of additional fluid containers and the implementation of site care.
- 7.8.1.8 Termination of intravascular therapy—Cessation of the therapy either by withdrawing a needle or catheter from an individual's vascular system or by discontinuing the infusion and maintaining the device as a reservoir.
- 7.8.1.9 Supervision—a registered nurse, licensed physician or dentist is physically present in the unit where the patient is being provided care, or within immediate electronic/telephone contact.
- 7.8.2 Conditions Of Performing Intravascular Therapy Procedures By Licensed Nurses
  - 7.8.2.1 Intravascular therapy must be authorized by a written order from a state licensed and authorized prescriber.
  - 7.8.2.2 The performance of any procedures of intravascular therapy by a licensed practical nurse will be done under the supervision of a registered nurse, APN, or person licensed to practice medicine, surgery, or podiatry.
  - 7.8.2.3 Admixed intravascular solutions documented and instituted by one licensed nurse and subsequently interrupted may be re-instituted by another licensed nurse after confirmation with the state licensed and authorized prescriber's order.
  - 7.8.2.4 Admixed intravascular solutions documented and prepared by one licensed nurse may be initiated or continued by another licensed nurse after confirmation with the state licensed and authorized prescriber's order.
  - 7.8.2.5 Intradermal or topical anesthetics may be used by the RN or LPN when initiating vascular access therapy in various situations or settings, provided there is an authorized prescriber's order and organizational policy/procedure to support use of these medications. All RNs and LPNs must have documented educational preparation according to the employing agency's policies and procedures. Documented evidence must include both theoretical instruction including anatomy and physiology, pharmacology, nursing management and education of patients and demonstration of clinical proficiency in performance of the task.
- 7.8.3 Functional Scope Of Responsibility For Intravascular Therapy Procedures
  - 7.8.3.1 Registered Nurses bear the responsibility and accountability for their nursing practice under the license granted by the Board of Nursing and are permitted to perform the following:
    - 7.8.3.1.1 Assessment of the patient and the prescribed intravascular therapy before, during and after the therapy is carried out.
    - 7.8.3.1.2 Acceptance and confirmation of intravascular therapy order(s).
    - 7.8.3.1.3 Calculation of medication dosage and infusion rate for intravascular therapy administration.
    - 7.8.3.1.4 Confirmation of medication dosage and infusion rate for intravascular therapy administration.
    - 7.8.3.1.5 Addition of prescribed medications in intravascular solution, labeling and documenting appropriately.
    - 7.8.3.1.6 Start initial solution or add replacement fluids to an existing infusion as prescribed.
    - 7.8.3.1.7 Vascular access for establishing an infusion or administering medications.
    - 7.8.3.1.8 Administration of medications by "IV push".
    - 7.8.3.1.9 Intravascular therapy maintenance.
    - 7.8.3.1.10 Termination of intravascular therapy, including the removal of subclavian and PICC lines.
    - 7.8.3.1.11 Access the vascular system for the purpose of the withdrawal of blood and to monitor the patient's condition before, during, and after the withdrawal of blood.
  - 7.8.3.2 Licensed Practical Nurses bear the responsibility and accountability for their nursing practice under the license granted by the Board of Nursing and are permitted to perform the following for peripheral lines:
    - 7.8.3.2.1 Acceptance of intravascular therapy order(s).
    - 7.8.3.2.2 Calculation of medication dosage and infusion rate of intravascular medications prescribed. This does not include titration.
    - 7.8.3.2.3 Confirmation of medication dosage and infusion rate for intravascular therapy administration.
    - 7.8.3.2.4 Addition of medications in intravascular solutions, label and document appropriately.
    - 7.8.3.2.5 Venipuncture with needle device to establish access to the peripheral vascular system.
    - 7.8.3.2.6 Start initial solution or add replacement fluids to an existing infusion as prescribed.

- 7.8.3.2.7 Intravascular therapy maintenance including the flushing of peripheral lines with Heparin and/or saline solution.
- 7.8.3.2.8 Termination of peripheral intravascular therapy.
- 7.8.3.2.9 Performance of venipuncture for the purpose of the withdrawal of blood and to monitor the patient's condition before, during and after the withdrawal of blood.
- 7.8.3.3 The Licensed Practical Nurse is permitted to perform the following procedures for central lines:
  - 7.8.3.3.1 Acceptance of intravascular therapy order(s).
  - 7.8.3.3.2 Calculation of medication dosage and infusion rate of intravascular medications prescribed. This does not include titration.
  - 7.8.3.3.3 Confirmation of medication dosage and infusion rate for intravascular therapy administration.
  - 7.8.3.3.4 Addition of medications in intravascular solutions, label and document appropriately.
  - 7.8.3.3.5 Intravascular therapy maintenance, including the flushing of central lines with Heparin and/or saline solution.
  - 7.8.3.3.6 Dressing and tubing changes, including PICC lines.
  - 7.8.3.3.7 Addition of replacement fluids to an existing infusion as prescribed.
- 7.8.4 Special Intravascular Procedures By Registered Nurses
  - 7.8.4.1 Chemotherapy—Only intravascular routes are addressed in these rules. Review of the Oncology Nursing Society's current guidelines is recommended before the administration of anti-neoplastic agents.
    - 7.8.4.1.1 Definition of Terms
      - 7.8.4.1.1.1 Cancer Chemotherapy—is the broad term including the administration of anti-neoplastic agents into an individual's vascular system.
      - 7.8.4.1.1.2 Anti-neoplastic agents—are those drugs which are administered with the intent to control neoplastic cell growth.
    - 7.8.4.1.2 The Registered Nurse who administers cancer chemotherapy by the intravascular route must have documented educational preparation according to the employing agency's policies and procedures.
    - 7.8.4.1.3 The Registered Nurse must have documented evidence of knowledge and skill in the following:
      - Pharmacology of anti-neoplastic agents
      - Principles of drug handling and preparation
      - Principles of administration
      - Vascular access
      - Side effects of chemotherapy on the nurse, patient, and family
  - 7.8.4.2 Central Venous Access Via Peripheral Veins
    - 7.8.4.2.1 Definition of Terms
      - 7.8.4.2.1.1 Central venous access—is that entry into an individual's vascular system via the insertion of a catheter into a peripheral vein threaded through to the superior vena cava with placement confirmed by x ray.
    - 7.8.4.2.2 The Registered Nurse who performs central venous access via peripheral veins must have documented educational preparation according to the employing agency's policies and procedures.
    - 7.8.4.2.3 Documented evidence must include, but is not limited to, evidence of both theoretical instruction and clinical proficiency in performance of the task.
      - 7.8.4.2.3.1 Theoretical instruction must include, but is not limited to, anatomy and physiology, pharmacology, nursing management, and education of patients as they relate to central venous access via peripheral veins.
      - 7.8.4.2.3.2 A preceptor must supervise the learning experience and must document the Registered Nurse's competency in the performance of the procedure.
  - 7.8.4.3 Pain Management Via Epidural Catheter
    - 7.8.4.3.1 It is within the scope of practice of a Registered Nurse to instill analgesics (opiates)/low dose anesthetics at analgesic levels into an existing catheter under the following conditions/exceptions:
      - 7.8.4.3.1.1 The epidural catheter is in place.

7.8.4.3.1.2 The position of the epidural catheter was verified as correct by a physician at the time of insertion.

7.8.4.3.1.3 Bolus doses and/or continuous infusions, as pre-mixed by anesthesiologists, C.R.N.A.s, or pharmacists, of epidural analgesics/low dose anesthetics at analgesic levels can be administered by the Registered Nurse only after the initial dose has been administered. Changes in medication and/or dosage of the same medication are not defined as the initial dose.

7.8.4.3.1.4 Only analgesics (opiates)/low dose anesthetics at analgesic levels will be administered via this route for acute and chronic pain management.

7.8.4.3.1.5 The Registered Nurse must complete a course that includes, but is not limited to, a) anatomy, physiology, pharmacology, nursing management, assessment, and education of patients as they relate to epidural administration of opiates/low dose anesthetics at analgesic levels; b) a credentialed preceptor must supervise the learning experience and must document the Registered Nurse's clinical competency in the performance of the procedure.

7.8.4.3.1.6 The Registered Nurse may not insert or remove epidural catheters.

## 7.9 Exclusions of Health Care Acts pursuant to 24 ~~Del.C.~~ §1921(a)(19)

7.9.1 Health care acts that shall not be delegated by a competent individual who does not reside in a medical facility or a facility regulated pursuant to Chapter 11 of Title 16 include the following:

7.9.1.1 original intravenous insertion

7.9.1.2 original suprapubic catheter insertion or removal

7.9.1.3 newly established gastrostomy or jejunostomy tube feeding

7.9.1.4 original nasogastric and gastrostomy tube insertion or removal

7.9.1.5 any jejunostomy tube insertion or removal

7.9.1.6 sterile invasive procedures not normally taught to patients and caregivers by licensed health care professionals

## 7.0 Standards of Nursing Practice

Nursing practice encompasses several levels of accountability in order to ensure safe, competent practice. At the foundation of accountability are standards of nursing practice developed by general and specialty nursing professional organizations. A second level of accountability is provided by statutes, rules and regulations promulgated by individual states, based upon each state's nurse practice act which defines nursing practice. Nurses are also accountable to the institution or agency where they are employed through institutional policies and procedures. A final level of accountability resides with nurses' self-determination of those aspects of practice they believe themselves competent to perform.

### 7.1 Definitions

"Standards of Nursing Practice" are those standards adopted by the Board that interpret the legal definitions of nursing, as well as provide criteria against which violations of the law can be determined. Such standards shall not be assumed the only evidence in civil malpractice litigation, nor shall they be given a different weight than any other evidence

"Nursing Process" includes assessment, diagnosis, outcome identification, planning, implementation and evaluation.

### 7.2 Purpose

The purpose of standards is to establish minimal acceptable levels of safe practice for the Registered and Licensed Practical Nurse, and to serve as a guide for the Board to evaluate safe and effective nursing practice.

7.2.1 The board will not rule on for what purpose a drug is given.

## 7.3 Standards of Practice, Competencies and Responsibilities for the Registered and Licensed Practical Nurse

7.3.1 Registered and Licensed Practical Nurses shall:

7.3.1.1 Have knowledge of and function within the statutes and regulations governing nursing.

7.3.1.2 Accept responsibility for competent nursing practice.

7.3.1.3 Function as a member of the health team through interdisciplinary and/or interagency consultation and collaboration to provide optimum care, seeking guidance, instruction and supervision as necessary.

7.3.1.4 Contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to nursing practice within the employment setting.

7.3.1.5 Participate in evaluating nurses through peer review.

- 7.3.1.6 Report unsafe nursing practice to the Board and unsafe practice conditions to recognized legal authorities.
- 7.3.1.7 Practice without discrimination as to age, race, religion, sex, sexual orientation, national origin, or disability.
- 7.3.1.8 Respect the dignity and rights of clients regardless of social or economic status, personal attributes or nature of health problems.
- 7.3.1.9 Respect the client's right to privacy by protecting confidentiality unless obligated by law to disclose the information.
- 7.3.1.10 Respect the property of clients, their families and significant others.
- 7.3.1.11 Teach safe practice to other health care workers as appropriate.
- 7.3.1.12 Perform waived and moderately complex laboratory point of care testing after appropriate education, including annual competency demonstration and quality control measures for equipment, which are completed and documented.
- 7.3.1.13 Nurses who perform any special procedures should possess specialized knowledge and competent technical skill in the performance of the procedure, be knowledgeable of the potential complications and adverse reactions which may result from the performance of the procedure, possess the knowledge and skill to recognize adverse reactions, and take appropriate actions.

#### 7.4 Standards related to the Registered Nurse.

- 7.4.1 The Registered Nurse shall conduct and document nursing assessments in accordance with the nursing process. The registered nurse shall assess the health status of individuals and groups by:
  - 7.4.1.1 Collecting objective and subjective data from observations, examinations, interviews and written records in an accurate and timely manner. The data include but are not limited to:
    - 7.4.1.1.1 Biophysical and emotional status and observed changes;
    - 7.4.1.1.2 Growth and development;
    - 7.4.1.1.3 Ethno-cultural, spiritual, socio-economic and ecological background;
    - 7.4.1.1.4 Family health history;
    - 7.4.1.1.5 Information collected by other health team members;
    - 7.4.1.1.6 Ability to perform activities of daily living;
    - 7.4.1.1.7 Consideration of client's health goals;
    - 7.4.1.1.8 Client knowledge and perception about health status and potential, or maintaining health status;
    - 7.4.1.1.9 Available and accessible human and material resources;
    - 7.4.1.1.10 Patterns of coping and interaction.
  - 7.4.1.2 Sorting, selecting, reporting, and recording the data.
  - 7.4.1.3 Analyzing data.
  - 7.4.1.4 Validating, refining and modifying the data by using available resources including interactions with the client, family, significant others, and health team members.
  - 7.4.1.5 Evaluating data.
- 7.4.2 Registered Nurses may shall establish and document nursing diagnoses that serve as the basis for the strategy of care.
- 7.4.3 Registered Nurses shall develop strategies of care based on the nursing process. This includes, but is not limited to:
  - 7.4.3.1 Prescribing nursing intervention(s).
  - 7.4.3.2 Initiating nursing interventions through giving, assisting and/or delegating care.
  - 7.4.3.3 Identifying priorities in the plan of care.
  - 7.4.3.4 Setting realistic and measurable goals for implementation.
  - 7.4.3.5 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.
- 7.4.4 Registered Nurses shall participate in the implementation of the strategy of care by:
  - 7.4.4.1 Providing care for clients whose conditions are stabilized or predictable.
  - 7.4.4.2 Providing care for clients whose conditions are critical and/or fluctuating, under the direction and supervision of a recognized licensed authority.
  - 7.4.4.3 Providing an environment conducive to safety and health.
  - 7.4.4.4 Documenting nursing interventions and client outcomes.

7.4.4.5 Communicating nursing interventions and client outcomes to appropriate health team members.

7.4.5 Registered Nurses shall evaluate outcomes, which may include the client, family, significant others and health team members.

7.4.5.1 Evaluation data shall be documented and communicated as appropriately:

7.4.5.2 Evaluation data shall be used as a basis for modifying health care strategies including but not limited to reassessing client health status, modifying nursing diagnoses, or prescribing changes in nursing interventions.

7.4.6 Delegation

7.4.6.1 Definitions

**“Accountability”** - The state of being accountable, answerable, or legally liable for actions and decisions, including supervision.

**“Delegation”** - Entrusting the performance of selected nursing duties to individuals qualified, competent and legally able to perform such duties while retaining the accountability for such act.

**“Supervision”** - The guidance by a registered nurse (RN) for the accomplishment of a function or activity. The guidance consists of the activities included in monitoring as well as establishing the initial direction, delegating, setting expectations, directing activities and courses of action, critical watching, overseeing, evaluating, and changing a course of action.

**“Unlicensed Assistive Personnel”** - Individuals not licensed to perform nursing tasks that are employed to assist in the delivery of client care. The term “unlicensed assistive personnel” does not include members of the client’s immediate family, guardians, or friends; these individuals may perform incidental care of the sick in private homes without specific authority from a licensed nurse (as established in 24 **Del.C.** §1921(a)(4) of the Nurse Practice Act).

7.4.6.2 Conditions. The following conditions are relevant to delegation:

7.4.6.2.1 Only RNs may delegate.

7.4.6.2.2 The RN must be knowledgeable regarding the unlicensed assistive personnel’s education and training and have opportunity to periodically verify the individual’s ability to perform the specific tasks.

7.4.6.2.3 The RN maintains accountability for determining the appropriateness of all delegated nursing duties and responsibility for the delivery of safe and competent care. The RN is accountable for decisions made and actions taken in the course of that delegation. Unlicensed assistive personnel may not reassign a delegated act.

7.4.6.3 Criteria

7.4.6.3.1 The RN may delegate only tasks that are within the scope of sound professional nursing judgment to delegate. Nursing judgments and actions include decisions made when delegating nursing tasks to others and providing supervision for those activities.

7.4.6.3.2 Determination of appropriate factors include, but are not limited to:

7.4.6.3.2.1 stability of the client’s condition

7.4.6.3.2.2 educational background, skill level, or preparation of the individual

7.4.6.3.2.3 nature of the nursing act that meets the following:

7.4.6.3.2.3.1 task is performed frequently in the daily care of a client

7.4.6.3.2.3.2 task is performed according to an established sequence of steps

7.4.6.3.2.3.3 task may be performed with a predictable outcome

7.4.6.3.2.3.4 task does not involve ongoing assessment, interpretation or decision making that cannot be logically separated from the task itself.

7.4.6.3.3 Variables in each service setting include, but are not limited to:

7.4.6.3.3.1 complexity and frequency of care needed by a given patient population

7.4.6.3.3.2 proximity of patients to staff

7.4.6.3.3.3 number and qualifications of staff

7.4.6.3.4 The RN must be readily available in person or by telecommunication.

7.4.6.4 Exclusions

7.4.6.4.1 The following activities require nursing knowledge, judgment, and skill and may not be delegated by the RN to an unlicensed assistive person. These exclusions do not apply to Advanced Practice Nurses.

7.4.6.4.2 Physical, psychological, and social assessment which requires professional nursing judgment, intervention, referral, or follow-up;

- 7.4.6.4.3 Development of nursing diagnoses and/or care goals;
- 7.4.6.4.4 Formulation of the plan of nursing care and evaluation of the effectiveness of the nursing care provided;
- 7.4.6.4.5 Specific tasks involved in the implementation of the plan of care which require nursing judgment, skill, or intervention, that include, but are not limited to: performance of sterile invasive procedures involving a wound or anatomical site; nasogastric, newly established gastrostomy and jejunostomy tube feeding; nasogastric, jejunostomy and gastrostomy tube insertion or removal; suprapubic catheter insertion and removal; (phlebotomy is not considered a sterile, invasive procedure);
- 7.4.6.4.6 Administration of medications, including prescription topical medications; and
- 7.4.6.4.7 Receiving or transmitting verbal orders.

## 7.5 Standards of Practice for the Licensed Practical Nurse

### 7.5.1 Standards related to the Licensed Practical Nurse's contributions to the nursing process.

- 7.5.1.1 At the direction and under the supervision of a recognized licensed authority, the Licensed Practical Nurse shall contribute to the nursing process and document nursing assessments of individuals and groups by:
  - 7.5.1.1.1 Collecting objective and subjective data from observations, examinations, interview and written records in an accurate and timely manner. The data include but are not limited to:
    - 7.5.1.1.1.1 Biophysical and emotional status and observed changes;
    - 7.5.1.1.1.2 Growth and development;
    - 7.5.1.1.1.3 Ethno-cultural, spiritual, socio-economic, and ecological background;
    - 7.5.1.1.1.4 Family health history;
    - 7.5.1.1.1.5 Information collected by other health team members;
    - 7.5.1.1.1.6 Ability to perform activities of daily living;
    - 7.5.1.1.1.7 Consideration of client's health goals;
    - 7.5.1.1.1.8 Client knowledge and perception about health status and potential, or maintaining health status;
    - 7.5.1.1.1.9 Available and accessible human and material resources;
    - 7.5.1.1.1.10 Patterns of coping and interaction.
  - 7.5.1.1.2 Sorting, selecting, reporting, and recording the data.
  - 7.5.1.1.3 Analyzing data.
  - 7.5.1.1.4 Validating, refining and modifying the data by using available resources including interactions with the client, family, significant others, and health team members.
- 7.5.1.2 Licensed Practical Nurses shall participate in establishing and documenting nursing diagnoses that serve as the basis for the strategy of care.
- 7.5.1.3 Licensed Practical Nurses shall participate in developing strategies of care based on assessment and nursing diagnoses.
  - 7.5.1.3.1 Contributing to setting realistic and measurable goals for implementation.
  - 7.5.1.3.2 Participating in 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.
  - 7.5.1.3.3 Contributing to setting client priorities.
- 7.5.1.4 Licensed Practical Nurses shall participate in the implementation of the strategy of care by:
  - 7.5.1.4.1 Providing care for clients whose conditions are stabilized or predictable.
  - 7.5.1.4.2 Providing care for clients whose conditions are critical and/or fluctuating, under the directions and supervision of a recognized licensed authority.
  - 7.5.1.4.3 Providing an environment conducive to safety and health.
  - 7.5.1.4.4 Documenting nursing interventions and outcomes.
  - 7.5.1.4.5 Communicating nursing interventions and outcomes to appropriate health team members.
- 7.5.1.5 Licensed Practical Nurses shall contribute to evaluating outcomes through appropriate documentation and communication.

## 7.6 Dispensing

### 7.6.1 Definitions

7.6.1.1     "Dispensing" means providing medication according to an order of a practitioner duly licensed to prescribe medication. The term shall include both the repackaging and labeling of medication from bulk to individual doses.

7.6.1.2     "Prescription Label" - a label affixed to every prescription or drug order which contains the following information at a minimum.

7.6.1.2.1     A unique number for that specific drug order.

7.6.1.2.2     The date the drug was dispensed.

7.6.1.2.3     The patient's full name.

7.6.1.2.4     The brand or established name and manufacturer and the strength of the drug to the extent it can be measured.

7.6.1.2.5     The practitioner's directions as found on the prescription order.

7.6.1.2.6     The practitioner's name.

7.6.1.2.7     The initials of the dispensing nurse.

7.6.1.2.8     The name and address of the facility or practitioner from which the drug is dispensed.

7.6.1.2.9     Expiration date.

7.6.1.3     "Standing order" - An order written by the practitioner which authorizes a designated registered nurse or nurses to dispense prescription drugs to his/her patients(s) according to the standards listed below.

## 7.6.2 Authority to Dispense

7.6.2.1     Registered Nurses may assume the responsibility of dispensing as defined in the Nurse Practice Act.

7.6.2.2     Licensed Practice Nurses may assume the responsibility of dispensing as authorized by the Nurse Practice Act and defined in these Regulations, Section 7.6.2.2.1., 7.6.2.2.2, and 7.6.2.2.3

7.6.2.2.1     Licensed Practical Nurses may provide to a patient pre-packaged medications in accordance with the order of a practitioner duly licensed to prescribe medication where such medications have been pre-packaged by a person with lawful authority to dispense drugs.

7.6.2.2.2     Licensed Practical Nurses, per written order of a physician, dentist, podiatrist, advanced practice nurse, or other practitioner duly licensed to prescribe medication, may add the name of the client to a preprinted label on a pre-packaged medication.

7.6.2.2.3     Licensed Practical Nurses in a licensed methadone clinic may apply a preprinted label to a pre-packaged medication.

## 7.6.3 Standards for Dispensing

7.6.3.1     All licensed nurses engaged in dispensing shall adhere to these standards.

7.6.3.1.1     The medication must be prepackaged by a pharmaceutical company or prepared by a registered pharmacist.

7.6.3.1.2     The nurse shall be responsible for proper drug storage of the medication prior to dispensing.

7.6.3.1.3     The practitioner who originated the prescription or drug order must be on the premises or he/she or their designated coverage shall be available by telephone during the act of dispensing.

7.6.3.1.4     Once a drug has been dispensed it shall not be returned for reuse by another or the same patient in an institutional setting.

7.6.3.1.5     The nurse may not delegate any part of the dispensing function to any other individual who is not licensed to dispense.

7.6.3.1.6     The dispensing nurse must assure compliance to the state generic substitution laws when selecting the product to be dispensed.

7.6.3.1.7     The nurse-dispensed prescription may not be refillable; it requires the authority of the prescriber with each dispensing.

7.6.3.1.8     A usage review process must be established for the medicines dispensed to assure proper patient usage.

7.6.3.1.9     All dispensed drugs must be labeled as defined above and dispensed in proper safety closure containers that meet the standards established by the United States Pharmacopoeia for stability.

7.6.3.1.10   Record keeping must include the maintenance of the original written prescription of drug order for at least three years, allow retrospective review of accountability, and provide an audit trail. All dispensing records must be maintained on site, and available for inspection by authorized agents of the Board of Health, Pharmacy, and Nursing.

7.6.3.1.11 The dispensing nurse shall assume the responsibility of patient counseling of drug effects, side-effects, desired outcome, precautions, proper storage, unique dosing criteria, drug interactions, and other pertinent data, and record evidence of patient education.

7.6.3.1.12 Conformance to paragraphs 6 through 11 are not necessary if the original prescription was dispensed by a pharmacist for that specific patient.

7.7 Intravascular Therapy by Licensed Nurses. Intravascular therapy encompasses several components, some of which require primarily skill proficiency with a minimum of critical judgement. Other aspects of intravascular therapy require skill proficiency and more importantly a high degree of knowledge, critical judgement and decision making to perform the function safely.

7.7.1 Definition of Terms

7.7.1.1 **Vascular system** - is composed of all peripheral and central veins and arteries.

7.7.1.2 **Intravascular therapy (IV)** - is the broad term including the administration of fluids and medications, blood and blood derivatives into an individual's vascular system.

7.7.1.3 **Intravenous fluids** - include solutions, vitamins, nutrient preparations, and commercial blood fractions designed to be administered into an individual's vascular system. Whole blood and blood components, which are administered in the same manner, are considered intravenous fluids in this definition.

7.7.1.4 **Intravenous and intra-arterial medications** - are drugs administered into an individual's vascular system by any one of the following methods:

7.7.1.4.1 By way of infusion diluted in solution or suspended in fluid and administered over a specified time at a specified rate.

7.7.1.4.2 Through an established intra-vascular needle or catheter (referred to as "IV push").

7.7.1.4.3 By venipuncture carried out for the sole purpose of administering the medication. This method is referred to as direct medication injection (direct IV push).

7.7.1.5 **Vascular access** - Utilization of an established device or the introduction of a needle or catheter into an individual's vascular system.

7.7.1.6 **Venipuncture** - Introduction of a needle or catheter into an individual's peripheral vein for the purpose(s) of withdrawing blood or establishing an infusion or administering medications.

7.7.1.7 **Intravascular therapy maintenance** - Monitoring of the therapy for changes in patient's condition, appropriate flow rate, equipment function, the hanging of additional fluid containers and the implementation of site care.

7.7.1.8 **Termination of intravascular therapy** - Cessation of the therapy either by withdrawing a needle or catheter from an individual's vascular system or by discontinuing the infusion and maintaining the device as a reservoir.

7.7.1.9 **Supervision** - a registered nurse, licensed physician or dentist is physically present in the unit where the patient is being provided care, or within immediate electronic/telephone contact.

7.7.2 Conditions Of Performing Intravascular Therapy Procedures By Licensed Nurses

7.7.2.1 Intravascular therapy must be authorized by a written order from a state licensed and authorized prescriber.

7.7.2.2 The performance of any procedures of intravascular therapy by a licensed practical nurse will be done under the supervision of a registered nurse, APN, or person licensed to practice medicine, surgery, or podiatry.

7.7.2.3 Admixed intravascular solutions documented and instituted by one licensed nurse and subsequently interrupted may be re-instituted by another licensed nurse after confirmation with the state licensed and authorized prescriber's order.

7.7.2.4 Admixed intravascular solutions documented and prepared by one licensed nurse may be initiated or continued by another licensed nurse after confirmation with the state licensed and authorized prescriber's order.

7.7.2.5 Intradermal or topical anesthetics may be used by the RN or LPN when initiating vascular access therapy in various situations or settings, provided there is an authorized prescriber's order and organizational policy/procedure to support use of these medications. All RNs and LPNs must have documented educational preparation according to the employing agency's policies and procedures. Documented evidence must include both theoretical instruction including anatomy and physiology, pharmacology, nursing management and education of patients and demonstration of clinical proficiency in performance of the task.

7.7.3 Functional Scope Of Responsibility For Intravascular Therapy Procedures

7.7.3.1 Registered Nurses bear the responsibility and accountability for their nursing practice under the license granted by the Board of Nursing and are permitted to perform the following:

- 7.7.3.1.1 Assessment of the patient and the prescribed intravascular therapy before, during and after the therapy is carried out.
- 7.7.3.1.2 Acceptance and confirmation of intravascular therapy order(s).
- 7.7.3.1.3 Calculation of medication dosage and infusion rate for intravascular therapy administration.
- 7.7.3.1.4 Confirmation of medication dosage and infusion rate for intravascular therapy administration.
- 7.7.3.1.5 Addition of prescribed medications in intravascular solution, labeling and documenting appropriately.
- 7.7.3.1.6 Start initial solution or add replacement fluids to an existing infusion as prescribed.
- 7.7.3.1.7 Vascular access for establishing an infusion or administering medications.
- 7.7.3.1.8 Administration of medications by "IV push".
- 7.7.3.1.9 Intravascular therapy maintenance.
- 7.7.3.1.10 Termination of intravascular therapy, including the removal of subclavian and PICC lines.
- 7.7.3.1.11 Access the vascular system for the purpose of the withdrawal of blood and to monitor the patient's condition before, during, and after the withdrawal of blood.

7.7.3.2 Licensed Practical Nurses bear the responsibility and accountability for their nursing practice under the license granted by the Board of Nursing and are permitted to perform the following for peripheral lines:

- 7.7.3.2.1 Acceptance and confirmation of intravascular therapy order(s).
- 7.7.3.2.2 Calculation of medication dosage and infusion rate of intravascular medications prescribed. This does not include titration.
- 7.7.3.2.3 Confirmation of medication dosage and infusion rate for intravascular therapy administration.
- 7.7.3.2.4 Addition of medications in intravascular solutions, label and document appropriately.
- 7.7.3.2.5 Venipuncture with needle device to establish access to the peripheral vascular system.
- 7.7.3.2.6 Start initial solution or add replacement fluids to an existing infusion as prescribed.
- 7.7.3.2.7 Intravascular therapy maintenance including the flushing of peripheral lines with Heparin and/or saline solution.
- 7.7.3.2.8 Termination of peripheral intravascular therapy.
- 7.7.3.2.9 Performance of venipuncture for the purpose of the withdrawal of blood and to monitor the patient's condition before, during and after the withdrawal of blood.

7.7.3.3 The Licensed Practical Nurse is permitted to perform the following procedures for central lines:

- 7.7.3.3.1 Acceptance of intravascular therapy order(s).
- 7.7.3.3.2 Calculation of medication dosage and infusion rate of intravascular medications prescribed. This does not include titration.
- 7.7.3.3.3 Confirmation of medication dosage and infusion rate for intravascular therapy administration.
- 7.7.3.3.4 Addition of medications in intravascular solutions, label and document appropriately.
- 7.7.3.3.5 Intravascular therapy maintenance, including the flushing of central lines with Heparin and/or saline solution.
- 7.7.3.3.6 Dressing and tubing changes, including PICC lines.
- 7.7.3.3.7 Addition of replacement fluids to an existing infusion as prescribed.

7.7.4 Special Intravascular Procedures By Registered Nurses

7.7.4.1 Chemotherapy - Only intravascular routes are addressed in these rules. Review of the Oncology Nursing Society's current guidelines is recommended before the administration of anti-neoplastic agents.

7.7.4.1.1 Definition of Terms

7.7.4.1.1.1 Cancer Chemotherapy - is the broad term including the administration of anti-neoplastic agents into an individual's vascular system.

7.7.4.1.1.2 Anti-neoplastic agents - are those drugs which are administered with the intent to control neoplastic cell growth.

7.7.4.1.2 The Registered Nurse who administers cancer chemotherapy by the intravascular route must have documented educational preparation according to the employing agency's policies and procedures.

7.7.4.1.3 The Registered Nurse must have documented evidence of knowledge and skill in the following:

7.7.4.1.3.1 Pharmacology of anti-neoplastic agents

7.7.4.1.3.2 Principles of drug handling and preparation

7.7.4.1.3.3 Principles of administration

7.7.4.1.3.4 Vascular access

7.7.4.1.3.5 Side effects of chemotherapy on the nurse, patient, and family

7.7.4.2 Central Venous Access Via Peripheral Veins

7.7.4.2.1 Definition of Terms

7.7.4.2.1.1 Central venous access - is that entry into an individual's vascular system via the insertion of a catheter into a peripheral vein threaded through to the superior vena cava with placement confirmed by x-ray.

7.7.4.2.2 The Registered Nurse who performs central venous access via peripheral veins must have documented educational preparation according to the employing agency's policies and procedures.

7.7.4.2.3 Documented evidence must include, but is not limited to, evidence of both theoretical instruction and clinical proficiency in performance of the task.

7.7.4.2.3.1 Theoretical instruction must include, but is not limited to, anatomy and physiology, pharmacology, nursing management, and education of patients as they relate to central venous access via peripheral veins.

7.7.4.2.3.2 A preceptor must supervise the learning experience and must document the Registered Nurse's competency in the performance of the procedure.

7.7.4.3 Pain Management via Epidural Catheter

7.7.4.3.1 It is within the scope of practice of a Registered Nurse to instill analgesics (opiates)/low dose anesthetics at analgesic levels into an existing catheter under the following conditions/exceptions:

7.7.4.3.1.1 The epidural catheter is in place.

7.7.4.3.1.2 The position of the epidural catheter was verified as correct by a physician at the time of insertion.

7.7.4.3.1.3 Bolus doses and/or continuous infusions, as pre-mixed by anesthesiologists, C.R.N.A.s, or pharmacists, of epidural analgesics/low dose anesthetics at analgesic levels can be administered by the Registered Nurse only after the initial dose has been administered. Changes in medication and/or dosage of the same medication are not defined as the initial dose.

7.7.4.3.1.4 Only analgesics (opiates)/low dose anesthetics at analgesic levels will be administered via this route for acute and chronic pain management.

7.7.4.3.1.5 The Registered Nurse must complete a course that includes, but is not limited to, a) anatomy, physiology, pharmacology, nursing management, assessment, and education of patients as they relate to epidural administration of opiates/low dose anesthetics at analgesic levels; b) a credentialed preceptor must supervise the learning experience and must document the Registered Nurse's clinical competency in the performance of the procedure.

7.7.4.3.1.6 The Registered Nurse may not insert or remove epidural catheters.

7.7.4.4 Vascular Access via the Intraosseous Route

7.7.4.4.1 Definition of Terms

7.7.4.4.1.1 Intraosseous- within the bone marrow.

7.7.4.4.1.2 Intraosseous infusions- a method of obtaining immediate vascular access, especially in children, by percutaneous insertion of an intraosseous ~~bone marrow aspiration~~ needle into the bone marrow cavity of a long bone where substances may be injected or infused and are readily absorbed into the general circulation.

7.7.4.4.2 The Registered Nurse who performs intraosseous access, infusions, or removal must have documented educational preparation according to the employing agency's policies and procedures.

7.7.4.4.3 Documented evidence must include, but is not limited to, evidence of both theoretical instruction and clinical proficiency in performance of the task.

7.7.4.4.3.1 Theoretical instruction must include, but is not limited to, anatomy and physiology, pharmacology, nursing management, and education of patients as they relate to intraosseous access, infusions, or removal.

7.7.4.4.3.2 A preceptor must supervise the learning experience and must document the Registered Nurse's competency in the performance of the procedures.

**7.8 Exclusions of Health Care Acts pursuant to 24 Del.C. §1921(a)(19)**

**7.8.1 Health care acts that shall not be delegated by a competent individual who does not reside in a medical facility or a facility regulated pursuant to Chapter 11 of Title 16 include the following:**

7.8.1.1 original intravenous insertion

7.8.1.2 original suprapubic catheter insertion or removal

7.8.1.3 newly established gastrostomy or jejunostomy tube feeding

7.8.1.4 original nasogastric and gastrostomy tube insertion or removal

7.8.1.5 any jejunostomy tube insertion or removal

7.8.1.6 sterile invasive procedures not normally taught to patients and caregivers by licensed health care professionals

**8 DE Reg. 864 (12/01/04)**

**8 DE Reg. 1683 (6/01/05)**

**8.0 Rules and Regulations Governing the Practice of Nursing as an Advanced Practice Nurse in the State of Delaware**

**8.1 Authority**

These rules and regulations are adopted by the Delaware Board of Nursing under the authority of the Delaware Nurse Practice Act, 24 Del.C. §§1902(d), 1906(1), 1906(7).

**8.2 Purpose**

**8.2.1** The general purpose of these rules and regulations is to assist in protecting and safeguarding the public by regulating the practice of the Advanced Practice Nurse.

**8.3 Scope**

**8.3.1** These rules and regulations govern the educational and experience requirements and standards of practice for the Advanced Practice Nurse. Prescribing medications and treatments independently is pursuant to the Rules and Regulations promulgated by the Joint Practice Committee as defined in 24 Del.C. §1906(20). The Advanced Practice Nurse is responsible and accountable for her or his practice. Nothing herein is deemed to limit the scope of practice or prohibit a Registered Nurse from engaging in those activities that constitute the practice of professional nursing and/or professional nursing in a specialty area.

**8.4 Definitions**

**“Advanced Practice Nurse”** as defined in 24 Del.C. §1902(d)(1). Such a nurse will be given the title Advanced Practice Nurse by state licensure, and may use the title Advanced Practice Nurse within his/her specific specialty area.

**“Audit”** The verification of existence of a collaborative agreement for a minimum of 10% of the total number of licenses issued during a specified time period.

**“Board”** The Delaware Board of Nursing

**“Certified Nurse Midwife (C.N.M.)”** A Registered Nurse who is a provider for normal maternity, newborn and well-woman gynecological care. The CNM designation is received after completing an accredited post-basic nursing program in midwifery at schools of medicine, nursing or public health, and passing a certification examination administered by the ACNM Certification Council, Inc. or other nationally recognized, Board of Nursing approved certifying organization.

**“Certified Registered Nurse Anesthetist (C.R.N.A.)”** A Registered Nurse who has graduated from a nurse anesthesia educational program accredited by the American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational programs, and who is certified by the American Association of Nurse Anesthetists' Council on Certification of Nurse Anesthetists or other nationally recognized, Board of Nursing approved certifying organization.

**“Clinical Nurse Specialist (C.N.S.)”** A Registered Nurse with advanced nursing educational preparation who functions in primary, secondary, and tertiary settings with individuals, families, groups, or communities. The CNS designation is received after graduation from a Master's degree program in a clinical nurse specialty or post Master's certificate, such as gerontology, maternal-child, pediatrics, psych/mental health, etc. The CNS

must have national certification in the area of specialization at the advanced level if such a certification exists or as specified in 8.9.4.1 of these Rules and Regulations. The certifying agency must meet the established criteria approved by the Delaware Board of Nursing.

**“Clinical Nursing Specialty”** a delimited focus of advanced nursing practice. Specialty areas can be identified in terms of population, setting, disease/pathology, type of care or type of problem. Nursing administration does not qualify as a clinical nursing specialty.

**See 3 DE Reg. 1373 (4/1/00)**

**“Collaborative Agreement”** Written verification of health care facility approved clinical privileges; or health care facility approved job description; or a written document that outlines the process for consultation and referral between an Advanced Practice Nurse and a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system.

**“Guidelines/ Protocols”** Suggested pathways to be followed by an Advanced Practice Nurse for managing a particular medical problem. These guidelines/protocols may be developed collaboratively by an Advanced Practice Nurse and a licensed physician, dentist or a podiatrist, or licensed Delaware health care delivery system.

**“National Certification”** That credential earned by a nurse who has met requirements of a Board approved certifying agency.

The agencies so approved include but are not limited to:

American Academy of Nurse Practitioners

American Nurses Credentialing Center

American Association of Nurse Anesthetists Council on Certification of Nurse Anesthetists

American Association of Nurse Anesthetists Council on Recertification of Nurse Anesthetists

National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties

National Certification Board of Pediatric Nurse Practitioners and Nurses.

ACNM Certification Council, Inc.

**“Nurse Practitioner (N.P.)”** A Registered Nurse with advanced nursing educational preparation who is a provider of primary healthcare in a variety of settings with a focus on a specific area of practice. The NP designation is received after graduation from a Master's program or from an accredited post-basic NP certificate program of at least one academic year in length in a nurse practitioner specialty such as acute care, adult, family, geriatric, pediatric, or women's health, etc. The NP must have national certification in the area of specialization at the advanced level by a certifying agency which meets the established criteria approved by the Delaware Board of Nursing.

**“Post Basic Program”**

A combined didactic and clinical/preceptored program of at least one academic year of full time study in the area of advanced nursing practice with a minimum of 400 clinical/preceptored hours.

The program must be one offered and administered by an approved health agency and/or institution of higher learning,

Post basic means a program taken after licensure is achieved.

**“Scope of Specialized Practice”** That area of practice in which an Advanced Practice Nurse has a Master's degree or a post-basic program certificate in a clinical nursing specialty with national certification.

**“Supervision”** Direction given by a licensed physician or Advanced Practice Nurse to an Advanced Practice Nurse practicing pursuant to a temporary permit. The supervising physician or Advanced Practice Nurse must be periodically available at the site where care is provided, or available for immediate guidance.

**8.5 Grandfathering Period**

- 8.5.1 Any person holding a certificate of state licensure as an Advanced Practice Nurse that is valid on July 8, 1994 shall be eligible for renewal of such licensure under the conditions and standards prescribed herein for renewal of licensure.

**8.6 Standards for the Advanced Practice Nurse**

- 8.6.1 Advanced Practice Nurses view clients and their health concerns from an integrated multi-system perspective.
- 8.6.2 Standards provide the practitioner with a framework within which to operate and with the means to evaluate his/her practice. In meeting the standards of practice of nursing in the advanced role, each practitioner, including but not limited to those listed in 8.6.2 of these Rules and Regulations:
- 8.6.2.1 Performs comprehensive assessments using appropriate physical and psychosocial parameters;

- 8.6.2.2 Develops comprehensive nursing care plans based on current theories and advanced clinical knowledge and expertise;
- 8.6.2.3 Initiates and applies clinical treatments based on expert knowledge and technical competency to client populations with problems ranging from health promotion to complex illness and for whom the Advanced Practice Nurse assumes primary care responsibilities. These treatments include, but are not limited to psychotherapy, administration of anesthesia, and vaginal deliveries;
- 8.6.2.4 Functions under established guidelines/protocols and/or accepted standards of care;
- 8.6.2.5 Uses the results of scientifically sound empirical research as a basis for nursing practice decisions;
- 8.6.2.6 Uses appropriate teaching/learning strategies to diagnose learning impediments;
- 8.6.2.7 Evaluates the quality of individual client care in accordance with quality assurance and other standards;
- 8.6.2.8 Reviews and revises guidelines/protocols, as necessary;
- 8.6.2.9 Maintains an accurate written account of the progress of clients for whom primary care responsibilities are assumed;
- 8.6.2.10 Collaborates with members of a multi-disciplinary team toward the accomplishment of mutually established goals;
- 8.6.2.11 Pursues strategies to enhance access to and use of adequate health care services;
- 8.6.2.12 Maintains optimal advanced practice based on a continual process of review and evaluation of scientific theory, research findings and current practice;
- 8.6.2.13 Performs consultative services for clients referred by other members of the multi-disciplinary team; and
- 8.6.2.14 Establishes a collaborative agreement with a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system to facilitate consultation and/or referral as appropriate in the delivery of health care to clients.
- 8.6.3 In addition to these standards, each nurse certified in an area of specialization and recognized by the Board to practice as an Advanced Practice Nurse is responsible for practice at the level and scope defined for that specialty certification by the agency which certified the nurse.
- 8.7 Generic Functions of the Advanced Practice Nurse Within the Specialized Scope of Practice include but are not limited to:
  - 8.7.1 Eliciting detailed health history(s)
  - 8.7.2 Defining nursing problem(s)
  - 8.7.3 Performing physical examination(s)
  - 8.7.4 Collecting and performing laboratory tests
  - 8.7.5 Interpreting laboratory data
  - 8.7.6 Initiating requests for essential laboratory procedures
  - 8.7.7 Initiating requests for essential x-rays
  - 8.7.8 Screening patients to identify abnormal problems
  - 8.7.9 Initiating referrals to appropriate resources and services as necessary
  - 8.7.10 Initiating or modifying treatment and medications within established guidelines
  - 8.7.11 Assessing and reporting changes in the health of individuals, families and communities
  - 8.7.12 Providing health education through teaching and counseling
  - 8.7.13 Planning and/or instituting health care programs in the community with other health care professionals and the public
  - 8.7.14 Delegating tasks appropriately
  - 8.7.15 Prescribing medications and treatments independently pursuant to Rules and Regulations promulgated by the Joint Practice Committee as defined in 24 **Del.C.** §1906(20).
  - 8.7.16 Inserting and removing epidural catheters by Certified Registered Nurse Anesthetists.
  - 8.7.17 Removing epidural catheters by Nurse Practitioners, Clinical Nurse Specialists and Certified Nurse Midwives after specialized training in collaboration with the facility department of anesthesiology, including population specific advanced life support.
- 8.8 Criteria for Approval of Certification Agencies
  - 8.8.1 A national certifying body which meets the following criteria shall be recognized by the Board to satisfy 24 **Del.C.** §1902(d)(1).
  - 8.8.2 The national certifying body:

- 8.8.2.1 Is national in the scope of its credentialing.
- 8.8.2.2 Has no requirement for an applicant to be a member of any organization.
- 8.8.2.3 Has educational requirements which are consistent with the requirements of these rules.
- 8.8.2.4 Has an application process and credential review which includes documentation that the applicant's education is in the advanced nursing practice category being certified, and that the applicant's clinical practice is in the certification category.
- 8.8.2.5 Uses an examination as a basis for certification in the advanced nursing practice category which meets the following criteria:
  - 8.8.2.5.1 The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;
  - 8.8.2.5.2 The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to the clients;
  - 8.8.2.5.3 The examination content and its distribution are specified in a test plan (blueprint), based on the job analysis study, that is available to examinees;
  - 8.8.2.5.4 Examination items are reviewed for content validity, cultural sensitivity and correct scoring using an established mechanism, both before use and periodically;
  - 8.8.2.5.5 Examinations are evaluated for psychometric performance;
  - 8.8.2.5.6 The passing standard is established using acceptable psychometric methods, and is reevaluated periodically; and
  - 8.8.2.5.7 Examination security is maintained through established procedures
- 8.8.2.6 Issues certification based upon passing the examination and meeting all other certification requirements.
- 8.8.2.7 Provides for periodic recertification which includes review of qualifications and continued competency.
- 8.8.2.8 Has mechanisms in place for communication to Boards of Nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.
- 8.8.2.9 Has an evaluation process to provide quality assurance in its certification program.

#### 8.9 Application for Licensure to Practice as an Advanced Practice Nurse

- 8.9.1 Application for licensure as a Registered Nurse shall be made on forms supplied by the Board.
- 8.9.2 In addition, an application for licensure to practice as an Advanced Practice Nurse shall be made on forms supplied by the Board.
  - 8.9.2.1 The APN applicant shall be required to furnish the name(s) of the licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system with whom a current collaborative agreement exists.
  - 8.9.2.2 Notification of changes in the name of the licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system shall be forwarded to the Board office.
- 8.9.3 Each application shall be returned to the Board office together with appropriate documentation and non-refundable fees.
- 8.9.4 A Registered Nurse meeting the practice requirement as listed in 8.11 and all other requirements set forth in these Rules and Regulations may be issued a license as an Advanced Practice Nurse in the specific area of specialization in which the nurse has been nationally certified at the advanced level and/or has earned a Master's degree in a clinical nursing specialty.
  - 8.9.4.1 Clinical nurse specialists, whose subspecialty area can be categorized under a broad scope of nursing practice for which a Board-approved national certification examination exists, are required to pass this certification examination to qualify for permanent licensure as an Advanced Practice Nurse. This would include, but not be limited to medical-surgical and psychiatric-mental health nursing. If a more specific post-graduate level certification examination that has Board of Nursing approval is available within the clinical nursing specialist's subspecialty area at the time of licensure application, the applicant may substitute this examination for the broad-based clinical nursing specialist certification examination.
  - 8.9.4.2 Faculty members teaching in nursing education programs are not required to be licensed as Advanced Practice Nurses. Those faculty members teaching in graduate level clinical courses may apply for licensure as Advanced Practice Nurses and utilize graduate level clinical teaching hours to fulfill the practice requirement as stated in 8.11.2.1.

- 8.9.5 Renewal of licensure shall be on a date consistent with the current Registered Nurse renewal period. A renewal fee shall be paid.
- 8.9.6 The Board may refuse to issue, revoke, suspend or refuse to renew the license as an Advanced Practice Nurse or otherwise discipline an applicant or a practitioner who fails to meet the requirements for licensure as an Advanced Practice Nurse or as a registered nurse, or who commits any disciplinary offense under the Nurse Practice Act, 24 **Del.C.** Ch. 19, or the Rules and Regulations promulgated pursuant thereto. All decisions regarding independent practice and/or independent prescriptive authority are made by the Joint Practice Committee as provided in 24 **Del.C.** §1906(20) - (22).
- 8.10 Temporary Permit for Advanced Practice Nurse Licensure
- 8.10.1 A temporary permit to practice, pending Board approval for permanent licensure, may be issued provided that:
- 8.10.1.1 The individual applying has also applied for licensure to practice as a Registered Nurse in Delaware, or
- 8.10.1.2 The individual applying holds a current license in Delaware, and
- 8.10.1.3 The individual submits proof of graduation from a nationally accredited or Board approved Master's or certificate advanced practice nursing program, and has passed the certification examination, or
- 8.10.1.4 The individual is a graduate of a Master's program in a clinical nursing specialty for which there is no certifying examination, and can show evidence of at least 1000 hours of clinical nursing practice within the past 24 months.
- 8.10.1.5 Application(s) and fee(s) are on file in the Board office.
- 8.10.2 A temporary permit to practice, under supervision only, may be issued at the discretion of the Executive Director provided that:
- 8.10.2.1 The individual meets the requirements in 8.10.1.1 or 8.10.1.2, and 8.10.1.5 and;
- 8.10.2.2 The individual submits proof of graduation from a nationally accredited or Board approved Master's or certificate advanced practice nurse program, and;
- 8.10.2.3 The individual submits proof of admission into the approved certifying agency's examination or is seeking a temporary permit to practice under supervision to accrue the practice hours required to sit for the certifying examination or has accrued the required practice hours and is scheduled to take the first advanced certifying examination upon eligibility or is accruing the practice hours referred to in 8.10.2.4; or,
- 8.10.2.4 The individual meets 8.10.2.1 and 8.10.2.2 hereinabove and is awaiting review by the certifying agency for eligibility to sit for the certifying examination.
- 8.10.3 If the certifying examination has been passed, the appropriate form must accompany the application.
- 8.10.4 A temporary permit may be issued:
- 8.10.4.1 For up to two years in three month periods.
- 8.10.4.2 At the discretion of the Executive Director.
- 8.10.5 A temporary permit will be withdrawn:
- 8.10.5.1 Upon failure to pass the first certifying examination
- 8.10.5.1.1 The applicant may petition the Board of Nursing to extend a temporary permit under supervision until results of the next available certification exam are available by furnishing the following information:
- 8.10.5.1.1.1 current employer reference,
- 8.10.5.1.1.2 supervision available,
- 8.10.5.1.1.3 job description,
- 8.10.5.1.1.4 letter outlining any extenuating circumstances,
- 8.10.5.1.1.5 any other information the Board of Nursing deems necessary.
- 8.10.5.2 For other reasons stipulated under temporary permits elsewhere in these Rules and Regulations.

**3 DE Reg. 1373 (4/1/00)**

- 8.10.6 A lapsed temporary permit for designation is equivalent to a lapsed license and the same rules apply.
- 8.10.7 Failure of the certifying examination does not impact on the retention of the basic professional Registered Nurse licensure.
- 8.10.8 Any person practicing or holding oneself out as an Advanced Practice Nurse in any category without a Board authorized license in such category shall be considered an illegal practitioner and shall be subject to

the penalties provided for violations of the Law regulating the Practice of Nursing in Delaware, (24 Del.C. Ch. 19).

- 8.10.9 Endorsement of Advanced Practice Nurse designation from another state is processed the same as for licensure by endorsement, provided that the applicant meets the criteria for an Advanced Practice Nurse license in Delaware.

#### 8.11 Maintenance of Licensure Status: Reinstatement

- 8.11.1 To maintain licensure, the Advanced Practice Nurse must meet the requirements for recertification as established by the certifying agency.
- 8.11.2 The Advanced Practice Nurse must have practiced a minimum of 1500 hours in the past five years or no less than 600 hours in the past two years in the area of specialization in which licensure has been granted.
  - 8.11.2.1 Faculty members teaching in graduate level clinical courses may count a maximum of 500 didactic course contact hours in the past five years or 200 in the past two years and all hours of direct on-site clinical supervision of students to meet the practice requirement.
  - 8.11.2.2 An Advanced Practice Nurse who does not meet the practice requirement may be issued a temporary permit to practice under the supervision of a person licensed to practice medicine, surgery, dentistry, or advanced practice nursing, as determined on an individual basis by the Board.
- 8.11.3 The Advanced Practice Nurse will be required to furnish the name(s) of the licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system with whom a current collaborative agreement exists.
- 8.11.4 Advanced Practice Nurses who fail to renew their licenses by February 28, May 31, or September 30 of the renewal period shall be considered to have lapsed licenses. After February 28, May 31, or September 30 of the current licensing period, any requests for reinstatement of a lapsed license shall be presented to the Board for action.
- 8.11.5 To reinstate licensure status as an Advanced Practice Nurse, the requirements for recertification and 1500 hours of practice in the past five years or no less than 600 hours in the past two years in the specialty area must be met or the process described in 8.11.4 followed.
- 8.11.6 An application for reinstatement of licensure must be filed and the appropriate fee paid.

#### 8.12 Audit of Licensees

- 8.12.1 The Board may select licensees for audit two months prior to renewal in any biennium. The Board shall notify the licensees that they are to be audited for compliance of having a collaborative agreement.
  - 8.12.1.1 Upon receipt of such notice, the licensee must submit a copy of a current collaborative agreement(s) within three weeks of receipt of the notice.
  - 8.12.1.2 The Board shall notify the licensee of the results of the audit immediately following the Board meeting at which the audits are reviewed.
  - 8.12.1.3 An unsatisfactory audit shall result in Board action.
  - 8.12.1.4 Failure to notify the Board of a change in mailing address will not absolve the licensee from audit requirements.
- 8.12.2 The Board may select licensees for audit throughout the biennium.

#### 8.13 Exceptions to the Requirements to Practice

- 8.13.1 The requirements set forth in 8.9 shall not apply to a Registered Nurse who is duly enrolled as a bona fide student in an approved educational program for Advanced Practice Nurses as long as the practice is confined to the educational requirements of the program and is under the direct supervision of a qualified instructor.

#### 8.14 Definitions

##### 8.14.1 Collaborative Agreement - Includes

- 8.14.1.1 A true collegial agreement between two parties where mutual goal setting, access, authority, and responsibility for actions belong to individual parties and there is a conviction to the belief that this collaborative agreement will continue to enhance patient outcomes and
- 8.14.1.2 a written document that outlines the process for consultation and referral between an Advanced Practice Nurse and a duly licensed Delaware physician, dentist, podiatrist or licensed Delaware health care delivery system. This document can include, but not be limited to, written verification of health care facility approved clinical privileges or a health care facility approved job description of the A.P.N. If the agreement is with a licensed Delaware health care delivery system, the individual will have to show that the system will supply appropriate medical back-up for purposes of consultation and referral.

8.14.2 National Certification - That credential earned by an Advanced Practice Nurse who has met requirements of a Board of Nursing approved certifying agency.

8.14.3 Pharmacology/Pharmacotherapeutics - refers to any course, program, or offering that would include, but not be limited to, the identification of individual and classes of drugs, their indications and contraindications, their likelihood of success, their dosages, their side-effects and their interactions. It also encompasses clinical judgement skills and decision making. These skills may be based on thorough interviewing, history taking, physical assessment, test selection and interpretation, patho-physiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation and non-pharmacologic interventions.

8.14.4 Prescription Order - includes the prescription date, the name of the patient, the name, address, area of specialization and business telephone number of the advanced practice nurse prescriber, the name, strength, quantity, directions for use, and number of refills of the drug product or device prescribed, and must bear the name and prescriber ID number of the advanced practice nurse prescriber, and when applicable, prescriber's D.E.A. number and signature. There must be lines provided to show whether the prescription must be dispensed as written or substitution is permitted.

8.15 Requirements for Initial Independent Practice/prescriptive Authority

An APN who has not had independent prescriptive authority within the past two years in Delaware or any other jurisdiction who is applying for independent practice and/or independent prescriptive authority shall:

8.15.1 Be an Advanced Practice Nurse (APN) holding a current permanent license issued by the Board of Nursing (BON). If the individual does not hold national certification, eligibility will be determined on a case by case basis.

8.15.2 Have completed a post basic advanced practice nursing program that meets the criteria as established in Section 4.7 of Article 7 of the Rules and Regulations of the Delaware Board of Nursing with documentation of academic courses in advanced health assessment, diagnosis and management of problems within the clinical specialty, advanced patho-physiology and advanced pharmacology/pharmacotherapeutics. In the absence of transcript verification of the aforementioned courses, applicants shall show evidence of content integration through course descriptions, course syllabi, or correspondence from school officials. If the applicant cannot produce the required documentation, such applicant may petition the Joint Practice Committee for consideration of documented equivalent independent prescriptive authority experience.

8.15.3 Submit a copy of the current collaborative agreement to the Joint Practice Committee (JPC). The collaborative agreement(s) shall include arrangements for consultation, referral and/or hospitalization complementary to the area of the nurse's independent practice.

8.15.4 Show evidence of the equivalent of at least thirty hours of advanced pharmacology and pharmacotherapeutics related continuing education within the two years prior to application for independent practice and/or independent prescriptive authority. This may be continuing education programs or a three credit, semester long graduate level course. The thirty hours may also occur during the generic APN program as integrated content as long as this can be documented to the JPC. All offerings will be reviewed and approved by the JPC.

8.15.5 Demonstrate how submitted continuing education offerings relate to pharmacology and therapeutics within their area of specialty. This can be done by submitting the program titles to show content and dates attended. If the JPC questions the relevance of the offerings, the applicant must have available program descriptions, and/ or learner objectives, and/or program outlines for submission to the JPC for their review and approval.

8.16 Requirements for Independent Practice/prescriptive Authority by Endorsement

An APN who has had prescriptive authority in another jurisdiction who is applying for independent practice and/or independent prescriptive authority shall:

8.16.1 Show evidence of meeting 8.15.1 and 8.15.3.

8.16.2 Show evidence of having current prescriptive authority in another jurisdiction.

8.16.3 Have no encumbered APN designation(s) in any jurisdiction.

8.16.4 Show evidence of completion of a minimum of ten hours of JPC approved pharmacology/ pharmacotherapeutics related continuing education within the area of specialization and licensure within the past two years.

8.17 Application

8.17.1 Names and credentials of qualified applicants will be forwarded to the Joint Practice Committee for approval and then forwarded to the Board of Medical Practice for review and final approval.

8.18 Prescriptive Authority

- 8.18.1 APNs may prescribe, administer, and dispense legend medications including Schedule II - V controlled substances, (as defined in the Controlled Substance Act and labeled in compliance with 24 **Del.C.** §2536(C), parenteral medications, medical therapeutics, devices and diagnostics.
- 8.18.2 APNs will be assigned a provider identifier number as outlined by the Division of Professional Regulation.
- 8.18.3 Controlled Substances registration will be as follows:
  - 8.18.3.1 APNs must register with the Drug Enforcement Agency and use such DEA number for controlled substance prescriptions.
  - 8.18.3.2 APNs must register biennially with the Office of Narcotics and Dangerous Drugs in accordance with 16 **Del.C.** §4732(a).
- 8.18.4 APNs may request and issue professional samples of legend, including schedule II-V controlled substances, and over-the-counter medications that must be labeled in compliance with 24 **Del.C.** §2536(C).
- 8.18.5 APNs may give verbal prescription orders.
- 8.19 Prescriptive Writing
  - 8.19.1 All prescription orders will be written as defined by the Delaware Board of Pharmacy as defined in 8.14.4.
- 8.20 Renewal
  - 8.20.1 Maintain current APN licensure.
  - 8.20.2 Maintain competency through a minimum of ten hours of JPC approved pharmacology/ pharmacotherapeutics related continuing education within the area of specialization and licensure per biennium. The pharmacology/ pharmacotherapeutics content may be a separate course or integrated within other offerings.
- 8.21 Disciplinary Proceedings
  - 8.21.1 Pursuant to 24 **Del.C.** §1906(19)(c), the Joint Practice Committee is statutorily empowered, with the approval of the Board of Medical Practice, to grant independent practice and/or prescriptive authority to nurses who qualify for such authority. The Joint Practice Committee is also empowered to restrict, suspend or revoke such authority also with the approval of the Board of Medical Practice.
  - 8.21.2 Independent practice or prescriptive authority may be restricted, suspended or revoked where the nurse has been found to have committed unprofessional conduct in his or her independent practice or prescriptive authority or if his or her mental or physical faculties have changed or deteriorated in such a manner as to create an inability to practice or prescribe with reasonable skill or safety to patients.
  - 8.21.3 Unprofessional conduct, for purposes of restriction, suspension or revocation of independent practice or prescriptive authority shall include but not be limited to:
    - 8.21.3.1 The use or attempted use of any false, fraudulent or forged statement or document or use of any fraudulent, deceitful, dishonest or immoral practice in connection with any acquisition or use of independent practice or prescriptive authority;
    - 8.21.3.2 Conviction of a felony;
    - 8.21.3.3 Any dishonorable or unethical conduct likely to deceive, defraud or harm the public;
    - 8.21.3.4 Use, distribution or prescription of any drugs or medical devices other than for therapeutic or diagnostic purposes;
    - 8.21.3.5 Misconduct, incompetence, or gross negligence in connection with independent or prescriptive practice;
    - 8.21.3.6 Unjustified failure upon request to divulge information relevant to authorization or competence to independently practice or exercise prescriptive authority to the Executive Director of the Board of Nursing or to anyone designated by him or her to request such information.
    - 8.21.3.7 The violation of the Nurse Practice Act or of an Order or Regulation of the Board of Nursing or the Board of Medical Practice related to independent practice or prescriptive authority.
    - 8.21.3.8 Restriction, suspension, or revocation of independent practice or prescriptive authority granted by another licensing authority in any state, territory or federal agency.
  - 8.21.4 Complaints concerning the use or misuse of independent practice or prescriptive authority received by the Division of Professional Regulation or the Board of Nursing shall be investigated in accordance with the provisions of Title 29, Section 8807 governing investigations by the Division of Professional Regulation. As soon as convenience permits, the Board of Nursing shall assign an Investigating Board Member to assist with the investigation of the complaint. The Investigating Board Member shall, whenever practical, be a member of the Joint Practice Committee.
  - 8.21.5 Upon receipt of a formal complaint from the Office of the Attorney General seeking the revocation, suspension or restriction of independent practice or prescriptive authority, the Committee Chairperson

shall promptly arrange for not less than a quorum of the Committee to convene for an evidentiary hearing concerning such complaint upon due notice to the licensee against whom the complaint has been filed. Such notice shall comply with the provisions of the Administrative Procedures Act (29 **Del. C.** Ch. 101).

- 8.21.6 The hearing shall be conducted in accordance with the Administrative Procedures Act (29 **Del.C.** §101), and after the conclusion thereof, the Joint Practice Committee will promptly issue a written Decision and Order which shall be based upon the affirmative vote of a majority of the quorum hearing the case.
- 8.21.7 Any written Decision and Order of the Joint Practice Committee which imposes a restriction, suspension or revocation of independent practice or prescriptive authority shall not be effective prior to the approval of the Board of Medical Practice.

**4 DE Reg. 296 (8/1/00)**

**5 DE Reg. 1606 (2/1/02)**

**8 DE Reg. 1683 (6/1/05)**

## **9.0 Rules and Regulations Pertaining to Mandatory Continuing Education**

### **9.1 Definitions**

- 9.1.1 The following words and terms, when used in this regulation, should have the following meaning unless the context clearly indicates otherwise.

**"Approved Method"** means a planned educational experience, as described in 9.3.

**"Approved Provider"** means an entity that is one of the following:

A nationally accredited provider of nursing related continuing education; or

An organization or agency that is approved as a provider or has programs that are approved by a nationally accredited approver of nursing related continuing education; or

A Board of Nursing approved school of nursing; or

A staff development department within a licensed or State health care agency; or an accredited educational institution; or

An entity approved by the Delaware Board of Nursing, pursuant to 9.4 and 9.5, if not meeting any other criteria.

An organization approved as a provider by a Board of Nursing of another U.S. jurisdiction or territory and which is a member of the National Council of State Boards of Nursing

**"Audit"** means

The verification of completion of continuing education requirements for a minimum of 1% of the total number of licenses issued during a specified time period. (Refer to 9.6) or

The verification of adherence to continuing education approved provider requirements during a specified time period. Providers may be audited as the Board determines. (Refer to 9.7)

**"Biennium"** means the two year period of licensure beginning in an odd numbered year and ending in the next odd numbered year for the Registered Nurse and the two year period of licensure beginning in an even-numbered year and ending in the next even numbered year for the Licensed Practical Nurse.

**"Contact Hour"** means one contact hour equals a minimum of ~~560~~ minutes. One half contact hour equals a minimum of ~~2530~~ minutes.

**"Continuing Education"** means those professional experiences designed to enrich the nurse's contribution to health care and for the purpose of protecting the public health, safety, and welfare.

**"Orientation"** means the means by which nurses are introduced to the philosophy, goals, policies, procedures, role expectations, physical facilities and special services in a specific work setting. Orientation programs do not meet the continuing education requirements of these rules.

### **9.2 Continuing Education Licensure Renewal Requirements**

#### **9.2.1 Board Authority**

- 9.2.1.1 The Board derives its authority under 24 **Del.C.** §1906(19), to create continuing education requirements as a prerequisite to obtaining a current license and to establish an audit system to assure compliance. This requirement is in addition to the practice requirement as stated in 6.~~56~~.

- 9.2.1.1.1 During each biennium, each Registered Nurse must earn 30 contact hours and each Licensed Practical Nurse must earn 24 hours, to be credited to that biennium.

- 9.2.1.1.1.1 Units of measurement for continuing education shall be: in increments of no less than 0.5 contact hours and be as follows:

9.2.1.1.1.1.1 ~~560~~ Minutes = 1 Contact Hour

9.2.1.1.1.1.2 ~~2530~~ Minutes = .5 Contact Hour

- 9.2.1.1.1.3 1 Academic Semester Hour (Credit) = 5 Contact Hours
- 9.2.1.1.1.4 1 C.M.E. = 1.2 Contact Hours
- 9.2.1.1.1.5 Certification/recertification (excluding preacquired skills and knowledge) = 20 Contact Hours (~~Only~~ During the Biennium in which Awarded)

## 9.2.2 Requirements

### 9.2.2.1 Renewal

- 9.2.2.1.1 To obtain a Registered Nurse or Licensed Practical Nurse license for the next biennium period, the licensee shall submit, ~~along with the renewal application and fee, a completed report on a form furnished by the Board office, attesting to an attestation indicating~~ the completion of all continuing education requirements for that biennium.

### 9.2.2.2 Reinstatement

- 9.2.2.2.2 To obtain a Registered Nurse or Licensed Practical Nurse license through reinstatement, the applicant shall submit, along with the reinstatement application and fee, a completed report on a form provided by the Board office, listing and attesting to the completion of all continuing education requirements for the ~~past~~ two years immediately preceding application.

### 9.2.2.3 Reinstatement/Endorsement

- 9.2.2.3.1 A Registered Nurse who has endorsed into Delaware during a biennium or whose license was reactivated or reinstated during a biennium must earn 15 contact hours if more than a full calendar year remains in the biennium to obtain a Registered Nurse license for the next biennium period. A Licensed Practical Nurse must earn 12 contact hours if more than a full calendar year remains in the biennium to obtain a Licensed Practical Nurse license for the next biennium period.

- 9.2.3 The required hours shall be completed in the period for which the license was issued. Contact hours from a previous licensure period will not count nor may credits be accumulated for use in a future licensing period.

- 9.2.4 To be approved for continuing education credit, offerings shall meet the qualifications of appropriate subject matter as specified in these Rules and Regulations.

- 9.2.5 The licensee shall retain all original certificates or transcripts to verify completion of each continuing education offering and award of contact hours.

## 9.2.6 Exceptions

- 9.2.6.1 Those persons licensed by examination within a biennial renewal period are exempt from continuing education requirements for that biennium.
- 9.2.6.2 A licensee who has had a physical or mental illness during the license period can apply to the Board of Nursing for a waiver. A waiver would provide for an extension of time or exemption from some or all of the continuing education requirements for one renewal period. Should the illness extend beyond one renewal period, a new request must be submitted.
- 9.2.6.3 A request for a waiver will be reviewed and acted upon within 90 days of receipt.

## 9.3 Approved Methods to Earn Contact Hours

### 9.3.1 Academic Studies

- 9.3.1.1 A course offered by an accredited school, university or college for which college credit has been awarded and/or for which class attendance is necessary. This ~~May~~ include successful completion of challenge examinations. The course must be related to nursing.

### 9.3.2 Authoring an Article, Book Chapter, or Independent Study

- 9.3.2.1 The article, book chapter, or independent study (See 9.3.6) must be related to nursing. Proof of acceptance from the editor or the published work will document achievement of this type of continuing education. A maximum of five contact hours of continuing education may be earned per biennium by this method. Letters to the editor or opinion statements will not be recognized.

### 9.3.3 Certification/Recertification

- 9.3.3.1 A process by which a nongovernmental agency or association certifies that an individual licensed to practice as an Advanced Practice Nurse, a Registered Nurse, or a Licensed Practical Nurse has met certain predetermined standards specified for specialty practice. National certification or recertification equals 20 contact hours awarded during the biennium. A certification/recertification document indicating the date of recognition must be available. When recertification requirements include more than 20 contact hours, the additional contact hours can be applied toward the total of 30 contact hours for R.N. or 24 contact hours for L.P.N. licensure.

### 9.3.4 Conference

9.3.4.1 A meeting that brings together participants for one or more days to discuss the latest developments and activities from individuals with special expertise in the subject matter of the conference.

9.3.5 Extension Studies

9.3.5.1 A course given through an accredited school, college or university for which academic credit may or may not be awarded and for which class attendance is not necessary.

9.3.6 Independent Study

9.3.6.1 An educational activity designed for completion by learners, independently, at the learner's own pace and at a time of the learner's choice.

9.3.6.1.1 Examples: Articles in journals designated as continuing education articles, ~~videocassette programs~~, computer-based programs, on-line continuing education courses for which there is a test of knowledge and a certificate awarded upon completion.

9.3.7 Inservice Education

9.3.7.1 Activities intended to help nurses acquire, maintain, and/or increase the level of competence in fulfilling his or her assigned responsibilities, specific to the expectations of the employer. Planned inservices must be a minimum of ~~25~~30 minutes in duration. NOTE: Mandatory education, such as CPR, infection control, fire, safety, patient privacy and confidentiality, and facility specific policies and practices, is not recognized as continuing education.

9.3.8 Presentation

9.3.8.1 Educational presentations, ~~excluding preparation time~~, made to other health professionals that are not required by an individual's job description. The presenter, if subject of an audit, must submit program brochures, course syllabi or letter from the provider identifying the participation of the presenter. Contact hours shall be equal to ~~the~~ two hours for every one our of presentation time, as well as the actual presentation time. A presentation must be a minimum of 30 minutes in length. A maximum of ~~five~~ six contact hours of continuing education may be earned per biennium by this method.

9.3.9 Research Project

9.3.9.1 The research project must have been done during the biennium. The licensee must submit an abstract as evidence of being one of the recognized researchers. A maximum of five contact hours of continuing education may be earned per biennium by this method.

9.3.10 Symposium or Seminar

9.3.10.1 A meeting of groups of participants to explore, in depth, a pre-selected, thoroughly researched topic. The emphasis is on discussion and a free exchange of ideas and experiences.

9.3.11 Workshop

9.3.11.1 A meeting that offers opportunities for persons with common interest or problems to meet with specialists to consider new knowledge and practices and to experience working on specific relevant tasks.

9.3.12' Any method not on this approved list will require that a written petition justifying the request be submitted to the Board of Nursing.

~~9.3.12.1 The Board may consider the request at its next regularly scheduled Board meeting if received at least two weeks before the meeting. If less than two weeks, the request will be processed at the following meeting.~~

9.4 Continuing Education - Provider

9.4.1 Board Authority

9.4.1.1 The Board derives its authority under 24 **Del.C.** Ch. 19, to create requirements for becoming an approved provider and maintaining that status. The Board also has the authority to develop an auditing mechanism to verify compliance with criteria for approved providers.

9.4.2 Criteria for approved providers

9.4.2.1 The approved providers shall produce evidence of their capability to adhere to criteria indicative of quality continuing education for nurses. Each provider approved under 9.1, will be assigned a provider number by the Board and shall provide an annual statement of compliance with these criteria.

9.4.3 Subject matter criteria. The provider will ensure that:

9.4.3.1' The subject matter is specifically designed to meet the objectives, the stated level and learning needs of the participants.

9.4.3.2 The content is planned, logically sequenced and reflects input from experts in the subject matter.

9.4.3.3 The subject matter reflects the professional educational needs of the learner in order to meet the health care needs of the consumer.

9.4.4 Criteria related to the operation of an approved continuing education providership. The provider shall:

9.4.4.1 Have a consistent, identifiable authority who has overall responsibility for the operation of the providership and execution of its offerings.

9.4.4.2 Have an organizational structure and training objectives.

9.4.4.3 Develop course descriptions, objectives, and learning outcomes.

9.4.4.4 Assign contact hours according to a uniform measure of credit and not award contact hours for less than ~~25~~30 minutes.

9.4.4.5 Establish dates and times for programs.

9.4.4.6 Plan and structure programs with teaching and learning methodologies that include a statement of purpose and measurable educational objectives.

9.4.4.7 Use faculty who have academic preparation and/or experience in the subject matter.

9.4.4.8 Use evaluation processes or tools that provide participants an opportunity to evaluate in writing the learning experience, the instructional methods, facilities, and resources.

9.4.4.9 Award the contact hours and be responsible for assurance that all criteria in this chapter are met, when co-providing.

9.4.4.10 Notify the Board within 30 days of changes in the administrative authority, the address of the provider, and its ability to meet the criteria.

9.4.5 Criteria related to record maintenance and continuing education programs. The provider shall:

9.4.5.1 Maintain records on persons awarded contact hours for a minimum of six years from their date of program completion. The records shall include the name of licensee, contact hours awarded, social security number, title, and dates of offerings.

9.4.5.2 Provide for secure storage and retrieval of individual attendance and information regarding each offering.

9.4.5.3 Furnish each participant with an individual record of completion that displays the following on the front of the certificate: participant's name, provider name and number, contact hours awarded, starting and ending dates of the offering, subject matter and a reminder to the participant to retain the certificate for the period of licensure.

9.5 Board Approval Process for Providers from 9.1.

9.5.1 An application will be sent to a potential provider upon request. Upon submission of a non-refundable fee, the required materials and a determination of the Delaware Board of Nursing that the materials fulfill the criteria for providers as specified in these Rules and Regulations, initial approval will be granted for up to three years.

9.5.2 The following materials and information must accompany an application:

9.5.2.1 A description of the administrative authority of the potential provider;

9.5.2.2 The job description of the person who is administratively responsible for provider activities;

9.5.2.3 The continuing education philosophy purpose and goals;

9.5.2.4 Organizational charts defining lines of authority and communication in relation to continuing education;

9.5.2.5 Plan for faculty selection;

9.5.2.6 Evidence of nursing participation in program planning and/or administration;

9.5.2.7 A record system and a procedure to ensure confidentiality and safe storage;

9.5.2.8 The criteria used to plan and implement continuing education activities;

9.5.2.9 The criteria used to verify attendance;

9.5.2.10 A procedure that ensures the participant who successfully completes an educational activity will receive a document displaying an attendance record, number of contact hours awarded, provider name and number, title of presentation, and the date and location for each offering;

9.5.2.11 Registration procedure(s);

9.5.2.12 A plan for evaluation, including:

9.5.2.12.1 A procedure for participant evaluation that includes assessment of the instruction, resources and facilities, and

9.5.2.12.2 A system for the follow up of suggestions for improvement;

9.5.2.13 Documents from two typical sample course offerings including:

- 9.5.2.13.1 A narrative of the planning of the offerings including evidence of nursing participation;
- 9.5.2.13.2 A sample brochure or other form of advertising;
- 9.5.2.13.3 Course content, i.e., topical course outline, objectives;
- 9.5.2.13.4 Teaching-learning methodologies and supportive materials;
- 9.5.2.13.5 Bibliography; and
- 9.5.2.13.6 A sample participant evaluation form.

9.5.3 The Executive Director will review the completed application upon receipt.

- 9.5.3.1 The review is based on the criteria as specified in these Rules and Regulations.
- 9.5.3.2 If the Executive Director finds the application incomplete, the applicant will be notified and have two opportunities to submit revised applications.
- 9.5.3.3 If the application does not meet established criteria within three reviews, the Executive Director may recommend that the Board deny it.
- 9.5.3.4 When the application meets all requirements as set forth for providers in these Rules and Regulations, the Executive Director shall recommend approval to the Board.
- 9.5.3.5 The Board may approve for up to three years, or elect not to approve.
- 9.5.3.6 The provider will be notified of the Board of Nursing's decision in writing within two weeks.
- 9.5.3.7 A provider number will be assigned at the time of approval and issued within ~~three~~ two weeks. This number must be used in all correspondence with the Board. This number will be published on a list of approved providers.
- 9.5.3.8 Provider status must be renewed every three years by submitting a non-refundable fee and the required documentation demonstrating compliance with the established criteria as stated in this section.
- ~~9.5.3.89~~ An application that has been denied provider status by the Board may be re-submitted no earlier than one year after the denial date.

9.5.4 Complaints against providers.

- 9.5.4.1 Provider approval may be rescinded at any time during the approved period for noncompliance with approved provider requirements or for complaints that the Board determines indicate the program does not meet criteria.
- 9.5.4.2 Providers may appeal a decision by requesting a hearing before the Board.

9.6 Audit of Licensees

- 9.6.1 The Board will randomly and on an individual basis select licensees for audit ~~two months prior to renewal in any biennium~~ within six (6) months following the license renewal date. The Board shall notify the licensees within four (4) weeks of being selected that their records are to be audited for compliance with the continuing education requirements.
- 9.6.1.1 Upon receipt of such notice, the licensee must submit verification of compliance for the period of licensure being audited. Verification materials which may be requested include proof of attendance, academic transcripts, certificates showing number of contact hours awarded, and documentation of compliance with exceptions.
- 9.6.1.2 The licensee must submit documentation within three weeks of receipt of notice.
- 9.6.1.3 The Board shall notify the licensee of the results of ~~the~~ an unsatisfactory audit immediately following the Board meeting at which the audits are reviewed.
- 9.6.1.4 An unsatisfactory audit shall result in Board action.
- 9.6.1.5 Failure to notify the Board of a change in mailing address will not absolve the licensee from audit requirements.
- ~~9.6.1.6 Fulfillment of the audit requirements must be completed prior to license renewal.~~

9.7 Audit of Providers

- 9.7.1 The Board may select approved providers for audit. Upon selection, the Board shall:
  - 9.7.1.1 Notify the approved providers that their records are to be audited for compliance with continuing education requirements;
  - 9.7.1.2 Be provided with records that document compliance with the Rules and Conduct a site visit as necessary.

9.8 Disciplinary Proceedings; Appeal

- 9.8.1 Failure to comply with continuing education requirements will result in action under Section 1922 of the Nurse Practice Act ~~and the license will be considered lapsed.~~

9.8.2 ~~Application for reinstatement of a lapsed license must be filed with a completed continuing education document form and the fee paid before practice can continue.~~

**1 DE Reg. 1893 (6/1/98)**

**9 DE Reg. 815 (11/1/05)**

## **10.0 Disciplinary Proceedings**

### **10.1 Disciplinary Sanctions**

#### **10.1.1 The Board may:**

- 10.1.1.1 refuse to issue a temporary permit or a license to practice nursing;
- 10.1.1.2 revoke, suspend or censure a license to practice nursing;
- 10.1.1.3 issue a letter of reprimand;
- 10.1.1.4 place a license on probationary status;
- 10.1.1.5 refuse to renew a license; or
- 10.1.1.6 otherwise discipline a licensee as provided by 24 **Del.C.** §1922.

### **10.2 Procedures**

10.2.1 Any individual shall submit a written complaints of alleged violations of 24 **Del.C.** Ch. 19 to the Division of Professional Regulation, ~~and~~ The Executive Director shall will retain a copy of the complaint.

10.2.2 Any Board member receiving a complaint alleging an applicant's or a practitioner's or licensee's violation of the Nurse Practice Act should promptly forward the complaint to the Division of Professional Regulation with a copy to the Executive Director of the Board of Nursing.

10.2.3 Hearings on licensing matters and complaints filed with the Board that allege an applicant or a practitioner or licensee has violated the Nurse Practice Act, 24 **Del.C.** Ch. 19, shall be heard and determined by the Board in accordance with the applicable provisions of the Nurse Practice Act and the Administrative Procedures Act, 29 **Del.C.** Ch. 101. When the applicant or licensee/practitioner, prosecuting Deputy Attorney General, and appointed Board member, ~~if any,~~ consent, the complaint may be resolved through the Consent Agreement process described herein in lieu of a formal disciplinary hearing before the Board.

### **10.3 Reissuance of License Following Disciplinary Action**

10.3.1 Upon application made by the licensee, a suspended or probated license may be reissued or reinstated; ~~on such~~ in accordance with conditions as that the Board may ~~determine~~ apply, after the imposed period of discipline has concluded and after evidence is presented to satisfy the Board that the condition that lead to the disciplinary action has been corrected.

### **10.4 Unprofessional Conduct Defined**

10.4.1 Nurses whose behavior fails to conform to legal ~~standards~~ and accepted standards of the nursing profession and who thus may adversely affect the health and welfare of the public may be found guilty of unprofessional conduct.

10.4.2 Unprofessional conduct shall include but is not limited to the following:

- 10.4.2.1 Performing acts beyond the authorized scope of the level of nursing practice for which the individual is licensed.
- 10.4.2.2 Assuming duties and responsibilities within the practice of nursing without adequate preparation, or without ~~maintaining~~ maintenance of competency.
- 10.4.2.3 Performing new nursing techniques and/or procedures without education and practice.
- 10.4.2.4 Inaccurately and willfully recording, falsifying or altering a patient or agency ~~record~~ document related to patient care, employment, or licensure.
- 10.4.2.5 Committing or threatening violence, verbal or physical abuse of patients, ~~or co-employees~~ workers or the public.
- 10.4.2.6 Violating professional boundaries of the nurse-patient relationship including but not limited to physical, sexual, emotional or financial exploitation of the patient or patient's significant other(s).
- 10.4.2.7 Engaging in sexual conduct with a patient, touching a patient in a sexual manner, requesting or offering sexual favors, or language or behavior suggestive of the same.
- 10.4.2.68 Assigning unlicensed persons to perform the practice of licensed nurses.
- 10.4.2.79 Delegating nursing practice or ~~advanced nursing practice~~ to unqualified persons.
- 10.4.2.810 Failing to supervise persons to whom nursing practice ~~or advanced nursing practice~~ has been delegated.
- 10.4.2.911 Leaving a patient assignment except in documented emergency situations.

- 10.4.2.40~~12~~ Failing to safeguard a patient's dignity and right to privacy in providing services.
- 10.4.2.41~~13~~ Violating the confidentiality of information concerning a patient.
- 10.4.2.42~~14~~ Failing to take appropriate action to safeguard a patient from incompetent, unethical or illegal health care practice.
- 10.4.2.43~~15~~ Practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of physical, ~~psychological~~, or mental impairment or dependence on alcohol or drugs.
- 10.4.2.44~~16~~ Diverting or misappropriating monies, drugs, supplies or property of a patient, ~~or~~ agency or governmental program.
- 10.4.2.45~~17~~ Diverting, possessing, obtaining, supplying or administering prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs.
- 10.4.2.46~~18~~ Practicing professional or practical nursing ~~when~~ with an expired license ~~or temporary permit has expired~~.
- 10.4.2.47~~19~~ Practicing as an Advanced Practice Nurse ~~when designation and/or certification and/or temporary permit has expired~~ with an expired license.
- 10.4.2.48~~20~~ Practicing advanced practice, professional or practical nursing in this state without a current Delaware license or permit as defined in Section 14.0 Nursing Licensure Compact Rules and Regulations.
- 10.4.2.49~~21~~ ~~Practicing as an Advanced Practice Nurse in this state without current designation and a registered nurse license and/or temporary permits.~~
- 10.4.2.20 Allowing another person to use her/his nursing license, temporary permit, or ~~certification of~~ Advanced Practice Nurse ~~for any purpose~~.
- 10.4.2.21~~22~~ Aiding, abetting and/or assisting an individual to violate or circumvent any law or duly promulgated rule and regulation intended to guide the conduct of a nurse or other health care provider.
- 10.4.2.22~~23~~ ~~Resorting to~~ Committing fraud, misrepresentation or deceit in taking NCLEX-RN or PN, or in obtaining a license, temporary permit or advanced practice ~~designation~~ license.
- 10.4.2.23~~24~~ Disclosing the contents of the licensing examination or soliciting, accepting or compiling information regarding the examination before, during or after its administration.
- 10.4.2.24~~25~~ Failing to report unprofessional conduct by another licensee.
- 10.4.2.25~~26~~ Practicing or holding oneself out as an Advanced Practice Nurse ~~in any category without holding a Board authorized certificate of state designation in such category~~ without a current license.
- 10.4.2.26~~27~~ Failing to comply with the requirements for mandatory continuing education, unless exempt.
- 10.4.2.27~~28~~ Failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient.
- 10.4.2.28~~29~~ Failing to comply with the terms and conditions set out in a disciplinary action of the Board.

#### **1 DE Reg. 1898 (6/1/98)**

#### **10.5 Consent Agreement Process**

- 10.5.1 Disciplinary proceedings subject to resolution by Consent Agreement process shall proceed as follows:
  - 10.5.1.1 The President shall appoint a Board member, subject to ratification by the Board at the next meeting, to review each formal complaint against a licensee and determine whether the Consent Agreement process can be used in lieu of a formal disciplinary hearing. Similarity to previous cases that have established Board remedies and severity and number of counts may be considered. The assigned Deputy Attorney General may also request that the complaint proceed by the Consent Agreement process.
  - 10.5.1.2 If the appointed Board member and the state prosecutor concur that a consent agreement is appropriate, the Board office shall send the licensee a copy of the formal complaint and a request to proceed either to a formal hearing or to a Consent Agreement process within 14 days. If the Consent Agreement process is not appropriate, the complaint will be set for hearing.
  - 10.5.1.3 The licensee shall be required to respond within 14 days when the Consent Agreement alternative is offered. When the response deadline is not met or the licensee declines the Consent Agreement process, a hearing date shall be scheduled.
  - 10.5.1.4 Upon receipt of agreement to use the Consent Agreement process, the appointed Board member and Board counsel shall receive a copy of the complaint, investigative report, and any other appropriate material within seven days.

- 10.5.1.5 ~~The Board counsel shall consult with the appointed Board member in drafting the Consent Agreement. Negotiations among the licensee and his/her counsel, if any, the Board member, Board counsel, and the prosecutor may take place by informal conferences, telephone, or correspondence. The Consent Agreement will include a brief recitation of the facts; the licensee's acknowledgment of charge(s) in the complaint and violation of the Nurse Practice Act; the licensee's waiver of rights to the formal disciplinary hearing before the Board; and sanction to be imposed.~~
- 10.5.1.6 ~~The consultation and drafting and acceptance of the consent agreement are to be done in a timely fashion, with a report to the Board at 60-day intervals until presentation for approval by the Board.~~
- 10.5.1.7 ~~If agreement among all parties has not occurred after 120 days from presentation of the first consent agreement, the Board shall be notified of the reasons why no agreement has been reached. If appropriate, the Board may schedule a complaint for a hearing.~~
- 10.5.1.8 ~~After the licensee and his or her attorney, if any, the prosecutor, and the appointed Board member have signed the consent agreement, it shall be presented to the Board at the Board's next meeting for signature by a quorum of the Board and entry as an order of the Board.~~
- 10.5.1.9 ~~The Consent Agreement is not effective until it is entered as an order of the Board. At any time before the Consent Agreement is entered as an order of the Board, either the licensee or the State may terminate the consent agreement process and elect to proceed by formal disciplinary hearing before the Board.~~

## **11.0 Public Records**

### **11.1 Public Records**

- 11.1.1 Public records and access thereto are governed by regulation established by the Division of Professional Regulation.

## **12.0 Advisory Committees**

### **12.1 Appointment of Committees**

- 12.1.1 The Board may appoint advisory committees to assist in the performance of its duties.
- 12.1.2 Advisory committees will be chaired by a Board member.
- 12.1.3 Each advisory committee shall consist of no less than five members who have expertise in the subject assigned.
- 12.1.4 Any such advisory committee shall function in the public interest, and no member shall be designated as representative of any agency or organization.

### **12.2 Membership of Committees**

- 12.2.1 The Executive Director of the Board of Nursing shall make a call for applications for potential members to fill vacancies on the Board's advisory committees. The potential members shall submit their resumes to the Executive Director. The resumes shall be reviewed by the Executive Director and each committee chair of the Board of Nursing. They shall then make recommendations with rationales to the Board of Nursing for approval and appointment of the members to advisory committees.
- 12.2.2 Members may include Registered Nurses, Licensed Practical Nurses, Advanced Practice Nurses and lay persons.
- 12.2.3 Members shall serve two-year terms.
- 12.2.4 The Executive Director shall verify members' continued interest in serving on the Board's advisory committees prior to expiration of their two-year term. The Executive Director shall submit the names of the committee members who are interested in serving another term to the Board of Nursing for reappointment.
- 12.2.5 Members who miss three consecutive meetings shall be reported to the Board, which may appoint a replacement member.

### **12.3 Joint Practice Committee**

#### **12.3.1 Nursing Membership**

- 12.3.1.1 Members are selected 24 **Del.C.**, § 1906(19)
- 12.3.1.2 The Board of Nursing shall appoint the Advanced Practice Nurses (APN) under the following guidelines:
  - 12.3.1.2.1 At least one of the APN members shall be a Clinical Specialist, one APN member a Certified Nurse Midwife, one APN member a Certified Registered Nurse Anesthetist, and two APN

members Nurse Practitioners. If there is no qualified APN available in the needed specialty, then appointments shall be made from APNs in other specialties.

12.3.1.2.2 The APNs must have independent prescriptive authority to be a member of the JPC.

12.3.1.2.3 The Board of Nursing shall appoint one public member.

12.3.1.3 One of the Board of Nursing appointees shall be a current Board of Nursing Member.

12.3.1.4 The Executive Director of the Board of Nursing shall make a call for applications for potential members to fill vacancies on the JPC. The potential members shall submit their resumes to the Executive Director. The resumes shall be reviewed by the Executive Director and the APN member of the Board of Nursing. They shall then make recommendations to the Board of Nursing for approval and appointment of the members to the JPC.

12.3.1.5 Members shall serve two-year terms.

12.3.1.6 The Executive Director shall verify members' continued interest in serving on the JPC prior to expiration of their two-year term. The Executive Director shall submit the names of the JPC members who are interested in serving another term on the JPC to the Board of Nursing for reappointment to the JPC.

12.3.1.7 Members who miss three consecutive meetings shall be reported to the appointing Board which may appoint a replacement member.

12.3.1.8 JPC shall be staffed by the Executive Director of the Board of Nursing or designee who shall assist the JPC in carrying out its duties.

#### 12.3.2 Officers

12.3.2.1 JPC members shall elect a Chair and Vice-Chair each September.

12.3.2.2 The Chair shall preside at meetings and hearings.

12.3.2.3 The Vice-Chair shall preside at the meetings and hearings in the absence of the Chair.

12.3.2.4 In the absence of the Chair and Vice-Chair, the next senior member shall preside.

#### 12.3.3 Meetings

12.3.3.1 Meetings will be scheduled in accordance with all Laws and Rules and Regulations that apply to Committees under the Division of Professional Regulation.

12.3.3.2 Five members of the JPC constitute a quorum.

12.3.3.3 A meeting calendar shall be approved by the JPC each September.

12.3.3.4 The JPC shall meet as necessary to carry out its responsibilities as defined in 24 Del. C., §1906(20).

12.3.3.5 The Board of Nursing Members on the JPC shall give the committee report at each Board of Nursing meeting. The Executive Director shall give the report if the Board Member is absent.

**5 DE Reg. 1606 (2/1/02)**

**7 DE Reg. 158 (8/1/03)**

### **13.0 Voluntary Treatment Option for Chemically Dependent or Impaired Professionals**

13.1 If the report is received by the chairperson of the regulatory Board, that chairperson shall immediately notify the Director of Professional Regulation or his/her designate of the report. If the Director of Professional Regulation receives the report, he/she shall immediately notify the chairperson of the regulatory Board, or that chairperson's designate or designates.

13.2 The chairperson of the regulatory Board or that chairperson's designate or designates shall, within 7 days of receipt of the report, contact the individual in question and inform him/her in writing of the report, provide the individual written information describing the Voluntary Treatment Option, and give him/her the opportunity to enter the Voluntary Treatment Option.

13.3 In order for the individual to participate in the Voluntary Treatment Option, he/she shall agree to submit to a voluntary drug and alcohol screening and evaluation at a specified laboratory or health care facility. This initial evaluation and screen shall take place within 30 days following notification to the professional by the participating Board chairperson or that chairperson's designate(s).

13.4 A regulated professional with chemical dependency or impairment due to addiction to drugs or alcohol may enter into the Voluntary Treatment Option and continue to practice, subject to any limitations on practice the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or his/her designate may, in consultation with the treating professional, deem necessary, only if such action will not endanger the public health, welfare or safety, and the regulated professional enters into an agreement with the Director of Professional Regulation or his/her designate and the

chairperson of the participating Board or that chairperson's designate for a treatment plan and progresses satisfactorily in such treatment program and complies with all terms of that agreement. Treatment programs may be operated by professional Committees and Associations or other similar professional groups with the approval of the Director of Professional Regulation and the chairperson of the participating Board.

- 13.5 Failure to cooperate fully with the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or his/her designate in regard to the Voluntary Treatment Option or to comply with their requests for evaluations and screens may disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board chairperson or that chairperson's designate or designates shall cause to be activated an immediate investigation and institution of disciplinary proceedings, if appropriate, as outlined in subsection 13.8 of this section.
- 13.6 The Voluntary Treatment Option may require a regulated professional to enter into an agreement which includes, but is not limited to, the following provisions:
  - 13.6.1 Entry of the regulated professional into a treatment program approved by the participating Board. Board approval shall not require that the regulated professional be identified to the Board. Treatment and evaluation functions must be performed by separate agencies to assure an unbiased assessment of the regulated professional's progress.
  - 13.6.2 Consent to the treating professional of the approved treatment program to report on the progress of the regulated professional to the chairperson of the participating Board or to that chairperson's designate or designates or to the Director of the Division of Professional Regulation or his/her designate at such intervals as required by the chairperson of the participating Board or that chairperson's designate or designates or the Director of the Division of Professional Regulation or his/her designate, and such person making such report will not be liable when such reports are made in good faith and without malice.
  - 13.6.3 Consent of the regulated professional, in accordance with applicable law, to the release of any treatment information from anyone within the approved treatment program.
  - 13.6.4 Agreement by the regulated professional to be personally responsible for all costs and charges associated with the Voluntary Treatment Option and treatment program(s). In addition, the Division of Professional Regulation may assess a fee to be paid by the regulated professional to cover administrative costs associated with the Voluntary Treatment Option. The amount of the fee imposed under this subparagraph shall approximate and reasonably reflect the costs necessary to defray the expenses of the participating Board, as well as the proportional expenses incurred by the Division of Professional Regulation in its services on behalf of the Board in addition to the administrative costs associated with the Voluntary Treatment Option.
  - 13.6.5 Agreement by the regulated professional that failure to satisfactorily progress in such treatment program shall be reported to the participating Board's chairperson or his/her designate or designates or to the Director of the Division of Professional Regulation or his/her designate by the treating professional who shall be immune from any liability for such reporting made in good faith and without malice.
  - 13.6.6 Compliance by the regulated professional with any terms or restrictions placed on professional practice as outlined in the agreement under the Voluntary Treatment Option.
- 13.7 The regulated professional's records of participation in the Voluntary Treatment Option will not reflect disciplinary action and shall not be considered public records open to public inspection. However, the participating Board may consider such records in setting a disciplinary sanction in any future matter in which the regulated professional's chemical dependency or impairment is an issue.
- 13.8 The participating Board's chairperson, his/her designate or designates or the Director of the Division of Professional Regulation or his/her designate may, in consultation with the treating professional at any time during the Voluntary Treatment Option, restrict the practice of a chemically dependent or impaired professional if such action is deemed necessary to protect the public health, welfare or safety.
- 13.9 If practice is restricted, the regulated professional may apply for unrestricted licensure upon completion of the program.
- 13.10 Failure to enter into such agreement or to comply with the terms and make satisfactory progress in the treatment program shall disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board shall be notified and cause to be activated an immediate investigation and disciplinary proceedings as appropriate.
- 13.11 Any person who reports pursuant to this section in good faith and without malice shall be immune from any civil, criminal or disciplinary liability arising from such reports, and shall have his/her confidentiality protected if the matter is handled in a nondisciplinary matter.
- 13.12 Any regulated professional who complies with all of the terms and completes the Voluntary Treatment Option shall have his/her confidentiality protected unless otherwise specified in a participating Board's rules and

regulations. In such an instance, the written agreement with the regulated professional shall include the potential for disclosure and specify those to whom such information may be disclosed.

#### 14.0 Nurse Licensure Compact Rules and Regulations

24 Del.C., Ch. 19A, Articles 6D and 8C of the Nurse Licensure Compact grant authority to the Compact Administrators to develop uniform rules to facilitate and coordinate implementation of the Compact.

##### 14.1 Definition of terms in the Compact:

###### 14.1.1 For the Purpose of the Compact:

14.1.1.1 **“Board”** means party state’s regulatory body responsible for issuing nurse licenses.

14.1.1.2 **“Information System”** means the coordinated licensure information system.

14.1.1.3 **“Primary State Of Residence”** means the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.

14.1.1.4 **“Public”** means any individual or entity other than designated staff or representatives of party state Boards or the National Council of State Boards of Nursing, Inc.

###### 14.1.2 Other terms used in these rules are to be defined as in the Interstate Compact.

##### 14.2 Issuance of a license by a Compact party state.

###### 14.2.1 For the purpose of this Compact:

As of July 1, 2005, no applicant for initial licensure will be issued a compact license granting a multi-state privilege to practice unless the applicant first obtains a passing score on the applicable NCLEX examination or any predecessor examination used for licensure.

14.2.1.1 A nurse applying for a license in a home party state shall produce evidence of the nurse’s primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:

14.2.1.1.1 Driver’s license with a home address;

14.2.1.1.2 Voter registration card displaying a home address; or

14.2.1.1.3 Federal income tax return declaring the primary state of residence.

14.2.1.1.4 Military Form No. 2058 – state of legal residence certificate; or

14.2.1.1.5 W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

#### **Statutory basis: 24 Del.C., Ch. 19A, Articles 2E, 4C, and 4D)**

14.2.1.2 A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license will be issued by the party state.

14.2.1.3 A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license.

14.2.1.4 When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states – a single state license, the license shall be clearly marked with words indicating that it is valid only in the state of issuance.

14.2.1.25 A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse’s licensure application in the new home state for a period not to exceed thirty(30) days. (Statutory basis: 24 Del.C., Ch. 19A, Articles 4B, 4C, and 4D[1])

14.2.1.36 The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the thirty-(30) day period in section 2b shall be stayed until resolution of the pending investigation.

#### **(Statutory basis: 24 Del.C., Ch. 19A, Article 5[B])**

14.2.1.47 The former home state license shall no longer be valid upon the issuance of a new home state license. (Statutory basis: 24 Del.C., Ch. 19A, Article 4D[1])

14.2.1.58 If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days and the former home state may take action in accordance with that state’s laws and rules.

##### 14.3 Limitations on multi-state licensure privilege.

Home state Boards shall include in all licensure disciplinary orders and/or agreements that limit practice and/ or require monitoring the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee’s practice to the home state during the pendency of the disciplinary order and/or

agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state Boards. (Statutory basis: 24 **Del.C.**, Ch. 1902A)

An individual who had a license which was surrendered, revoked, suspended, or an application denied for cause in a prior state of primary residence, may be issued a single state license in a new primary state of residence until such time as the individual would be eligible for an unrestricted license by the prior state(s) of adverse action. Once eligible for licensure in the prior state(s), a multistate license may be issued.

#### 14.4 Information System.

##### 14.4.1 Levels of access

14.4.1.1 The Public shall have access to nurse licensure information limited to:

14.4.1.1.1 the nurse's name,

14.4.1.1.2 jurisdiction(s) of licensure,

14.4.1.1.3 license expiration date(s),

14.4.1.1.4 licensure classification(s) and status(es),

14.4.1.1.5 public emergency and final disciplinary actions, as defined by contributing state authority, and

14.4.1.1.6 the status of multi-state licensure privileges.

14.4.1.2 Non-party state Boards shall have access to all Information System data except current significant investigative information and other information as limited by contributing party state authority.

14.4.1.3 Party state Boards shall have access to all Information System data contributed by the party states and other information as limited by contributing non-party state authority. (Statutory basis: 24 **Del.C.**, Ch. 19A, Article 7G)

14.4.2 The licensee may request in writing to the home state Board to review the data relating to the licensee in the Information System. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The Board shall verify and within ten (10) business days correct inaccurate data to the Information System. (Statutory basis: 24 **Del.C.**, Ch. 19A, Article 7G)

14.4.3 The Board shall report to the Information System within ten (10) business days

14.4.3.1 disciplinary action, agreement or order requiring participation in alternative Pprograms or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority),

14.4.3.2 dismissal of complaint, and

14.4.3.3 changes in status of disciplinary action, or licensure encumbrance. (Statutory basis: 24 **Del.C.**, Ch. 19A, Article 7B)

14.4.4 Current significant investigative information shall be deleted from the Information System within ten(10) business days upon report of disciplinary action, agreement or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint. (Statutory basis: 24 **Del.C.**, Ch. 19A, Articles 7B, 7F)

14.4.5 Changes to licensure information in the Information System shall be completed within ten (10) business days upon notification by a Board. (Statutory basis: 24 **Del.C.**, Ch. 19A, Articles 7B, 7F)

#### 4 DE Reg. 677 (10/1/00)

### 15.0 Offenses substantially related to the practice of Nursing.

The Board finds that for purposes of licensing, renewal, reinstatement and discipline, the conviction of any of the following crimes, or of the attempt to commit or a conspiracy to commit or conceal the following crimes or substantially similar crimes in another state or jurisdiction, is deemed to be substantially related to the practice of Nursing in the State of Delaware without regard to the place of conviction:

15.1 For the purposes of this section the following definitions shall apply:

**“Conviction”** means a verdict of guilty by whether entered by a judge or jury, or a plea of guilty or a plea of nolo contendere or other similar plea such as a “Robinson” or “Alford” plea unless the individual has been discharged under §4218 of Title 11 of the **Delaware Code** (probation before judgment) or under §1024 of Title 10 (domestic violence diversion program) or by §4764 of Title 16 (first offenders controlled substances diversion program).

**“Jurisdiction”** means substantially similar crimes in another state or jurisdiction includes all crimes prohibited by or punishable under Title 18 of the United States Code Annotated (U.S.C.A.) such as, but not limited to, Federal Health Care offenses.

- 15.2 Any crime which involves the use of physical force or violence toward or upon the person of another and shall include by way of example and not of limitation the following crimes set forth in Title 11 of the **Delaware Code Annotated**:

Inchoate Crimes

- 15.2.1 §501 Criminal solicitation in the third degree
- 15.2.2 §502 Criminal solicitation in the second degree
- 15.2.3 §503 Criminal solicitation in the first degree
- 15.2.4 §511 Conspiracy in the third degree
- 15.2.5 §512 Conspiracy in the second degree
- 15.2.6 §513 Conspiracy in the first degree

Assaults and Related Offenses

- 15.2.7 §601 Offensive touching; Class A Misdemeanor
- 15.2.8 §602 Menacing;
- 15.2.9 §603 Reckless endangering in the second degree;
- 15.2.10 §604 Reckless endangering in the first degree;
- 15.2.11 §605 Abuse of a pregnant female in the second degree;
- 15.2.12 §606 Abuse of a pregnant female in the first degree;
- 15.2.13 §611 Assault in the third degree;
- 15.2.14 §612 Assault in the second degree;
- 15.2.15 §613 Assault in the first degree;
- 15.2.16 §615 Assault by abuse or neglect;
- 15.2.17 §621 Terroristic threatening;
- 15.2.18 §625 Unlawfully administering drugs;
- 15.2.19 §626 Unlawfully administering controlled substance or counterfeit substance or narcotic drugs;
- 15.2.20 §627 Prohibited acts as to substances releasing vapors or fumes;
- 15.2.21 §629 Vehicular assault in the first degree;
- 15.2.22 §630 Vehicular homicide in the second degree;
- 15.2.23 §630A Vehicular homicide in the first degree;
- 15.2.24 §631 Criminally negligent homicide;
- 15.2.25 §632 Manslaughter;
- 15.2.26 §633 Murder by abuse or neglect in the second degree;
- 15.2.27 §634 Murder by abuse or neglect in the first degree;
- 15.2.28 §635 Murder in the second degree;
- 15.2.29 §636 Murder in the first degree;
- 15.2.30 §645 Promoting suicide.

Abortion and Related Offenses

- 15.2.31 §651 Abortion;
- 15.2.32 §652 Self-abortion;
- 15.2.33 §653 Issuing abortifacient articles.

Sexual Offenses

- 15.2.34 §763 Sexual harassment;
- 15.2.35 §764 Indecent exposure in the second degree;
- 15.2.36 §765 Indecent exposure in the first degree;
- 15.2.37 §766 Incest;
- 15.2.38 §767 Unlawful sexual contact in the third degree;
- 15.2.39 §768 Unlawful sexual contact in the second degree;
- 15.2.40 §769 Unlawful sexual contact in the first degree;
- 15.2.41 §770 Rape in the fourth degree;
- 15.2.42 §771 Rape in the third degree;
- 15.2.43 §772 Rape in the second degree;
- 15.2.44 §773 Rape in the first degree;
- 15.2.45 §776 Sexual extortion;

- 15.2.46 §777 Bestiality;
- 15.2.47 §778 Continuous sexual abuse of a child;
- 15.2.48 §780 Female genital mutilation.

Kidnapping and Related Offenses

- 15.2.49 §781 Unlawful imprisonment in the second degree;
- 15.2.50 §782 Unlawful imprisonment in the first degree;
- 15.2.51 §783 Kidnapping in the second degree;
- 15.2.52 §783A Kidnapping in the first degree;
- 15.2.53 §785 Interference with custody;

Coercion

- 15.2.54 §791 Acts constituting coercion;

- 15.3 Any crime which involves dishonesty or false, fraudulent or aberrant behavior and shall include by way of example and not of limitation the following crimes listed in Title 11 of the **Delaware Code Annotated**:

Arson and Related Offenses

- 15.3.1 §801 Arson in the third degree;
- 15.3.2 §802 Arson in the second degree;
- 15.3.3 §803 Arson in the first degree;
- 15.3.4 §804 Reckless burning or exploding;
- 15.3.5 §811 Criminal mischief, Class A Misdemeanor, Felony.

Criminal Trespass and Burglary

- 15.3.6 §820 Trespassing with intent to peer or peep into a window or door of another;
- 15.3.7 §824 Burglary in the third degree;
- 15.3.8 §825 Burglary in the second degree;
- 15.3.9 §826 Burglary in the first degree;
- 15.3.10 §828 Possession of burglar's tools or instruments facilitating theft;

Robbery

- 15.3.11 §831 Robbery in the second degree;
- 15.3.12 §832 Robbery in the first degree.
- 15.3.13 §835 Carjacking in the second degree;
- 15.3.14 §836 Carjacking in the first degree;

Theft and Related Offenses

- 15.3.15 §840 Shoplifting; Felony
- 15.3.16 §841 Theft;
- 15.3.17 §842 Theft; lost or mislaid property; mistaken delivery.
- 15.3.18 §843 Theft; false pretense.
- 15.3.19 §844 Theft; false promise.
- 15.3.20 §845 Theft of services.
- 15.3.21 §846 Extortion;
- 15.3.22 §849 Theft of rented property;
- 15.3.23 §850 Use, possession, manufacture, distribution and sale of unlawful telecommunication and access devices.
- 15.3.24 §851 Receiving stolen property;
- 15.3.25 §854 Identity theft;
- 15.3.26 §860 Possession of shoplifter's tools or instruments facilitating theft;

Forgery and Related Offenses

- 15.3.27 §861 Forgery
- 15.3.28 §862 Possession of forgery devices;

Offenses Involving Falsification of Records

- 15.3.29 §871 Falsifying business records;
- 15.3.30 §873 Tampering with public records in the second degree;
- 15.3.31 §876 Tampering with public records in the first degree;
- 15.3.32 §877 Offering a false instrument for filing;

15.3.33 §878 Issuing a false certificate;  
Bribery Not Involving Public Servants

15.3.34 §881 Bribery;

15.3.35 §882 Bribe receiving;  
Frauds on Creditors

15.3.36 §891 Defrauding secured creditors;

15.3.37 §892 Fraud in insolvency;

15.3.38 §893 Interference with levied-upon property;  
Other Frauds and Cheats

15.3.39 §900 Issuing a bad check; Felony.

15.3.40 §903 Unlawful use of credit card; Felony.

15.3.41 §903A Re-encoder and scanning devices;

15.3.42 §906 Deceptive business practices;

15.3.43 §907 Criminal impersonation;

15.3.44 §907A Criminal impersonation, accident related;

15.3.45 §907B Criminal impersonation of a police officer;

15.3.46 §908 Unlawfully concealing a will;

15.3.47 §909 Securing execution of documents by deception;

15.3.48 §913 Insurance fraud;

15.3.49 §913A Health care fraud;  
Computer Related Offenses

15.3.50 §932 Unauthorized access.

15.3.51 §933 Theft of computer services.

15.3.52 §934 Interruption of computer services.

15.3.53 §935 Misuse of computer system information.

15.3.54 §936 Destruction of computer equipment.

15.3.55 §937 Unrequested or unauthorized electronic mail or use of network or software to cause same.

15.4 Any crime which involves misuse or abuse of children or animals and shall include by way of example and not of limitation the following crimes listed in Title 11 of the **Delaware Code** Annotated:

Child Welfare; Sexual Offenses, Animal Offenses

15.4.1 §1100 Dealing in children;

15.4.2 §1101 Abandonment of child;

15.4.3 §1102 Endangering the welfare of a child;

15.4.4 §1105 Endangering the welfare of an incompetent person;

15.4.5 §1106 Unlawfully dealing with a child;

15.4.6 §1107 Endangering children;

15.4.7 §1108 Sexual exploitation of a child;

15.4.8 §1109 Unlawfully dealing in child pornography;

15.4.9 §1111 Possession of child pornography;

15.4.10 §1112 Sexual offenders; prohibitions from school zones.

15.4.11 §1112A Sexual solicitation of a child;

15.4.12 §1113 Criminal non-support and aggravated criminal non-support.

15.4.13 §1325 Cruelty to animals;

15.4.14 §1326 Animals; fighting and baiting prohibited;

15.4.15 §1327 Maintaining a dangerous animal;

15.5 Any crime which involves offenses against the public order the commission of which may tend to bring discredit upon the profession and which are thus substantially related to one's fitness to practice such profession and shall include by way of example and not of limitation the following crimes listed in Title 11 of the **Delaware Code Annotated**:

Bribery and Improper Influence

15.5.1 §1201 Bribery;

15.5.2 §1203 Receiving a bribe;

- 15.5.3 §1205 Giving unlawful gratuities;
- 15.5.4 §1206 Receiving unlawful gratuities;
- 15.5.5 §1207 Improper influence;
- 15.5.6 §1211 Official misconduct
- 15.5.7 §1212 Profiteering
- Perjury and related offenses
- 15.5.8 §1221 Perjury in the third degree;
- 15.5.9 §1222 Perjury in the second degree;
- 15.5.10 §1223 Perjury in the first degree;
- 15.5.11 §1233 Making a false written statement; class
- 15.5.12 §1239 Wearing a disguise during commission of a felony
- 15.5.13 §1240 Terroristic threatening of public officials or public servants
- 15.5.14 §1243 Obstructing fire-fighting operations;
- 15.5.15 §1244 Hindering prosecution;
- 15.5.16 §1245 Falsely reporting an incident;
- 15.5.17 §1246 Compounding a crime;
- 15.5.18 §1249 Abetting the violation of driver's license restrictions;
- 15.5.19 §1250 Offenses against law-enforcement animals;
- 15.5.20 §1253 Escape after conviction;
- 15.5.21 §1254 Assault in a detention facility;
- 15.5.22 §1256 Promoting prison contraband;
- 15.5.23 §1257 Resisting arrest; Felony
- 15.5.24 §1257A Use of an animal to avoid capture;
- 15.5.25 §1259 Sexual relations in detention facility;

#### Offenses Relating to Judicial and Similar Proceedings

- 15.5.26 §1261 Bribing a witness;
- 15.5.27 §1262 Bribe receiving by a witness;
- 15.5.28 §1263 Tampering with a witness;
- 15.5.29 §1263A Interfering with child witness;
- 15.5.30 §1264 Bribing a juror;
- 15.5.31 §1265 Bribe receiving by a juror;
- 15.5.32 §1266 Tampering with a juror;
- 15.5.33 §1267 Misconduct by a juror;
- 15.5.34 §1269 Tampering with physical evidence;
- 15.5.35 §1271 Criminal contempt;
- 15.5.36 §1271A Criminal contempt of a domestic violence protective order;
- 15.5.37 §1273 Unlawful grand jury disclosure;

- 15.6 Any crime which involves offenses against a public health order and decency which may tend to bring discredit upon the profession, specifically including the below listed crimes from Title 11 of the **Delaware Code Annotated** which evidence a lack of appropriate concern for the safety and well being of another person or persons in general or sufficiently flawed judgment to call into question the individuals ability to make health care decisions or advise upon health care related matters for other individuals.

#### Disorderly Conduct and Related Offenses

- 15.6.1 §1302 Riot;
- 15.6.2 §1304 Hate crimes;
- 15.6.3 §1311 Harassment;
- 15.6.4 §1312 Aggravated harassment;
- 15.6.5 §1312A Stalking;
- 15.6.6 §1313 Malicious interference with emergency communications;
- 15.6.7 §1322 Criminal nuisance;
- 15.6.8 §1331 Desecration;
- 15.6.9 §1332 Abusing a corpse;

- 15.6.10 §1333 Trading in human remains and associated funerary objects.
- 15.6.11 §1335 Violation of privacy;
- 15.6.12 §1338 Bombs, incendiary devices, Molotov cocktails and explosive devices;
- 15.6.13 §1339 Adulteration;
- 15.6.14 §1340 Desecration of burial place.

Offenses Involving Public Indecency

- 15.6.15 §1341 Lewdness;
- 15.6.16 §1342 Prostitution;
- 15.6.17 §1343 Patronizing a prostitute prohibited.
- 15.6.18 §1351 Promoting prostitution in the third degree;
- 15.6.19 §1352 Promoting prostitution in the second degree;
- 15.6.20 §1353 Promoting prostitution in the first degree;
- 15.6.21 §1355 Permitting prostitution;

Obscenity

- 15.6.22 §1361 Obscenity; acts constituting;
- 15.6.23 §1365 Obscene literature harmful to minors

- 15.7 Any crime which involves the illegal possession or the misuse or abuse of narcotics, or other addictive substances and those non-addictive substances with a substantial capacity to impair reason or judgment and shall include by way of example and not of limitation the following crimes listed in Chapter 47 of Title 16 of the

**Delaware Code Annotated:**

- 15.7.1 §4751 Prohibited acts A;
- 15.7.2 §4752 Prohibited acts B;
- 15.7.3 §4752A Unlawful delivery of noncontrolled substance.
- 15.7.4 §4753 Prohibited acts C.
- 15.7.5 §4753A Trafficking in marijuana, cocaine, illegal drugs, methamphetamines, L.S.D., or designer drugs.
- 15.7.6 §4754 Prohibited acts D;
- 15.7.7 §4754A Possession and delivery of noncontrolled prescription drug.
- 15.7.8 §4755 Prohibited acts E;
- 15.7.9 §4756 Prohibited acts;
- 15.7.10 §4757 Hypodermic syringe or needle; delivering or possessing; disposal; exceptions;
- 15.7.11 §4758 Keeping drugs in original containers.
- 15.7.12 §4761 Distribution to persons under 21 years of age;
- 15.7.13 §4761A Purchase of drugs from minors;
- 15.7.14 §4767 Distribution, delivery, or possession of controlled substance within 1,000 feet of school property;
- 15.7.15 §4768 Distribution, delivery or possession of controlled substance in or within 300 feet of park, recreation area, church, synagogue or other place of worship;
- 15.7.16 §4774 Penalties

- 15.8 Any crime which involves the misuse or illegal possession or sale of a deadly weapon or dangerous instrument and shall include by way of example and not of limitation the following crimes listed in Title 11 of the **Delaware Code Annotated:**

Offenses Involving Deadly Weapons and Dangerous Instruments

- 15.8.1 §1442 Carrying a concealed deadly weapon;
- 15.8.2 §1443 Carrying a concealed dangerous instrument;
- 15.8.3 §1444 Possessing a destructive weapon;
- 15.8.4 §1445a Unlawfully dealing with a dangerous weapon;
- 15.8.5 §1446 Unlawfully dealing with a switchblade knife;
- 15.8.6 §1447 Possession of a deadly weapon during commission of a felony;
- 15.8.7 §1447A Possession of a firearm during commission of a felony;
- 15.8.8 §1448 Possession and purchase of deadly weapons by persons prohibited;
- 15.8.9 §1448A Criminal history record checks for sales of firearms
- 15.8.10 §1449 Wearing body armor during commission of felony;
- 15.8.11 §1450 Receiving a stolen firearm;

- 15.8.12 §1451 Theft of a firearm;
  - 15.8.13 §1452 Unlawfully dealing with knuckles-combination knife;
  - 15.8.14 §1453 Unlawfully dealing with martial arts throwing star;
  - 15.8.15 §1454 Giving a firearm to person prohibited;
  - 15.8.16 §1455 Engaging in a firearms transaction on behalf of another;
  - 15.8.17 §1456 Unlawfully permitting a minor access to a firearm;
  - 15.8.18 §1457 Possession of a weapon in a Safe School and Recreation Zone;
  - 15.8.19 §1458 Removing a firearm from the possession of a law enforcement officer;
  - 15.8.20 §1459 Possession of a weapon with a removed, obliterated or altered serial number.
  - 15.8.21 §1471 Prohibited Acts
    - Offenses Involving Organized Crime and Racketeering
  - 15.8.22 §1504 Criminal Penalties for Organized Crime & Racketeering
    - Offenses Involving Intimidation of Victims or Witnesses
  - 15.8.23 §3532 Acts of Intimidation: Class E felony
  - 15.8.24 §3533 Aggravated act of intimidation, Class D felony
    - Other Crimes
  - 15.8.25 Title 16 §1136 Violations – neglect or abuse of patient or resident of nursing facilities
  - 15.8.26 Title 23 §2305 Penalties; jurisdiction
  - 15.8.27 Title 30 §571 Attempt to evade or defeat tax,
  - 15.8.28 Title 30 §572 Failure to collect or pay over tax;
  - 15.8.29 Title 30 §573 Failure to file return, supply information or pay tax;
  - 15.8.30 Title 30 §574 Fraud and false statements; §576 Misdemeanors
  - 15.8.31 Title 31 §1007 Penalties
  - 15.8.32 Title 21 §2316 Altering or forging certificate of title, manufacturer's certificate of origin, registration card, vehicle warranty or certification sticker or vehicle identification plate
  - 15.8.33 Title 21 §2751 Unlawful application for or use of license or identification card
  - 15.8.34 Title 21 §2752 False statements
  - 15.8.35 Title 21 §2754 Employment of unlicensed person
  - 15.8.36 Title 21 §2755 Authorizing or permitting the operation of a motor vehicle by another
  - 15.8.37 Title 21 §2756 Driving vehicle while license is suspended or revoked;
  - 15.8.38 Title 21 §2758 Driving during period of denial; penalties
  - 15.8.39 Title 21 §2760 Duplication, reproduction, altering, or counterfeiting of driver's licenses or identification cards
  - 15.8.40 Title 21 §2810 Driving after judgment prohibited; penalty; jurisdiction
  - 15.8.41 Title 21 §2814 Additional penalty when convicted of an offense which would render an individual an habitual offender
  - 15.8.42 Title 21 §3107 False statements
  - 15.8.43 Title 21 §4172A Malicious mischief by motor vehicle
  - 15.8.44 Title 21 §4177 Driving a vehicle while under the influence or with a prohibited alcohol content; evidence; arrests; and penalties, Felony
  - 15.8.45 Title 21 §4177J Drinking while driving prohibited
  - 15.8.46 Title 21 §4177M Operating a commercial motor vehicle with a prohibited blood alcohol concentration or while impaired by drugs
  - 15.8.47 Title 21 §6704 Receiving or transferring stolen vehicle
  - 15.8.48 Title 21 §6705 Removed, falsified or unauthorized identification number on vehicle, bicycle or engine; removed or affixed license/registration plate with intent to misrepresent identify, Felony
  - 15.8.49 Title 21 §6708 Possession of blank title; blank registration card; vehicle identification plate; warranty sticker and registration card
  - 15.8.50 Title 21 §6709 Removal of warranty or certification stickers; vehicle identification plates; confidential vehicle identification numbers
  - 15.8.51 Title 21 §6710 Unlawful possession of assigned titles, assigned registration cards, vehicle identification plates and warranty stickers
- Supplementary List of Offenses

15.8.52 §8715 felony fraud or distribution or attempted distribution of adulterated article.

Title 4. Alcoholic Liquors

15.8.53 §901 Offenses carrying penalty of imprisonment for 3 to 6 months – including peddling of alcoholic liquors, dispensing liquor from a disorderly house, selling alcoholic liquor without a license, claiming to have a license, keeping or selling for beverage purposes any solid or liquor containing alcohol not originally manufactured for use as a beverage

15.8.54 §903 Offenses carrying penalty of fine of not more than \$100.00 or imprisonment for 1 month on failure to pay fine – including selling beer to which other alcohol has been added or selling adulterated alcoholic liquor; selling alcoholic liquor in time, manner or quantity not authorized by license; selling alcoholic beverage in dining room or bedroom not fitted equipped in manner prescribed by Commissioner/Division; selling alcoholic beverages without complying with specific provisions of statute; selling an alcoholic liquor at a time not authorized; selling alcoholic liquor to prohibited person; allowing alcoholic beverage to be consumed in liquor store; failing to post license conspicuously; keeping or transporting alcoholic liquor in contravention of the statute; selling a product containing alcoholic liquor as medicine after being notified by the Commissioner that a product is being used for beverage purposes; not having a license and inducing the public to believe person has license; buying or receiving alcoholic liquor from person not authorized to sell such liquor and keeping such liquor; obtaining during time when sale is forbidden any alcoholic liquor from a licensee for sale; causing a disturbance or bringing or drinking alcoholic liquor in a place where such is prohibited; buying alcoholic liquor from another person; being a licensee, failing to post conspicuously a sign warning against drinking during pregnancy

15.8.55 §904 Offenses Concerning Certain Persons [forbidding direct or indirect sales to and purchases by a person under age of 21] (classified misdemeanor)

15.8.56 §907 Interference with Officer or Inspector (classified misdemeanor)

Title 6, Commerce and Trade

15.8.57 §2581 Civil Penalty: Disposition of Funds [re: enhanced penalties assessed for prohibited trade practices against infirm or elderly] (unclassified misdemeanor)

15.8.58 §4909A Enforcement and Remedies [providing for enhanced penalties for Auto Repair Fraud victimizing the infirm or elderly] (unclassified misdemeanor)

15.8.59 §5132 Hindering or Obstructing [DOA] Officer (unclassified misdemeanor)

15.8.60 §5133 Impersonation of [DOA] Officer (unclassified misdemeanor)

15.8.61 §5134 Offenses and Penalties [involving possession or use of false weights] (unclassified misdemeanor)

15.8.62 §7322 Criminal Penalties [for violation of the Securities Act] (class E, F, or G felony depending on the amount of investor loss)

Title 7, Conservation

15.8.63 §707 Hunting or Shooting from Motor Vehicle, Boats or Farm Machinery (class C or B environmental misdemeanor)

15.8.64 §710 Use of Silencer on Gun (class C environmental misdemeanor)

15.8.65 §711 Hunting with Automatic – Loading Gun (class C environmental misdemeanor)

15.8.66 §719 Discharge of Firearms on or near Public Roads and Public Rights-of-Way (class C misdemeanor)

15.8.67 §1710 Poisoning of Dogs (unclassified misdemeanor)

15.8.68 §1717 Unauthorized Acts against a Service Guide or Seeing Eye Dog (class D felony)

15.8.69 §5409 Prohibited Acts [involving Disposition of Human Remains] (unclassified misdemeanor)

15.8.70 §6015 Interference with Department Personnel (unclassified misdemeanor)

15.8.71 §6304 Prohibitions [relating to generation, storage, disposal, transportation, and treatment of hazardous waste] (unclassified misdemeanor)

15.8.72 §6315 Interference with Department [DNREC] Personnel (unclassified misdemeanor)

Title 11, Crimes

15.8.73 §2402 Interception of Communications Generally; Divulging Contents of Communications (class misdemeanor, class F felony, class D felony, depending on specifics of violation)

15.8.74 §2403 Manufacture, Possession or Sale of Intercepting Device (class F felony)

15.8.75 §2410 Breaking and Entering, Etc. to Place or Remove Equipment (class F felony)

15.8.76 §2412 Obstruction, Impediment or Prevention of Interception (class F felony)

15.8.77 §2421 Obtaining, Altering or Preventing Authorized Access (class B misdemeanor, class A misdemeanor for 2<sup>nd</sup> offense)

- 15.8.78 §2422 Divulging Contents of Communications (class F felony)
- 15.8.79 §2431 Installation and Use Generally [of pen trace and trap and trace devices] (class A misdemeanor)
- 15.8.80 §3532 Act of Intimidation [of victim of or witness to crime] (class E felony)
- 15.8.81 §3533 Aggravated Act of Intimidation (class D felony)
- 15.8.82 §3534 Attempt to Intimidate (class E felony, class D felony, depending on the nature of the act attempted)
- 15.8.83 §4374 Disclosure of Expunged Records (class B misdemeanor)
- 15.8.84 §6562 Furnishing Contraband [to DOC prisoners] (unclassified misdemeanor)
- 15.8.85 §8523 Penalties [for violation of reporting provision re: SBI] (class A misdemeanor, class E felony, depending on the specifics of the offense)
- 15.8.86 §8562 Penalties [for failure of child-care provider to obtain information required under §8561 or for those providing false information] (class A misdemeanor, class G felony depending on the specifics of the offense)
- 15.8.87 §8572 Penalties [for providing false information when seeking employment in a public school] (class G felony)
- 15.8.88 §9016 Filing False Claim [under Victims' Compensation Fund] (class A misdemeanor)  
Title 12, Decedents' Estates
- 15.8.89 §210 Alteration, Theft or Destruction of Will (class E felony)  
Title 14, Education
- 15.8.90 §9303 Hazing Prohibited (class B misdemeanor)  
Title 16, Health & Safety Nature of the Offense
- 15.8.91 §914 Penalty for Violation [of reporting requirements involving abuse under §903] (unclassified misdemeanor)
- 15.8.92 §2513 Penalties [relating to improper health-care decisions] (misdemeanor, class felony for falsification, destruction of a document to create a false impression that measures to prolong life have been authorized)
- 15.8.93 §7112 Penalties [for violations of chapter other than §7103] (unclassified misdemeanor, felony depending on nature of the offense)
- 15.8.94 §7416 Penalties [for violating statute governing Radiation Control] (unclassified misdemeanor)  
Title 23, Navigation and Waters
- 15.8.95 §2303 Operation of a Vessel or Boat while under the Influence of Intoxicating Liquor and/or Drugs (Class G Felony)  
Title 24, Professions and Occupations Deadly Weapons Dealers
- 15.8.96 §903 Sale to Persons under 21 or Intoxicated Persons (unclassified misdemeanor)
- 15.8.97 §3913 Violations [knowing or reckless abuse of an infirm adult] (class A misdemeanor, class G felony for exploitation of infirm adult's resources valued at \$500 to \$5000, class E felony if resources are valued from \$5000 to \$10,000, class D felony if resources are valued over \$10,000 or if abuse or neglect results in bodily harm, class A felony if abuse or neglect results in death)
- 15.9 Any crime which is a violation of Title 24, Chapter 19 (Nurse Practices Act) as it may be amended from time to time.
- 15.10 The Board reserves the jurisdiction and authority to modify this regulation as and if it becomes necessary to either add or delete crimes including such additions as may be required on an emergency basis under 29 Del.C. §10119 to address imminent peril to the public health, safety or welfare. The Board also specifically reserves the jurisdiction to review any crime committed by an applicant for licensure with regard to the temporal proximity of the crime or the conviction to the application and to determine whether the period of time involved has been so long as to negate any reasonable conclusion or determination that the crime for which the individual was convicted has a direct bearing on the individual's fitness or ability to perform one or more of the duties and responsibilities necessarily related to nursing or to otherwise determine that sufficient restitution has been made for the offense committed.

**8 DE Reg. 1089 (02/01/05)**

**10 DE Reg. 1725 (05/01/07)**

**15 DE Reg. 685 (11/01/11) (Final)**