

## CHAPTER 1

### GENERAL PROVISIONS

#### Section 1. Authority.

(a) These rules and regulations are promulgated by the Wyoming State Board of Nursing pursuant to its authority under the Wyoming Nurse Practice Act, W.S. 33-21-119 through 33-21-157; and pursuant to the Wyoming Administrative Procedure Act, W.S. 16-3-101, et seq.; and pursuant to applicable federal requirements.

(b) The board shall have all of the duties, powers and authority granted by and necessary to the enforcement of the Wyoming Nurse Practice Act and reasonable rules governing the regulation of advanced practice registered nurses, registered professional nurses, licensed practical nurses, and nursing assistants.

(c) Without limiting the foregoing, the board may do the following:

(i) Make, adopt, amend, repeal and enforce uniform and reasonable standards, considering national standards and current best evidence, for nursing practice and nursing assistant functions;

(ii) Issue licenses and certificates to qualified individuals who have met the required standards;

(iii) Conduct investigations, hearings and proceedings concerning alleged violations of the board's rules and regulations and the Wyoming Nurse Practice Act;

(A) Request criminal history background information on license or certificate applicants as authorized by W.S. 7-19-106(a)(viii);

(B) Require fingerprints and other information necessary for a criminal history record background check pursuant to W.S. 7-19-201; 33-21-122(c)(xxiv); 33-21-127(d).

(iv) Compel attendance of witnesses, issue subpoenas and administer oaths to those testifying at hearings;

(v) Implement a disciplinary process for nurses and nursing assistants;

(vi) Determine and administer appropriate disciplinary action against all individuals found to have violated the board rules and regulations or the Wyoming Nurse Practice Act;

(vii) Publish advisory opinions regarding acceptable standards of nursing and nursing practice and nursing assistant functions;

(viii) Conduct conferences, forums, studies and research on nursing practice and education;

(ix) Determine and collect reasonable fees not to exceed statutory limits;

(x) Receive and expend funds for the pursuit of the authorized objectives of the board.

## CHAPTER 3

### STANDARDS OF NURSING PRACTICE

#### Section 1. Statement of Purpose.

- (a) The purpose of the board in adopting rules and regulations in this chapter is to:
- (i) Communicate board expectations and provide guidance for nurses regarding safe nursing practice.
  - (ii) Articulate board criteria for evaluating the practice of nursing to determine if the practice is safe and effective.
  - (iii) Clarify the scope of practice for the registered professional nurse, advanced practice registered nurse (see Chapter 4), and licensed practical nurse.
  - (iv) Identify behaviors which may impair the licensee's ability to practice with reasonable skill and safety, which include, but are not limited to:
    - (A) Fraud and deceit;
    - (B) Unsafe practice;
    - (C) Misappropriation of property;
    - (D) Abandonment;
    - (E) Abuse, including sexual abuse;
    - (F) Neglect;
    - (G) Chemical dependency;
    - (H) Drug diversion - self/others;
    - (I) Sale or unauthorized use of controlled/illicit drugs;
    - (J) Criminal conviction;
    - (K) Failure to supervise or to monitor the performance of acts by any individual working under the licensed nurse's direction;
    - (L) Unprofessional conduct; and
    - (M) Boundary violations, including sexual boundaries.
- (b) The standards of nursing practice interpret the statutory definitions of professional, advanced practice and practical nursing. The standards of nursing practice evolve from the nursing process and national standards.
- (c) Violations of the standards of nursing practice may result in disciplinary action by the board.

Section 2. Standards of Nursing Practice for the Registered Professional Nurse

(a) Accountability.

(i) The registered professional nurse shall:

- (A) Have knowledge of the statutes and regulations governing nursing;
- (B) Practice within the legal boundaries for nursing through the scope of practice authorized in the Wyoming Nurse Practice Act and the board's administrative rules and regulations;
- (C) Demonstrate honesty and integrity;
- (D) Base professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards;
- (E) Accept responsibility for judgments, individual nursing actions, competence, decisions and behavior;
- (F) Maintain continued competence through ongoing learning and application of knowledge to nursing practice;
- (G) Report unfit or incompetent nursing practice to recognized legal authorities;
- (H) Participate in the development of continued competency in the performance of nursing care activities for nursing personnel and students.

(b) Implementation of the nursing process.

(i) The registered professional nurse:

- (A) Conducts a comprehensive health assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups, and communities.
  - (I) Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner. The data includes, but is not limited to:
    - (1.) Biophysical and emotional status;
    - (2.) Growth and development;
    - (3.) Cultural, religious and socioeconomic background;
    - (4.) Family health history;
    - (5.) Information collected by other healthcare team members;

or potential health status, or maintaining health status;

(6.) Client knowledge and perception about current

(7.) Ability to perform activities of daily living;

(8.) Patterns of coping and interacting;

(9.) Considerations of client's health goals;

emotional, and ecological); and

(10.) Environmental factors (e.g. physical, social,

resources.

(11.) Available and accessible human and material

(II) Sorting, selecting, reporting, and recording the data;

(III) Validating, refining, and modifying the data by utilizing available resources including interactions with the client, family, significant others, and healthcare team members.

(B) Establishes and documents nursing diagnoses which serve as the basis for the plan of care;

(C) Develops and modifies the plan of care based on nursing assessment and nursing diagnosis. This includes:

(I) Identifying priorities in the plan of care;

plan of care;

(II) Setting realistic and measurable goals to implement the

diagnosis;

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

(D) Implements the plan of care by:

(I) Initiating nursing interventions through:

(1.) Giving direct care;

(2.) Assisting with care;

(3.) Delegating care as outlined in, but not limited to,

Chapter 7, Section 6.

(E) Identifies faulty or missing client information;

(F) Provides appropriate decision making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnosis;

- (G) Seeks clarification of orders when needed;
- (H) Implements treatments and therapy, including medication administration and independent nursing functions;
- (I) Contributes to the formulation, interpretation, implementation, and evaluation of the objectives and policies related to nursing practice within the employment setting;
- (J) Participates in the evaluation of nursing practice through quality assurance activities including peer review;
- (K) Obtains orientation/training for competence when encountering new equipment and technologies or unfamiliar care situations;
- (L) Provides client surveillance and monitoring;
- (M) Identifies changes in client's health status and implements appropriate interventions;
- (N) Evaluates the impact of nursing care, the client's response to therapy, the need for alternative interventions, and the need to communicate and consult with other healthcare team members;
- (O) Documents nursing care and responses to interventions;
- (P) Intervenes on behalf of the client when problems are identified and revises care plan as needed;
- (Q) Recognizes individual characteristics that may affect the client's health status;
- (R) Takes preventive measures to protect the client, others, and self.
- (ii) Advocates for the client.
  - (A) Respects the client's rights, concerns, decisions, and dignity;
  - (B) Identifies client needs;
  - (C) Accepts only client care assignments for which educationally prepared and adequately trained;
  - (D) Promotes safe client environment;
  - (E) Communicates client choices, concerns, and special needs with other healthcare team members regarding:
    - (I) Client status, progress, and concerns;
    - (II) Client response or lack of response to therapies;
    - (III) Significant changes in client condition.

- boundaries;
  - (F) Maintains appropriate professional boundaries, including sexual
- disclose the information;
  - (G) Maintains client confidentiality unless obligated by law to
  - (H) Assumes responsibility for own decisions and actions;
  - (I) Conducts practice without discrimination on the basis of age, race, religion, sex, life style, national origin, medical diagnosis, or handicap.
- (iii) Organizes, manages, and supervises the practice of nursing.
  - (A) Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience, and competence or unlicensed persons description;
    - (B) Delegates to another only those nursing measures that the person has the necessary education, skills, and competency to accomplish safely and as outlined in Chapter 9;
    - (C) Matches client needs with personnel qualifications, available resources and appropriate supervision;
    - (D) Communicates directions and expectations for completion of the delegated activity;
    - (E) Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress, and outcomes; and ensures documentation of the activities;
    - (F) Provides follow-up on problems and intervenes when needed;
    - (G) Evaluates the effectiveness of the delegation or assignment;
    - (H) Evaluates data as a basis for reassessing client's health status, modifying nursing diagnoses, revising plans of care, and determining changes in nursing interventions;
    - (I) Retains professional accountability for nursing care;
    - (J) Promotes a safe and therapeutic environment by:
      - (I) Providing appropriate monitoring and surveillance of the care environment;
      - (II) Identifying unsafe care situations;
      - (III) Correcting unsafe care situations or referring unsafe care situations to appropriate management level when needed.

(K) Teaches and counsels client and families regarding healthcare regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures, wellness, and prevention;

(iv) Participates as a member of an interdisciplinary healthcare team.

(A) Functions as a member of the healthcare team, collaborating and cooperating in the implementation of an integrated, client-centered healthcare plan;

(B) Respects client property and the property of others;

(C) Protects confidential information, unless obligated by law to disclose the information.

### Section 3. Standards of Nursing Practice for the Licensed Practical Nurse

(a) Standards related to the licensed practical nurse's contribution to the nursing process.

(i) The licensed practical nurse shall:

(A) Contribute to the nursing assessment by:

(I) Collecting, reporting, and recording objective and subjective data in an accurate and timely manner. Data collection includes observations about the condition or change in condition of the client.

(B) Participate in the development and modification of the plan of care by:

(I) Providing data;

(II) Contributing to the identification of priorities;

(III) Contributing to setting realistic and measurable goals;

(IV) Assisting in the identification of measures to maintain comfort, support human functions and responses, maintain an environment conducive to well being, and provide health teaching and counseling; and

(V) Basing nursing decisions on nursing knowledge, skills, and needs of clients.

(C) Participate in the implementation of the plan of care by:

(I) Carrying out such interventions as are taught in board-approved curriculum for practical nurses and as allowed by institutional policies;

(II) Providing care for clients in basic patient care situations under the direction of a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse. Patient care situations as determined by a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse mean the following two (2) conditions prevail at the same time:

(1.) The client's clinical condition is predictable and the responses of the client to the nursing care are predictable;

(2.) Medical or nursing orders do not change frequently and do not contain complex modifications.

(III) Providing care for clients in complex patient care situations under the supervision of a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse. Complex patient care situations as determined by a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse mean any one or more of the following conditions exist:

(1.) The client's clinical condition is not predictable;

(2.) Medical or nursing orders are likely to involve frequent changes or complex modifications; or

(3.) The client's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses to the nursing care are not predictable.

(IV) Initiating appropriate standard emergency procedures established by the institution until a licensed physician, dentist, advanced practice registered nurse or registered professional nurse is available;

(V) Providing an environment conducive to safety and health;

(VI) Documenting nursing interventions and responses to care;

(VII) Communicating nursing interventions and responses to care to appropriate members of the healthcare team.

(D) Contribute to the evaluation of the responses of individuals or groups to nursing interventions by:

(I) Documenting evaluation data and communicating the data to appropriate members of the healthcare team;

(II) Contributing to the modification of the plan on the basis of the evaluation.

(b) Standards relating to the licensed practical nurse's responsibilities as a member of the healthcare team.

(i) The licensed practical nurse shall:

(A) Have knowledge of the statutes and regulations governing nursing;

(B) Accept individual responsibility and accountability for nursing actions and competency;



- (C) Function under the direction of a licensed physician, advanced practice registered nurse, dentist, or registered professional nurse;
- (D) Seek guidance and consult with registered professional nurses and other appropriate sources;
- (E) Obtain direction and supervision as necessary when implementing nursing interventions;
- (F) Accept client care assignments from the licensed physician, advanced practice registered nurse, dentist, or registered professional nurse only for which they are educationally prepared and adequately trained;
- (G) Function as a member of the healthcare team;
- (H) Contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies relating to practical nursing practice within the employment setting;
- (I) Participate in the evaluation of nursing practice through quality assurance activities, including peer review;
- (J) Report unfit or incompetent nursing practice to the board. Report unsafe conditions for practice to recognized legal authorities;
- (K) Delegate to another only those nursing interventions which a person is prepared or qualified to perform;
- (L) Provide direction for others to whom nursing interventions are delegated;
- (M) Evaluate the effectiveness of delegated nursing interventions performed under direction;
- (N) Retain accountability for nursing care when delegating nursing interventions. See Chapter 9;
- (O) Conduct practice without discrimination on the basis of age, race, religion, sex, life-style, national origin, or disability;
- (P) Respect the dignity and rights of clients and their significant others, regardless of social or economic status, personal attributes, or nature of health problems;
- (Q) Protect confidential information, unless obligated by law to disclose the information;
- (R) Respect the property of all individuals and facilities;
- (S) Maintain boundaries, including sexual boundaries;
- (T) Participate in the development of continued competency in performance of nursing care activities for auxiliary personnel;

- (U) Comply with the standards of nursing practice, the rules and regulations, and the Wyoming Nurse Practice Act;
- (V) Demonstrate honesty and integrity;
- (W) Maintain continued competency through ongoing learning and application of knowledge to nursing practice;
- (X) Participate in the development of continued competency in the performance of nursing care activities for nursing personnel and students;
- (Y) Obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations;
- (Z) Implement appropriate aspects of client care in a timely manner:
  - (I) Provide assigned and delegated aspects of client's healthcare plan;
  - (II) Implement treatments and procedures.
- (AA) Administer medications according to standards of practice;
- (BB) Document care;
- (CC) Participate in nursing management:
  - (I) Assign and delegate nursing activities for patients/clients to assistive personnel as outlined in Chapter 9;
  - (II) Observe nursing measures and provide feedback to nursing manager;
  - (III) Observe communications and document outcomes of delegated and assigned activities.
- (DD) Take preventive measures to protect client, others, and self;
- (EE) Teach and counsel clients and families in accordance with the nursing care plan.
- (c) Expanded role for the licensed practical nurse administering intravenous therapy.
  - (i) Certification, renewal, reinstatement, discipline.
    - (A) Initial certification.
      - (I) Hold an active, unencumbered Wyoming practical nurse license;
      - (II) Submit required application and fees; and

(III) Submit official evidence of completion of a board-approved educational program of study in basic, advanced or combined basic/advanced intravenous therapy for licensed practical nurses.

(B) Renewal of certification.

(I) Submit renewal application and fee; and

(II) Submit documentation of completion of a minimum of ten (10) contact hours of continuing education and/or in-service education in intravenous therapy within the previous two (2) year period; or

(III) Submit documentation of successful completion of a board-approved licensed practical nurse intravenous therapy refresher course.

(C) Expanded role licensed practical nurses may reinstate a lapsed intravenous certification under the following conditions:

(I) Certification lapsed more than two (2) years but less than five (5) years:

a. Hold an active, unencumbered Wyoming practical nurse license;

b. Submit reinstatement application and fee;

c. Successful completion of a board-approved licensed practical nurse intravenous therapy refresher course; or

d. Successful completion of a board-approved licensed practical nurse intravenous therapy course;

(II) Certification lapsed for 5 years or more:

a. Hold an active, unencumbered Wyoming practical nurse license;

b. Submit reinstatement application and fee;

c. Complete a board-approved basic, advanced or combined licensed practical nurse intravenous therapy course.

(D) Certification by endorsement.

(I) Proof of successful completion of a board-approved basic, advanced or combined licensed practical nurse intravenous therapy course.

(ii) Scope of practice for the licensed practical nurse administering intravenous (IV) therapy:-

(A) The licensed practical nurse may perform the following procedures under the direction of a registered nurse, physician, advanced practice registered nurse, or dentist, due to the basic knowledge and skills acquired in a state board-approved practical nursing program:

- infusions:
- (I) Observe and monitor IV fluid management;
  - (II) Calculate and maintain flow rate of peripheral IV
  - (III) Discontinue peripheral IV infusions; and
  - (IV) Report and document observations and procedures
- relating to IV fluid treatment.

~~(A)~~(B) In addition to ~~IV intravenous~~ related activities within the scope of any licensed practical nurse, the licensed practical nurse certified in basic IV intravenous therapy may perform the following ~~advanced~~ acts of IV intravenous therapy:

- (I) Initiate the administration of board-approved IV intravenous fluids and medications via a peripheral route:
  - (1.) The peripheral route does not include midline or ~~midclavicular~~ catheters.

- (II) Administer IV intravenous fluids and medications including electrolyte solutions with vitamins and/or potassium, antibiotics and hydrogen receptor blockers provided such fluids and medications are appropriate for IV intravenous administration;

- (III) Change IV tubing(s) and dressings;

- ~~(III)~~(IV) IV intravenous fluids and medications must be commercially prepared or premixed and labeled by a registered pharmacist.

- (V) Maintain patency of a peripheral intermittent vascular access device using a saline flush solution or non-therapeutic dose of heparin flush solution;

- (VI) Monitor a patient controlled administration (PCA) pump and collect data from a PCA pump;

- (VII) Perform phlebotomy; and

- (VIII) Activate a drug admixture delivery system that has been prepared and labeled by a pharmacist, registered nurse or other qualified person.

~~(B)~~ Maintain patency of a peripheral intermittent vascular access device using a saline flush solution or nontherapeutic dose of heparin flush solution;

~~(C)~~ Assist the registered professional nurse in the administration of midline, midclavicular or central venous infusion of approved intravenous fluids by:

- ~~(I)~~ Checking the flow rate;

- ~~(II)~~ Maintaining patency by use of saline/heparin flush;

- ~~(III)~~ Changing the tubing(s) and site dressing(s);

- ~~(IV)~~ Administering hyperalimentation; and

~~(V) — Obtaining a blood sample.~~

(iii) The licensed practical nurse certified in basic IV intravenous therapy shall ~~may~~ not:

(A) Initiate, regulate, add, or administer medications to or discontinue a midline, ~~midclavicular~~ or central venous line except as provided elsewhere in this section.

(B) Administer or add the following to a peripheral venous line:

(I) IV intravenous push or bolus medications;

(II) IV intravenous medications other than those in Section 3(c)(B)(II)(b)(ii).

(C) Inject medication into an auxiliary fluid chamber;

(D) Mix or label IV medications or total parenteral nutrition (TPN);

(E) Program or re-program a PCA pump;

~~(C)(F)~~ Administer blood, blood components, plasma, plasma expanders;

~~(D)(G)~~ Administer analgesics, antineoplastics, autonomic nervous system agents, cardiovascular agents, central nervous system agents, oxytocic agents, or radiologic agents;

~~(E)(H)~~ Initiate and/or maintain pediatric IV intravenous therapy (aged twelve (12) years and under); nor discontinue pediatric IV intravenous therapy (aged birth to zero (0)– four (4) years);

~~(F)(I)~~ Flush or aspirate an central venous line or arterial line; or

~~(G)(J)~~ Perform basic advanced acts of IV intravenous therapy as listed in this section in the home setting.

(iv) In addition to IV related activities within the scope of a licensed practical nurse certified in basic IV therapy, the licensed practical nurse certified in advanced IV therapy may perform the following acts of IV therapy:

(A) Mix and label IV medications;

(B) Draw up, label and administer medications that are not restricted by institutional policies or as limited elsewhere in this section;

(C) Assist the registered professional nurse in the administration of midline or central venous infusion of approved IV fluids by:

(I) Checking the flow rate;

(II) Maintaining patency by use of saline/heparin flush;

(III) Changing the tubing(s) and site dressing(s);

(IV) Administering TPN; and

(V) Obtaining a blood sample.

(D) Discontinue pediatric (aged five (5) to twelve (12) years) peripheral IV therapy.

(v) The licensed practical nurse who has satisfactorily completed an advanced course of IV therapy for licensed practical nurses shall not:

(A) Administer analgesics; antineoplastics; autonomic nervous system agents; cardiovascular agents; central nervous system agents; oxytocic agents or radiologic agents;

(B) Start and/or maintain pediatric IV therapy (aged twelve (12) years and under); and discontinue pediatric IV therapy (aged birth to four (4) years);

(C) Administer blood and blood components;

(D) Administer experimental drugs;

(E) Flush or aspirate an arterial line;

(F) Discontinue a central line; or

(G) Inject medications via direct IV route; bolus, push.

(vi) Upon successful completion of the basic and advanced IV Therapy Course, institutional education, and in accordance with institutional policy, the licensed practical nurse may perform the following nursing functions in non-acute (chronic) dialysis:

(A) Initiate and discontinue dialysis treatments using an established access – including subclavian, internal jugular, femoral vein, fistula and right atrial catheters;

(B) Perform peripheral venipuncture for the purpose of hemodialysis;

(C) Withdraw blood and heparinized saline from the various accesses for the purpose of removing the heparin and establishing patency;

(D) Withdraw blood from access for the purpose of obtaining blood for a lab specimen;

(E) Administer IV medications and solutions during hemodialysis unless restricted by institutional policy;

(F) Flush tubing of access device;

(G) Perform dressing changes to various access sites; and

(H) Discontinue peripheral venous access lines.

~~(iv)~~(v) Unless otherwise specified in these regulations, the licensed practical nurse certified in IV intravenous therapy may perform basic and advanced acts of IV intravenous therapy if the supervisor is physically on the premises where the patient is having nursing care provided.

~~(v)~~(vi) Minimum program requirements.

(A) The IV intravenous therapy program must utilize the board-approved standardized IV intravenous therapy curriculum; and

(B) Shall be offered and administered by a nursing education program in a post secondary institution of higher learning in Wyoming, in a board-approved educational institution, an approved provider of continuing education or a licensed health care facility.

#### Section 4. Disciplinary Procedures for Licensed Practical Nurses and Registered Professional Nurses.

(a) Grounds for Discipline:

(i) Engaging in any act inconsistent with uniform and reasonable standards of nursing practice, including but not limited to:

(A) Fraud and deceit including, but not limited to, omission of required information or submission of false information written or verbal;

(B) Performance of unsafe client care;

(C) Misappropriation or misuse of property;

(D) Abandonment;

(E) Abuse, including emotional, physical or sexual abuse;

(F) Neglect, including substandard care;

(G) Violation of privacy or confidentiality in any form, written, verbal,  
or technological;

(H) Drug diversion-self/others;

(I) Sale, unauthorized use, or manufacturing of controlled/illicit  
drugs;

(J) Criminal conviction;

(K) Unprofessional conduct;

(L) Boundary violations, including sexual boundaries;

(M) Failure to comply with reasonable requests from the board  
including, but not limited to:

(I) Responses to complaints;

and/or petition and complaint; (II) Responses to formal pleadings such as notice of hearing  
renewal information; (III) Responses to requests regarding application and/or  
disclose required information; (IV) Written response to request for explanation for failure to

(V) Failure to appear at properly noticed hearings.

(N) Impairment.

(I) Lack of nursing competence;

(II) Mental illness;

(III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skills; or

(IV) Chemical or alcohol impairment/abuse.

(ii) Failure to conform to the standards of prevailing nursing practice, in which case actual injury need not be established.

(b) Disciplinary Records.

(i) The board shall maintain records of disciplinary actions and make available public findings of abuse, neglect, or misappropriation of property or other disciplinary findings.

(c) Disciplinary Notification.

(i) The board shall notify the registered professional nurse or licensed practical nurse's employer, if applicable, of the disciplinary action.



## CHAPTER 1

### GENERAL PROVISIONS

#### Section 1. Authority.

(a) These rules and regulations are promulgated by the Wyoming State Board of Nursing pursuant to ~~its~~ ~~their~~ authority under the Wyoming Nurse Nursing Practice Act, W.S. 33-21-119 through 33-21-156~~7~~; and pursuant to the Wyoming Administrative Procedure Act, W.S. 16-3-101, et seq.; and pursuant to applicable federal requirements.

(b) The board shall have all of the duties, powers and authority granted by and necessary to the enforcement of the Wyoming Nurse Nursing Practice Act and reasonable rules governing the regulation of advanced practice registered nurses practitioners of nursing, registered professional nurses, licensed practical nurses, and nursing assistants/~~nurse aides~~.

(c) Without limiting the foregoing, the board may do the following:

(i) ~~Have the authority to~~ Make, adopt, amend, repeal and enforce uniform and reasonable standards, considering national standards and current best evidence, for nursing practice and nursing assistant/~~nurse aide~~ functions;

(ii) Issue licenses and certificates to qualified individuals who have met the required standards;

(iii) Conduct investigations, hearings and proceedings concerning alleged violations of the board's rules and regulations and the Wyoming Nurse Nursing Practice Act;

(A) Request criminal history background information on license or certificate applicants as authorized ~~by~~ under W.S. 7-19-106(a)(viii);

(B) Require fingerprints and other information necessary for a criminal history record background check pursuant to W.S. 7-19-201; 33-21-122(c)(xxiv); 33-21-127(d).

(iv) Compel attendance of witnesses, issue subpoenas and administer oaths to those testifying at hearings;

(v) Implement a disciplinary process for nurses and nursing assistants/~~nurse aides~~;

(vi) Determine and administer appropriate disciplinary action against all individuals found to have violated ~~guilty of violating~~ the board rules and regulations or ~~and~~ the Wyoming Nurse Nursing Practice Act;

(vii) Publish advisory opinions regarding acceptable standards of nursing and nursing practice and nursing assistant/~~nurse aide~~ functions;

(viii) ~~Provide consultation,~~ Conduct conferences, forums, studies and research on nursing practice and education;

(ix) Determine and collect reasonable fees not to exceed statutory limits;

(x) Receive and expend funds for the pursuit of the authorized objectives of the board.

(xi) Develop and enforce uniform standards for nursing education programs, certified nursing assistant II training, competency and evaluation programs and medication assistant training, competency and evaluation programs;

(xii) Approve nursing education programs that meet the prescribed standards of the board; and

(xiii) Approve nursing assistant II and medication assistant training, competency and evaluation programs that meet the prescribed standards of the board.

(d) ~~These rules do not require~~ The Board of Nursing is not required to act upon violations of ~~these rules~~ their provisions whenever, in the board's opinion, the public interest will be served adequately by providing a suitable written notice or ~~of~~ warning to affected parties.

(e) The responsibility for enforcement of the provisions of these rules is vested in the Board of Nursing.

## Section 2. Statement of Purpose.

(a) These rules and regulations are adopted to implement the authority of the Wyoming State Board of Nursing to:

(i) Regulate the qualifications and standards of performance of nurses and nursing assistants/~~nurse aides~~ practicing in Wyoming;

(ii) Develop and enforce standards for nursing and nursing assistant/~~nurse aide~~ education programs;

(iii) Approve nursing and nursing assistant/~~nurse aide~~ education programs that meet the standards;

(iv) Provide for enforcement and proper administration of the provisions of the Wyoming Nurse Nursing Practice Act and the board's rules and regulations;

(v) Administer appropriate disciplinary action against advanced practice registered nurses practitioners of nursing, registered professional nurses, licensed practical nurses, and certified nursing assistants/~~nurse aides~~ for proven violations of the Wyoming Nurse Nursing Practice Act; the board's rules and regulations; and applicable federal requirements;

## Section 3. Severability.

(a) If any provision of these regulations or the application thereof to any person or circumstance is invalid, such invalidity shall not affect other provisions or application of these regulations which can be given effect without the invalid provision or application, and to this end the provisions of these regulations are declared to be severable.

## Section 4. Terms Defined by Statute.

(a) Terms defined in W.S. 33-21-119 through 33-21-1567 shall have the same meaning when used in these regulations unless the context or subject matter clearly requires a different interpretation.

Section 5. Terms Defined Herein.

(a) As used in these regulations, the following terms shall have the meanings set forth unless the context or subject matter clearly requires a different interpretation.

Section 6. Definitions.

(a) The definitions set out in the Wyoming Nurse Nursing Practice Act, W.S. 33-21-120, are hereby incorporated by reference to these rules and regulations. In addition, as used in these rules and regulations, the following definitions shall apply:

(i) "Abandonment" means the termination of a client relationship or client contact without the client's knowledge (when appropriate) and without making arrangements for appropriate continuation of care; and may include:

~~(A) Insufficient observation; that is, the failure to provide adequate assessment and intervention directly or indirectly through inadequate supervision of other nursing care providers;~~

~~(B) Failure to assure competent intervention; that is, the failure to intervene when client condition warrants intervention; the delegation or assignment of care to an unqualified care giver; or the acceptance of assignments beyond the individual level of competency; and~~

~~(A)(C)~~ Withdrawal of service; that is, after having accepted the assignment, the failure to give sufficient notice to a manager or other responsible party of intent to cease providing nursing care so that arrangements can be made for continuation of care.

(ii) "Abuse" means any behavior that is designed to control and subjugate another human being through the use of fear, humiliation, or assault, either verbal or physical assaults.

(iii) "Academic facilities" means the physical facilities of ~~the governing body~~ such as classrooms, offices, laboratories, libraries, hospitals and other essential resources available to conduct an educational required for the program.

(iv) "Acceptable documentation of employment" means any evidence that clearly substantiates an individual was employed in the capacity of an advanced practice registered nurse practitioner of nursing; a licensed nurse; or a nursing assistant/nurse aide.

(v) "Acceptable documentation of program completion" means an official or notarized copy of a certificate of completion or an official transcript from a board-approved education and/or training program.

(vi) "Accountability" means being responsible and answerable for actions or inactions of self and others in the context of delegation.

~~(vi)~~(vii) "Accreditation" means an official authorization or status granted by a nationally recognized accrediting agency.

~~(vii)~~(viii) "Administrative head" means the registered professional nurse faculty member who has the responsibility to administer the nursing education program regardless of the official title assigned by the governing body.

(ix) "Advisory opinion" means a statement developed by the board to provide guidance, clarification and direction regarding whether nursing or nursing assistant practice, procedures, or policies comply with acceptable standards or nursing or nursing assistant practice as defined in the Wyoming Nurse Practice Act and board rules and regulations.

(x) "Alford Plea" means a plea agreement where the defendant has pled guilty yet not admitted to all the facts that comprise the crime.

~~(viii)~~(xi) "Annual report" means a condensed report from a board-approved nursing education program which summarizes significant revisions pertaining to the criteria of as stated in the established standards for nursing education programs.

(xii) "Applicant" means any person applying for any type of license, permit or certificate issued by the board.

(xiii) "Assignment" means the performance of designated nursing activities/tasks by a licensed nurse or certified nursing assistant that are consistent with the scope of practice of the licensed nurse or the role description of the certified nursing assistant; the distribution of work that each staff member is to accomplish on a given shift or work period.

(xiv) "Authority" means the source of the power to act.

(xv) "Biennial" means an event that occurs every two years.

~~(ix)~~(xvi) "Board" means the Wyoming State Board of Nursing as defined by W.S. 33-21-119 thru 33-21-1567.

~~(x)(xvii)~~ "Boundaries" mean the conscious limits of the professional relationship that allow for safe therapeutic connection between the professional and the client. a practitioner places on his/her actions and interactions with clients in order to protect the space between his/her power and their vulnerability. Boundaries protect the space between the professional's powers and the client's vulnerability. Establishing boundaries provides a means for a professional's control of this power differential and allows for a safe connection based on the client's need. The professional is responsible for delineating and maintaining the control this power differential and allow for a safe connection based upon the client's needs. While the client may initiate what would be a boundary issue, it is always the responsibility of the practitioner to establish and maintain boundaries.

~~(xi)~~ "Canadian Nurses' Association Testing Service" means the Canadian organization which has the authority to develop and administer the Canadian national nursing licensure examination.

~~(xii)~~(xviii) "Candidate" means an individual who has met all the requirements for completion of a board-approved nursing education program; and is applying for a graduate temporary permit or licensure by examination.

(xix) "Certificate holder" means a person to whom a certificate is granted to practice as a certified nursing assistant.

~~(xiii)~~ "Certified Nursing Assistant/Nurse Aide" means a person who performs delegated nursing related tasks and services, regardless of title or care setting, who has completed a specified course of study, has met minimum competency requirements, and is certified by the board.

~~(xiv)(xx)~~ "Client" means a recipient of care and may be an individual, family, group, or community patient, resident, or client.

~~(xv)(xxi)~~ "Clinical facilities" means those institutions ~~which are~~ established for the delivery of healthcare services, ~~and which are~~ utilized by students enrolled in nursing education programs or nurse aide training, competency and evaluation programs.

(xxii) "Competence" means the application of knowledge and the interpersonal, decision-making and psychomotor skills expected for the practice role, within the context of public health, safety and welfare.

~~(xvi)(xxiii)~~ "Competency examination" means an objective examination approved by the board to determine minimal entry level of safe nursing practice at entry level competence of the practitioner.

~~(xvii)~~ "Collaboration" means ~~a process which involves two or more health care professionals working together toward common goals, each contributing his or her respective area of expertise, in order to provide more comprehensive care than either one alone could offer.~~

~~(xviii)(xxiv)~~ "Complainant" means the person(s), organization or agency who initiates a the complaint.

~~(xix)(xxv)~~ "Conditional approval" means a temporary the status given to a nursing education program which has not met the criteria of the for a period of time determined by the board for failure to meet the criteria as stated in the established standards for nursing education programs, and which specifies deficiencies that shall be removed or corrected within a designated period of time determined by the board.

~~(xx)(xxvi)~~ "Continued competency" means the method by which a nurse or certified nursing assistant maintains or refines practice knowledge, skills and abilities, which can occur through a formal education program, continuing education, or clinical practice, and is expected to continue throughout the individual's career nursing practice or educational experience beyond basic nursing preparation, which promotes the skillful and proficient performance of functions within the role of the licensee and contributes to the essential knowledge, judgment and skills for the enhancement of nursing practice.

~~(xxi)(xxvii)~~ "Current" means ~~new, present,~~ most recent.

~~(xxii)(xxviii)~~ "Delegation" means transferring to a competent individual the authority to perform a specific nursing task in a selected situation. The nurse retains the transfer of responsibility and accountability for the delegated tasks, for the performance of an activity from one individual to another;

~~(A) The delegator retains the accountability for the overall outcome of the delegation;~~  
and

~~(B) The delegatee retains the burden for appropriately performing the delegated tasks or activities and keeping the delegator informed;~~

~~(C) Delegation is unnecessary if the particular activity or task is already within the legally recognized scope of practice of the individual [delegatee] who is to perform the activity or task;~~

~~(I.) An element of assignment exists in all delegation; however, for the purpose of these rules, assignment means that an individual designates another to be responsible for specific patients or selected nursing functions for specifically identified patients;~~

~~(II.) Both "assignment" and "delegation" decisions must be made by the licensed nurse on the basis of the skill levels of the care givers, the care needs of patients or clients, and other considerations;~~

~~(D) If the activity or task is not within the delegator's scope of practice, it cannot be delegated.~~

(xxix) "Direct care" means primary care or a basic level of healthcare usually given by a healthcare provider.

~~(xxiii)(xxx) "Direction" means the intermittent observation, guidance and evaluation of the nursing practice of another by a licensed physician, dentist or registered professional nurse who may only occasionally be physically present; or joint development of a plan of care in advance by those individuals involved which will be implemented by others without the physical presence of a licensed physician, dentist, or registered professional nurse. In the latter situation, a licensed physician, dentist or registered professional nurse shall be available for consultation in the event circumstances arise that cause consultation to be necessary. The degree of direction needed shall be determined by evaluation of the patient care situation, and the educational preparation and demonstrated proficiency of others.~~

(A) Monitoring and guiding the practice of another through written or verbal communication;

(B) The intermittent observation, guidance and evaluation of the nursing practice of another by a licensed physician, advanced practice registered nurse, dentist or registered professional nurse who may only occasionally be physically present; or

(C) Joint development of a plan of care in advance by those individuals involved which will be implemented without the physical presence of a licensed physician, advanced practice registered nurse, dentist, or registered professional nurse. A licensed physician, advanced practice registered nurse, dentist or registered professional nurse shall be available for consultation. The evaluation of the patient care situation and the caregiver's educational preparation and proficiency demonstrated will determine the degree of direction needed.

~~(xxiv)(xxxi) "Equivalent" means equal similar to or exceeding the necessary requirements as stated in these rules and regulations.~~

(xxxii) "Evaluation" means final and critical step of delegation; to review the nursing care provided, the effectiveness of the nursing interventions and the need to change any part of the plan of care in order to better meet patient needs.

~~(xxv)(xxxiii) "Faculty" means registered professional nurses who:~~

(A) Meet the criteria of as stated in the established standards for nursing education programs; and

(B) Have been employed by the governing body for the purpose of administration, teaching, evaluation, guidance and research in nursing.

~~(xxvi)~~ "Federal requirements" means Public Law 100-203, the Omnibus Budget Reconciliation Act of 1987 (OBRA 87); its amendments, and the regulations adopted pursuant thereto.

~~(xxvii)~~(xxxiv) "Formal instruction" means an independent study, organized program, course, or other planned learning experience approved by the board ~~that, and which~~ is directed or taught by the faculty of a board-approved nursing education program or nurse aide training, competency and evaluation program.

~~(xxviii)~~(xxxy) "Full approval" means the status granted to a nursing education program ~~meeting that meets~~ the criteria of as stated in the established standards for nursing education programs.

~~(xxix)~~ "Functions" of a nursing assistant/nurse aide means ~~those limited tasks that a licensed nurse may legally delegate to a nursing assistant/nurse aide.~~

~~(xxx)~~(xxxvi) "Governing body" means the agency or institution which has the authority to conduct a nursing education program, administer the program, assume responsibility for financial support, graduate students, and grant degrees or certificates to the graduates.

~~(xxxi)~~(xxxvii) "Graduate temporary permit" means a current document permitting the supervised practice of nursing skills learned in a basic nursing assistant/nurse aide training program, a basic nursing education program, or an advanced practice nursing education program issued to those individuals who have met all the eligibility requirements ~~for completion of a board approved nursing education program and who are scheduled to take the~~ a national nursing licensure/certification examination, ~~the or a nurse aide assessment or advanced practice certifying examination~~ nursing assistant/nurse aide competency evaluation program for the first time.

~~(xxxii)~~(xxxviii) "Graduate nursing assistant/nurse aide" means a nursing assistant/nurse aide who has successfully completed the basic nursing assistant/nurse aide training but:

- (A) Has not taken the board approved examination; or
- (B) Has taken the board approved examination and is waiting for test results; and
- (C) Is permitted to work only in a care unit where supervision by a licensed nurse is available.

(xxxix) "Grandfather" means provision in a new law or regulation that exempts those already in or a part of the existing system.

~~(xxxiii)~~(xl) "Inactive status" means the license is not on active status and the licensee ~~may not legally should not be currently~~ engaged in the practice of nursing.

(xli) "Internationally educated nurse" means the nurse received nursing education outside the United States.

~~(xxxiv)~~(xlii) "Jurisdiction" means the governmental authority for licensure and regulation of nurses within a specific geographic region ~~and which allows reciprocity to other jurisdictions.~~

(xliii) "Lapsed license" means a license which is no longer valid due to the individual's failure to renew. When a license lapses, the individual's privilege to practice nursing terminates.

(xliv) "Lawful presence" means someone who enters or lives in the United States with official authorization.

(xlv) "Licensed nurse" means an individual holding a current license issued by the board to practice as a practical nurse or registered professional nurse in accordance with the Wyoming Nurse Practice Act and the board rules and regulations.

(xlvi) "Licensee" means a person to whom a license is granted to practice as an advanced practice registered nurse, a registered nurse or a practical nurse.

(xlvii) "Licensure by endorsement" means the granting of authority to practice nursing based on an individual's licensure in another jurisdiction.

(xlviii) "Licensure by examination" means the granting of authority to practice nursing based on an individual's passing of a board-approved examination.

(xlix) "Licensure reinstatement" means the procedure of restoring or reestablishing a nursing license that has lapsed or that has been suspended, revoked, or voluntarily surrendered.

(l) "Licensure renewal" means the process for periodic reissuing of the authority to practice nursing.

~~(xxxv)~~(li) "May" means optional; not required.

(lii) "Medication Assistant training program" means a board-approved training program designed to prepare the individual to perform medication assistant functions in order to take the medication assistant assessment evaluation.

~~(xxxvi)~~(liii) "Minimum competency" means that level of knowledge, skill and ability necessary to safely perform the job of a nursing assistant/nurse aide or to practice as a licensed nurse.

~~(xxxvii)~~(liv) "Misappropriation of property" means negligently or deliberately taking, misusing, exploiting, using or selling money or property belonging to another, whether temporarily or permanently, and without regard to consent the patterned or deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a client's belongings, money, assets, or property without consent.

~~(xxxviii)~~(lv) "National Council of State Boards of Nursing, Inc." means a national nursing organization, comprised of individual jurisdictions, which acts on matters of common interest affecting nursing practice, and which develops and administers a national nursing licensure examination.

~~(xxxix)~~(lvi) "National League for Nursing" means the national nursing organization, composed of individual jurisdictions, which acts on matters of common interest affecting nursing practice, and which develops and administers a national nursing licensure examination a nongovernmental accrediting agency which grants professional accreditation to nursing education programs that meet the criteria established by the agency; accreditation is sought voluntarily by nursing education programs.



~~(x)(lvii)~~ "Neglect" means the failure to provide necessary goods, services, care, or attention and may include: ~~to a client under the practitioners care.~~

- (A) Insufficient observation; the failure to provide adequate assessment and intervention directly or indirectly through inadequate supervision;
- (B) Failure to intervene when a client condition warrants intervention;
- (C) Inappropriate delegation or assignment of care to an unqualified care giver; and
- (D) Accepting assignments beyond level of competency or scope of practice.

(lviii) "Nolo contendere" means a no contest plea in a criminal case. A plea of nolo contendere has the same effect as pleading guilty.

~~(xli)(lix)~~ "Nursing assistant/nurse aide training and competency evaluation program (NATCEP)" means an board-approved training program designed to prepare the individual to perform nursing assistant/nurse aide functions in order to take the nurse aide assessment evaluation, and the objective assessment of the competence of an individual who has received training to safely perform those functions.

(lx) "Nursing assistant II training program" means a board-approved training program designed to prepare the individual to perform nursing assistant II functions.

~~(xlii) — "Nursing assistant/nurse aide" means any individual, regardless of job title or care setting, to whom a licensed nurse may delegate nursing or nursing related activities; who provides nursing assistant/nurse aide services or nursing-related services; who assists licensed nursing personnel in the provision of nursing care; and who is not otherwise licensed as a health care professional. Nursing assistants/nurse aides must be certified.~~

~~(xlili) — "Partners in Education" means licensed nurses who:~~

- ~~(A) — Are recognized as preceptors, clinical teaching assistants, etc.;~~
- and
- ~~(B) — Have been secured to provide adequate supervision of students taking into consideration the clinical site, level of student, type of clinical experience, agency participation as specified in the contract, course expectation, and the type of teaching required.~~

~~(xliv) — "Practice of a Certified Nursing Assistant/Nurse Aide", means the performance of delegated nursing related tasks and services by a person who has completed a specified course of study; has met minimum competency requirements; and is certified by the board.~~

~~(A) — The services performed by the certified nursing assistant/nurse aide may be under the direction of a licensed physician, nurse, physical therapist, or other licensed health professional; and~~

~~(B) — The services utilize common procedures leading to expected or predictable outcomes in the observation, care, health maintenance, and safety of individuals, families, and groups across the life span.~~

(ixi) "Preceptor" means an individual at or above the level of licensure that an assigned student is seeking, who may serve as a teacher, mentor, role-model, and/or supervisor in a clinical setting.

~~(xlv)~~(lxii) "Predictable" means expected; foreseeable; or anticipated; with reasonable assurance and accuracy.

(lxiii) "Prescriptive authority" means the authority granted by the board to the licensee to select, prescribe, administer, dispense, or provide prescriptive and non-prescriptive medications including, but not limited to, vaccines, immunizing agents and devices.

~~(xlvii)~~(lxiv) "Provisional approval" means the initial status granted to a new nursing education program that meets the criteria ~~of as stated in~~ the established standards for nursing education programs.

~~(xlvii)~~(lxv) "Reactivation" means the process ~~for of removing~~ a license from inactive status and placing the license on active status.

~~(xlviii)~~(lxvi) "Refresher course" means a planned nursing education program approved by the board, relating to basic review of current nursing practice, updating nursing theory and skills, and specifically planned for nurses who have not been actively employed in nursing and are preparing for reentry into nursing practice.

~~(xlix)~~(lxvii) "Reinstatement" means ~~reissuing the process of reestablishing~~ a license which has been suspended, revoked, conditioned, or surrendered.

~~(l)~~(lxviii) "Relicensure" means ~~reissuing the process of reestablishing~~ a license which has lapsed as a result of failure to renew.

~~(ii)~~(lxix) "Renewal license" means the document certificate or registration card issued to a licensee after the licensee has met ~~the renewal of licensure~~ requirements for license renewal in that jurisdiction.

~~(iii)~~(lxx) "Renewal period" means the biennial period for renewal of licensure, certification, ~~or and recognition which is scheduled biennially.~~

~~(iiii)~~(lxxi) "Respondent" means ~~a the~~ person who is seeking licensure or who is licensed by the board and who ~~has~~ received notification from the board ~~they are of an~~ alleged to have violated violation of the Wyoming Nurse Nursing Practice Act or of board rules and regulations or applicable federal requirements.

(lxii) "Satisfactory completion" means to complete the required course of study and clinical practicum, pass the course examination, and successfully perform the required skills on the clinical skills checklist.

(lxiii) "Scope of practice" means the parameters of the authority to practice granted to a nurse through licensure.

~~(liv)~~(lxxiv) "Self-study" means a comprehensive report written by the administrative head and faculty of a nursing education program or nursing assistant/nurse aide training program, which describes describing all aspects of the program pertaining to the criteria ~~of as stated in~~ the established standards for nursing education programs or nursing assistant/nurse aide training and & competency evaluation programs.

~~(iv)(lxxv)~~ "Shall" means mandatory; ~~required~~.

~~(vi)(lxxvi)~~ "Site visit" means a planned visit by representatives of the board to the governing body of a nursing education program for the purpose of program evaluation. When a site visit is deemed necessary by the board in conjunction with self-study, the purpose of the site visit will be to verify, clarify, and amplify information contained in the self-study.

~~(vii)(lxxvii)~~ "Standard" means an authoritative statement by which the board can determine ~~judge~~ the quality of nursing education and nursing assistant/~~nurse aide~~ training or nursing practice and nursing assistant/~~nurse aide~~ functions and practice.

~~(viii)~~ "Satisfactory completion" means ~~to complete the required course of study and clinical practicum; to pass the course examination with a score of at least 75%; and to successfully perform the required skills on the clinical skills checklist.~~

~~(ix)(lxxviii)~~ "State board-approved program" means a basic nursing education program, ~~or~~ nursing assistant/~~nurse aide~~ training program, nursing assistant II training program, medication assistant training program or nurse refresher course which meets ~~has met~~ the minimum educational standards as prescribed by the appropriate jurisdiction.

~~(x)(lxxix)~~ "Supervision" means the immediate physical availability of a licensed physician, advanced practice registered nurse, dentist or registered professional nurse for ~~in~~ the purpose of providing assistance, coordination and evaluation of ~~same patient care unit to~~ continually observe, assist, coordinate and evaluate in person the practice of another.

~~(xi)(lxxx)~~ "Temporary permit" means a nonrenewable, nontransferable document permitting the practice of nursing as an advanced practice registered nurse practitioner ~~of nursing~~, registered professional nurse, or licensed practical nurse, ~~or certified nursing assistant/nurse aide~~ for a limited period of time.

~~(xii)(lxxxi)~~ "Transcript" means an official document from the governing body which indicates the date of completion of the nursing education program, certificate or degree awarded, the official seal of the governing body, and evidence of program requirements.

#### Section 7. Board Meetings.

(a) The Board shall meet at least once every six (6) months to transact its business. One (1) meeting shall be designated as the annual meeting for the purpose of electing officers, establishing dates of board meetings for the coming year, and board reorganization and planning. The Board may meet at other times as it may deem necessary to transact its business.

(b) Notice of board meetings shall be given to any person who requests such notice. The notice shall specify the time and place of the meeting and the business to be transacted. A notice of each meeting will be filed in the Governor's office ten (10) days prior to a scheduled board meeting.

(c) All meetings shall be open to the public; the board may conduct executive sessions in accordance with W.S. 16-4-405.

(d) A written record shall be kept of all meetings, and such records shall be retained as the permanent record of the transactions of the board.

(e) A majority of the board members, including the president or vice-president and ~~one (1)~~ ~~licensed practical nurse~~, constitutes a quorum. The act of the majority of members present at a meeting, which includes a quorum, shall be the act of the board of nursing.

## CHAPTER 7

### CERTIFIED NURSING ASSISTANTS

#### Section 1. Authority

(a) These rules and regulations are promulgated by the Wyoming State Board of Nursing pursuant to its authority under W.S. 33-21-119 thru 33-21-156 and the federal requirements (Public Law 100-203).

(b) The responsibility for enforcement of the provisions of these rules is vested in the board.

#### Section 2. General Provisions

(a) The board shall have all of the duties, powers and authority specifically granted by the Wyoming Nurse Practice Act and federal requirements necessary to the enforcement of reasonable rules governing the regulation of nursing assistants.

(b) Without limiting the foregoing, the board may do the following:

(i) Have the responsibility for the enforcement of the provision of rules governing the regulation of nursing assistant training, competency, certification, registry, practice, and discipline;

(ii) Develop and enforce standards for nursing assistant, nursing assistant II and medication assistant certifications:

(A) Issue certification to the nursing assistants who have successfully met the requirements;

(B) Notify all nursing assistants of changes in laws, rules and regulations pertaining to nursing assistants;

(iii) Develop and enforce standards for competency evaluation of nursing assistants;

(A) Grant qualified individuals temporary permits to engage in graduate nursing assistant practice when indicated by the executive director;

(B) Examine, certify, renew, and reinstate the certificates of duly qualified individuals.

(iv) Deny any applicant a certificate or temporary permit to practice as a nursing assistant for examination, certification, renewal, or reinstatement if the applicant fails to meet the requirements of board rules and regulations;

(v) Develop standards for continued competency of nursing assistants during employment and upon return to employment;

(vi) Collect data regarding certification and educational enrollment of nursing assistants and report to the public;

(vii) Conduct investigations, hearings and proceedings concerning alleged violations of the boards rules and regulations;

(viii) Compel attendance of witnesses, issue subpoenas and administer oaths to those testifying at hearings;

(ix) Determine and administer appropriate disciplinary action against all individuals found guilty of violating the Wyoming Nurse Practice Act and board rules and regulations.

### Section 3. Statement of Purpose

(a) These rules and regulations are adopted to implement the authority of the Wyoming State Board of Nursing to:

(i) Regulate the qualifications and certification standards of nursing assistants practicing in Wyoming;

(ii) Regulate the certification process for nursing assistants practicing in Wyoming;

(iii) Establish minimum standards of competency for nursing assistants;

(iv) Identify basic skills and functions necessary to nursing assistant practice;

(v) Enforce the standards for nursing assistant training and/or competency evaluation programs;

(vi) Establish minimal acceptable levels of safe nursing assistant practice;

(vii) Provide criteria for the board to evaluate safe and competent nursing assistant practice;

(viii) Clarify the scope of tasks for the certified nursing assistant;

(ix) Identify behaviors which are inconsistent with uniform and reasonable standards of nursing practice including, but not limited to:

(A) Fraud and deceit;

(B) Unsafe practice;

(C) Misappropriation of property;

(D) Abandonment;

(E) Abuse, including sexual abuse;

(F) Neglect, including substandard care;

(G) Violation of privacy and/or confidentiality;

(H) Drug diversion - self/others;

- (I) Sale, unauthorized use, or manufacture of controlled/illicit drugs;
  - (J) Criminal conviction;
  - (K) Unprofessional conduct;
  - (L) Boundary violations, including sexual boundaries;
  - (M) Failure to comply with reasonable requests from the board
- including, but not limited to:
- (I) Response to complaints;
  - (II) Response to formal pleadings such as notice of hearing or petition and complaint;
  - (III) Response to inquiry regarding application or renewal information.
- (N) Impairment;
    - (I) Lack of nursing competency;
    - (II) Mental illness;
    - (III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skill; or
    - (IV) Chemical or alcohol impairment.

Section 4. Certification Requirements for Nursing Assistants.

(a) All nursing assistants, regardless of title or care setting, shall be required to hold a current, valid nursing assistant certificate issued by the board within four (4) months from the first date of hire with the following exceptions:

(i) Nursing assistants who work for a home health agency/public health agency or in the community shall be certified prior to beginning work.

(A) Nursing assistants who are employed in a home health/public health or community setting shall receive sixteen (16) hours of training in home health nursing assistant tasks as prescribed by the board within the first two (2) weeks of employment;

(B) Nursing assistants who are employed in home health/public health or community settings shall not provide direct patient care until completion of the sixteen (16) hours of home health nursing assistant training;

(C) Documentation of completion of home health nursing assistant training shall be submitted to the board on the prescribed form.

(ii) Nursing assistants, regardless of title or setting, who work for a staffing agency shall be required to be certified prior to beginning work.

(b) Nursing assistant applying for endorsement must make application for certification immediately upon employment.

Section 5. Standards for Delegation of Basic Nursing Tasks and Skills

See Chapter 9.

Section 6. Degree of Direction or Supervision.

See Chapter 9.

Section 7. Basic Nursing Functions, Tasks, and Skills that may be Delegated.

(a) A certified nursing assistant, regardless of title or care setting shall be under the direction of a licensed nurse;

(b) After appropriate client assessment and delegation by the supervising nurse, the nursing assistant shall utilize knowledge of client's rights, legal and ethical concepts, communication skills, safety, and infection control while performing the following:

(i) Basic Nursing Skills:

(A) Measuring and recording height, weight, intake and output;

(B) Measuring and recording vital signs, including blood pressure and fingerstick blood sugar;

(C) Observing, reporting, and recording signs, symptoms, and changes from baseline data established by the licensed nurse;

(I) Observing and reporting client or family comments in response to care;

(II) Observing and reporting environment situations;

(III) Observing and reporting behaviors related to the plan of care;

(D) Caring for the client environment;

(E) Caring for the client when death is imminent;

(F) Measuring and recording food and fluid intake and output;

(G) Using client protective devices;

(H) Maintaining safety standards;

(I) Using hand washing, universal precautions, and other infection control measures.

(J) Implementing basic emergency procedures including cardiopulmonary resuscitation

(ii) Personal Care Skills:



- and nail care;
- (A) Bathing including bed bath, tub or shower, and perineal care;
  - (B) Grooming including sink, tub, or bed shampoo and oral hygiene
- technique;
- (C) Dressing;
  - (D) Toileting;
  - (E) Assisting with eating and hydration, including proper feeding
  - (F) Providing skin care including pressure ulcer prevention;
  - (G) Ambulating, positioning, and turning;
  - (H) Feeding, cutting up food, or placing of meal trays;
  - (I) Promoting client/resident independence;
  - (J) Socialization activities; and
  - (K) Assisting with the self-administration of medications includes the following:

(I) The licensed nurse assesses and determines the client is awake, alert and cognizant of their medications;

(II) Medications must be dispensed from a licensed pharmacy with the name, address, and telephone number of the pharmacy, name of client, name and strength of drug, directions for use, date filled, expiration date, prescription number, and prescriber (Assisted Living Facility Rules, Chapter 12, Section 6(d)(ii));

(III) The nursing assistant may perform the following:

(1.) Reminding the client to take medication (Assisted Living Facility Rules, Chapter 12, Section 6(iv)(A)(I));

(2.) Assisting with the removal of a cap or blister pack (Assisted Living Facility Rules, Chapter 12, Section 6(iv)(A)(III));

(3.) Assisting with the removal of a medication from a container for a client with a disability which prevents independent performance of this act (Assisted Living Facility Rules, Chapter 12, Section 6(iv)(A)(IV));

(4.) Observing the client take the medication;

(5.) Applying topical ointments to intact skin

(6.) Inserting dulcolax and glycerin suppositories rectally.

(iii) Basic Restorative Skills Assistance:

- (A) Activities of daily living;
  - (B) Performing range of motion exercises;
  - (C) Using assistive devices in transferring, positioning, ambulating, toileting, eating and dressing;
  - (D) Turning and positioning properly;
  - (E) Transferring;
  - (F) Assisting in bowel and bladder training;
  - (G) Using and caring for prosthetic devices;
  - (H) Positioning of therapeutic devices; and
  - (I) Training the client/resident in self care according to their abilities.
- (iv) Mental Health and Psychosocial Skills.
- (A) Recognizing developmental tasks associated with the life process;
  - (B) Utilizing basic skills which support the patient in age-appropriate behavior and self-care;
  - (C) Applying basic principles of behavior management in response to the client's behavior;
  - (D) Identifying characteristics that may put the client/resident at risk and providing care with consideration of:
    - (I) The client's cognitive level of functioning;
    - (II) The client's sensory deficits or impairments;
    - (III) Communication limitations;
    - (IV) Altered level of consciousness;
    - (V) Agitation or combativeness;
    - (VI) The clients ability to make personal choices;
    - (VII) The client's family or concerned others as a source of emotional support;
    - (VIII) The client's need for participation in social activities; and
    - (IX) The client's expression of grief or conflict.

- being; and
- (X) Organizing the client's environment to enhance well-being; and
  - (XI) Recognizing the client's spiritual needs.
- (v) Communication Skills:
- (A) Using appropriate verbal and non-verbal communication with clients, their families and co-workers;
  - (B) Recognizing non-verbal communication in clients, their families, and co-workers; and
  - (C) Recognizing and maintaining boundaries, including sexual boundaries.
- (vi) Nursing Team Member Skills of the Certified Nursing Assistant:
- (A) Accepting delegation, instruction, and supervision from the licensed nurse and other appropriate licensed health professionals;
  - (B) Accepting responsibility for actions;
  - (C) Following the nursing care plan to guide delegated aspects of care;
  - (D) Organizing work by priority assignments;
  - (E) Informing the delegation nurse and appropriate health professional about ability or inability to perform tasks;
  - (F) Observing, reporting, and recording data in a timely manner;
  - (G) Reporting changes in the client to the nurse in a timely manner;
  - (H) Participating with other members of the healthcare team to provide optimum care;
  - (I) Contributing to the planning of care;
  - (J) Reporting unsafe, neglectful or abusive care;
  - (K) Conducting assigned tasks without discrimination on the basis of age, race, religion, sex, lifestyle, national origin, disability or disease;
  - (L) Protecting the dignity and rights of clients regardless of social or economic status, personal attributes or nature of health problems;
  - (M) Protecting the individual's right to privacy and the maintenance of confidentiality;
  - (N) Protecting the property of the client, family, significant others, and the employer; and

(O) Providing care which maintains the client free from abuse and/or neglect.

Section 8. Standards for Nursing Assistant Training and Competency Evaluation Programs

(a) Purpose of Standards:

(i) To ensure the safe and effective functioning of nursing assistants who successfully complete nursing assistant training and competency evaluation programs.

(ii) To serve as a guide for the development and establishment of nursing assistant training and competency evaluation programs.

(iii) To provide criteria for the evaluation of nursing assistant training and competency evaluation programs.

(iv) To promote, preserve and protect the health, safety and welfare of the public by and through the effective control and regulation of nursing assistants and their functions and approval of nursing assistant training and competency evaluation programs.

Section 9. Nursing Assistant Competence Evaluation.

(a) The board shall establish the process for evaluating nursing assistants for minimal competency.

Section 10. Certified Nursing Assistant II (CNA II)

(a) Delegation

(i) Criteria for determining nursing tasks/functions/activities that may be delegated:

(A) Knowledge and skills of the CNA II;

(B) Knowledge and skills of the medication assistant-certified (MA-C);

(C) Verification of the clinical competence of the CNA II by the employing agency;

(D) Verification of the clinical competence of the MA-C by the employing agency;

(E) Stability of the patient's condition that involves predictability, absence of risk of complication, and rate of change;

(F) The variables in each service setting that include but are not limited to:

(I) The accessible resources and established policies, procedures, practices and channels of communication that lend support to the type of nursing tasks/functions/activities being delegated to CNA II or MA-C;

- patient population;
- (II) The complexity and frequency of care needed by a given
  - (III) The proximity of patients to staff;
  - (IV) The number and qualifications of staff; and
  - (V) The accessibility of the licensed nurse.

(ii) Nursing tasks/functions/activities that inherently involve ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure(s) are not to be delegated to the CNA II or MA-C.

(b) Purpose:

(i) The purpose of the standards:

(A) To communicate board expectations and provide guidance for CNA II and MA-C;

(B) To articulate board criteria for evaluating CNA II and MA-C actions and behavior when providing nursing care under the direction of a licensed nurse.

(c) Nursing Assistant Registry

(i) All CNA IIs and MA-Cs shall be listed on the registry maintained by the Office of Healthcare Licensing and Survey.

(d) Certification of CNA II Personnel

(i) In order to be certified as a CNA II a certified nursing assistant must:

(A) Be eighteen (18) years of age or older at the time of examination;

(B) Have a high school diploma or a GED;

(C) Have a current unencumbered Wyoming certified nursing assistant certificate;

(D) Have completed at least one thousand five hundred (1500) documented hours of work as a certified nursing assistant; and

(E) Graduate from a state or board approved CNA II training and competency evaluation program.

(e) CNA II Range of Functions

(i) A CNA II works under the direction of a licensed nurse who must follow the principles of delegation as stated in Chapter 9;

- delegated;
  - (ii) Any professional judgment or decision-making responsibility may not be delegated;
  - (iii) CNA II may not be delegated CNA II skills for acutely ill patients.
    - (A) Skills for CNA IIs may include but are not limited to the following:
      - (I) Oxygen therapy;
      - (II) Sterile technique;
      - (III) Wound care;
      - (IV) Oropharyngeal suctioning;
      - (V) Tracheostomy care for patients with well established tracheostomy;
      - (VI) Assisting with peripheral IV fluids (“Assisting with peripheral IVs refers to the set-up of equipment and discontinuing IVs. It does not include venipuncture or hanging IVs”);
      - (VII) Urinary catheter:
        - (1.) Removes an urinary catheter; and
        - (2.) Obtains urine specimen from catheter port.
      - (VIII) Gastrostomy and percutaneous endoscopic gastrostomy (P.E.G.) feeding tubes in a stable site;
      - (IX) Elimination procedures;
      - (X) Capillary blood glucose testing;
      - (XI) Responding to mental health needs.

Section 11. Medication Assistant-Certified (MA-C)

(a) Certification of MA-C Personnel

(i) In order to be certified as a MA-C a certified nursing assistant must:

(A) Graduate from a state or board approved CNA II training and competency evaluation program; or

(B) Have a current unencumbered Wyoming CNA II certificate.

(b) Range of Functions

(i) A MA-C works under the direction of a licensed nurse who must follow the principles of delegation as stated in Chapter 9.

delegated; (ii) Any professional judgment or decision-making responsibility may not be

(iii) MA-C may not be delegated MA-C skills for acutely ill patients;

(A) Skills for MA-Cs may include but are not limited to the following:

chapter; (I) CNA II skills identified in Section 10 (e)(iii)(A) of this

(II) Medication administration:

(1.) Medication administration may be delegated to a MA-C when a predictable outcome is expected in patients with common reoccurring health problems. The predictable outcome which is expected is the application of the “rights” of medication administration: right medication, right patient, right dose, right time, right route, right technique, and right documentation. Only technical aspects of medication administration may be delegated.

(2.) The MA-C and the registered nurse or licensed practical nurse may work as a dyad in the delivery or observation of the patient taking the medication.

following routes: (3.) MA-C may provide routine medications by the

a. Oral

b. Inhalation

c. Topical

d. Instillation into the eyes, ears and nose

e. Rectal

f. Vaginal

(4.) If the delegating professional is not on site, direction must be for recipient-specific procedures and must be in writing.

(5.) Direction for PRN medication must be in writing and include the parameters for provision of the PRN medication. Direction for observing and reporting for monitoring medication must be in writing and include the parameters for the observation and reporting. A MA-C shall comply with the written directions.

(6.) A MA-C shall not perform a task involving the administration of medication if:

a. The medication administration requires an assessment of the patient’s need for medication, a calculation of the dosage of the medication or the conversion of the dosage;

- b. The medication being administered is an initial dose and is new to the client;
- c. The licensed nurse directing/supervising care is unavailable to monitor the progress of the patient and the effect on the patient of the medication;
- d. The patient/client has changing health/nursing needs.

(7.) A MA-C who has any reason to believe that he or she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error.

(8.) MA-C shall report to the nurse directing/supervising care:

- a. Signs or symptoms that appear life threatening;
- b. Events that appear health threatening;
- c. Medications that produce no results or undesirable effects as reported by the patient.

(9.) A licensed nurse shall supervise/direct MA-C.

(10.) A registered nurse shall periodically review the following:

- a. Authorized provider orders; and
- b. Patient medication records.

Section 12. Standards for CNA II and MA-C Training and Competency Evaluation Programs

(a) Purpose of Standards:

(i) To ensure the safe and effective functioning of CNA IIs and MA-Cs who successfully complete CNA II and MA-C training and competency evaluation programs;

(ii) To serve as a guide for the development and establishment of CNA II and MA-C training and competency evaluation programs.

(iii) To provide criteria for the evaluation of CNA II and MA-C training and competency evaluation programs.



(iv) To promote, preserve and protect the health, safety and welfare of the public by and through the effective control and regulation of CNA IIs and MA-Cs, their functions and approval of CNA II and MA-C training and competency evaluation programs.

(b) A CNA II training program shall consist of a minimum of one hundred and five hours (105) under the supervision of a board-approved registered nurse. The one hundred and five (105) hours shall include the following:

(i) CNA training

(A) Minimum of seventy-five (75) or more hour course of which sixteen (16) or more hours shall be skills laboratory or clinical instruction; or

(B) Successful completion of the 1<sup>st</sup> semester of an accredited nursing program.

(ii) CNA II training

(A) Thirty (30) hour course which shall have a minimum of:

(I) Fifteen (15) hours classroom instruction related to CNA II skills;

(II) Fifteen (15) hours of supervised clinical practice related to CNA II skills.

(c) Additional education and training for the CNA II shall include:

(i) Role of the CNA II in providing nursing care as established routines for predictable patients/clients with limited risk of complication and change under the supervision/direction of a licensed nurse;

(ii) Oxygen therapy;

(iii) Sterile technique;

(iv) Wound care;

(v) Oropharyngeal Suctioning;

(vi) Tracheostomy care for patients with well established tracheostomy;

(vii) Assisting with peripheral IV fluids ("Assisting with peripheral IVs refers to the set-up of equipment and discontinuing IVs. It does not include venipuncture or hanging IVs.");

(viii) Urinary catheter:

(A) Removes an urinary catheter; and

(B) Obtains urine specimen from catheter port.

- (ix) Gastrostomy and percutaneous endoscopic gastrostomy (P.E.G.) feeding tubes in a stable site;
  - (x) Capillary blood glucose testing;
  - (xi) Elimination procedures;
  - (xii) Responding to mental health needs.
- (d) A MA-C training program shall consist of a minimum of one hundred (100) hours under the supervision of a board-approved registered nurse. The one hundred (100) hours shall include the following:
- (i) One hundred (100) hour course shall have a minimum of:
    - (A) Sixty (60) hours classroom instruction related to medication administration;
    - (B) Forty (40) hours of supervised clinical practice related to medication administration.
- (e) Additional education and training for the MA-C shall include:
- (i) Role of the MA-C as a delegated nursing function under nursing supervision/direction and the following acts that cannot be delegated to the MA-C:
    - (A) Conversion or a calculation of the dosage of drug dosage;
    - (B) Assessment of patient need for or response to medication; and
    - (C) Nursing judgment regarding the administration of PRN medications.
  - (ii) Rights of individuals;
  - (iii) Legal and ethical issues;
  - (iv) Agency policies and procedures related to medication administration;
  - (v) Functions involved in the management of medications, including prescription, dispensing, administration and self-administration;
  - (vi) Principles of safe medication storage and disposal of medication;
  - (vii) Reasons for medication administration;
  - (viii) Classes of drugs, their effects, common side effects and interactions;
  - (ix) Reporting of symptoms or side effects;
  - (x) Techniques to check, evaluate and record vital signs as part of safe medication administration;

(xi) The rights of administration, including right person, right drug, right dose, right time, right route and right documentation;

(xii) Documentation of medication administration;

(xiii) Prevention of medication errors;

(xiv) Incident reporting;

(xv) Location of resources and references;

(xvi) Overview of the state agencies involved in the regulation of medication administration; and

(xvii) Supervised clinical experience in administering medications.

(f) CNA II and MA-C educational program(s) will be approved by the Wyoming State Board of Nursing.

(g) Faculty

(i) There shall be sufficient number of qualified faculty to meet the purposes and objectives of the program.

(ii) Program coordinators and faculty shall provide documented evidence of preparation for teaching adults.

(iii) The ratio of faculty to students in clinical areas involving direct client care shall be one faculty member to six or fewer students (1:6).

(iv) The principle instructor who teaches in the CNA II or MA-C program shall:

(A) Hold a current, unencumbered license as a registered professional nurse;

(B) Have at least two (2) years full-time equivalent experience as a registered professional nurse in a health care facility; and

(C) Have at least one (1) year of clinical experience relevant to the area(s) of responsibility.

(v) The principle instructor who teaches in the MA-C program shall:

(A) Have completed and passed the didactic portion of the MA-C educational program; and

(B) Completed a medication safety course that addresses safe systems and processes for medication administration.

(h) Students

- (i) Admission and completion requirements shall be available to the students in written form;
- (ii) Each student shall be under the supervision of a licensed nurse at all times when providing client care as part of the student's clinical experience;
- (iii) Students shall be required to maintain an acceptable level of personal health in order to protect the health, safety, and welfare of the clients.

(i) MA-C Competence Evaluation

- (i) The board shall establish the process for evaluating minimal competency for MA-C;
- (ii) The board shall establish the passing standard;
- (iii) The board shall ensure implementation of procedures to ensure confidentiality and security of all test items, examination materials during all stages of test administration.

Section 13. Disciplinary Procedures

(a) Purpose:

- (i) To protect the public from incompetent nursing assistants;
- (ii) To assure the minimum competence of nursing assistants; and
- (iii) To provide a process to resolve complaints regarding nursing assistants, pursuant to Chapter 8 of the board's administrative rules and regulations.

(b) Grounds for Discipline:

- (i) Engaging in any act inconsistent with uniform and reasonable standards of nursing practice, including but not limited to:
  - (A) Fraud and deceit;
  - (B) Unsafe practice;
  - (C) Misappropriation of property;
  - (D) Abandonment;
  - (E) Abuse, including sexual abuse;
  - (F) Neglect, including substandard care;
  - (G) Violations of privacy and/or confidentiality;
  - (H) Drug diversion – self/others;
  - (I) Sale, unauthorized use, or manufacture of controlled/illicit drugs;

- (J) Criminal conviction;
- (K) Unprofessional conduct;
- (L) Boundary violations, including sexual boundaries;
- (M) Failure to comply with reasonable requests from the board including, but not limited to:
  - (I) Response to complaints;
  - (II) Response to formal pleadings such as notice of hearing or petition and complaint;
  - (III) Response to request to application or renewal information.
- (N) Impairment;
  - (I) Lack of nursing competency;
  - (II) Mental illness;
  - (III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skill; or
  - (IV) Chemical or alcohol impairment
- (ii) Failure to conform to the standards of prevailing nursing and nursing assistant practice, in which case actual injury need not be established.
- (c) Disciplinary Records.
  - (i) The board shall maintain records of disciplinary actions and make available public findings of abuse, neglect, or misappropriation of client property, or other disciplinary findings, and any statement disputing the finding by the nursing assistant listed on the registry.
- (d) Disciplinary Notification.
  - (i) The board shall notify the nursing assistant's current employer, if known, of the disciplinary action.
  - (ii) The board shall notify the Department of Health of disciplinary action taken against nursing assistants.

## CHAPTER 3

### STANDARDS OF NURSING PRACTICE

#### Section 1. Statement of Purpose.

- (a) The purpose of the board in adopting rules and regulations in this chapter is to:
- (i) Communicate board expectations and provide guidance for nurses regarding safe nursing practice.
  - (ii) Articulate board criteria for evaluating the practice of nursing to determine if the practice is safe and effective.
  - (iii) Clarify the scope of practice for the registered professional nurse, advanced practice registered nurse (see Chapter 4), and licensed practical nurse.
  - (iv) Identify behaviors which may impair the licensee's ability to practice with reasonable skill and safety, which include, but are not limited to:
    - (A) Fraud and deceit;
    - (B) Unsafe practice;
    - (C) Misappropriation of property;
    - (D) Abandonment;
    - (E) Abuse, including sexual abuse;
    - (F) Neglect;
    - (G) Chemical dependency;
    - (H) Drug diversion - self/others;
    - (I) Sale or unauthorized use of controlled/illicit drugs;
    - (J) Criminal conviction;
    - (K) Failure to supervise or to monitor the performance of acts by any individual working under the licensed nurse's direction;
    - (L) Unprofessional conduct; and
    - (M) Boundary violations, including sexual boundaries.
- (b) The standards of nursing practice interpret the statutory definitions of professional, advanced practice and practical nursing. The standards of nursing practice evolve from the nursing process and national standards.
- (c) Violations of the standards of nursing practice may result in disciplinary action by the board.

Section 2. Standards of Nursing Practice for the Registered Professional Nurse

(a) Accountability.

(i) The registered professional nurse shall:

- (A) Have knowledge of the statutes and regulations governing nursing;
- (B) Practice within the legal boundaries for nursing through the scope of practice authorized in the Wyoming Nurse Practice Act and the board's administrative rules and regulations;
- (C) Demonstrate honesty and integrity;
- (D) Base professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards;
- (E) Accept responsibility for judgments, individual nursing actions, competence, decisions and behavior;
- (F) Maintain continued competence through ongoing learning and application of knowledge to nursing practice;
- (G) Report unfit or incompetent nursing practice to recognized legal authorities;
- (H) Participate in the development of continued competency in the performance of nursing care activities for nursing personnel and students.

(b) Implementation of the nursing process.

(i) The registered professional nurse:

- (A) Conducts a comprehensive health assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups, and communities.
  - (I) Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner. The data includes, but is not limited to:
    - (1.) Biophysical and emotional status;
    - (2.) Growth and development;
    - (3.) Cultural, religious and socioeconomic background;
    - (4.) Family health history;
    - (5.) Information collected by other healthcare team members;

or potential health status, or maintaining health status;

(6.) Client knowledge and perception about current

(7.) Ability to perform activities of daily living;

(8.) Patterns of coping and interacting;

(9.) Considerations of client's health goals;

emotional, and ecological); and

(10.) Environmental factors (e.g. physical, social,

resources.

(II) Sorting, selecting, reporting, and recording the data;

(III) Validating, refining, and modifying the data by utilizing available resources including interactions with the client, family, significant others, and healthcare team members.

(B) Establishes and documents nursing diagnoses which serve as the basis for the plan of care;

(C) Develops and modifies the plan of care based on nursing assessment and nursing diagnosis. This includes:

(I) Identifying priorities in the plan of care;

plan of care;

(II) Setting realistic and measurable goals to implement the

diagnosis;

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

(D) Implements the plan of care by:

(I) Initiating nursing interventions through:

(1.) Giving direct care;

(2.) Assisting with care;

(3.) Delegating care as outlined in, but not limited to,

Chapter 7, Section 6.

(E) Identifies faulty or missing client information;

(F) Provides appropriate decision making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnosis;



- (G) Seeks clarification of orders when needed;
- (H) Implements treatments and therapy, including medication administration and independent nursing functions;
- (I) Contributes to the formulation, interpretation, implementation, and evaluation of the objectives and policies related to nursing practice within the employment setting;
- (J) Participates in the evaluation of nursing practice through quality assurance activities including peer review;
- (K) Obtains orientation/training for competence when encountering new equipment and technologies or unfamiliar care situations;
- (L) Provides client surveillance and monitoring;
- (M) Identifies changes in client's health status and implements appropriate interventions;
- (N) Evaluates the impact of nursing care, the client's response to therapy, the need for alternative interventions, and the need to communicate and consult with other healthcare team members;
- (O) Documents nursing care and responses to interventions;
- (P) Intervenes on behalf of the client when problems are identified and revises care plan as needed;
- (Q) Recognizes individual characteristics that may affect the client's health status;
- (R) Takes preventive measures to protect the client, others, and self.
- (ii) Advocates for the client.
  - (A) Respects the client's rights, concerns, decisions, and dignity;
  - (B) Identifies client needs;
  - (C) Accepts only client care assignments for which educationally prepared and adequately trained;
  - (D) Promotes safe client environment;
  - (E) Communicates client choices, concerns, and special needs with other healthcare team members regarding:
    - (I) Client status, progress, and concerns;
    - (II) Client response or lack of response to therapies;
    - (III) Significant changes in client condition.

- boundaries;
  - (F) Maintains appropriate professional boundaries, including sexual
- disclose the information;
  - (G) Maintains client confidentiality unless obligated by law to
  - (H) Assumes responsibility for own decisions and actions;
  - (I) Conducts practice without discrimination on the basis of age, race, religion, sex, life style, national origin, medical diagnosis, or handicap.
- (iii) Organizes, manages, and supervises the practice of nursing.
  - (A) Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience, and competence or unlicensed persons description;
    - (B) Delegates to another only those nursing measures that the person has the necessary education, skills, and competency to accomplish safely and as outlined in Chapter 9;
    - (C) Matches client needs with personnel qualifications, available resources and appropriate supervision;
    - (D) Communicates directions and expectations for completion of the delegated activity;
    - (E) Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress, and outcomes; and ensures documentation of the activities;
    - (F) Provides follow-up on problems and intervenes when needed;
    - (G) Evaluates the effectiveness of the delegation or assignment;
    - (H) Evaluates data as a basis for reassessing client's health status, modifying nursing diagnoses, revising plans of care, and determining changes in nursing interventions;
    - (I) Retains professional accountability for nursing care;
    - (J) Promotes a safe and therapeutic environment by:
      - (I) Providing appropriate monitoring and surveillance of the care environment;
      - (II) Identifying unsafe care situations;
      - (III) Correcting unsafe care situations or referring unsafe care situations to appropriate management level when needed.

(K) Teaches and counsels client and families regarding healthcare regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures, wellness, and prevention;

(iv) Participates as a member of an interdisciplinary healthcare team.

(A) Functions as a member of the healthcare team, collaborating and cooperating in the implementation of an integrated, client-centered healthcare plan;

(B) Respects client property and the property of others;

(C) Protects confidential information, unless obligated by law to disclose the information.

### Section 3. Standards of Nursing Practice for the Licensed Practical Nurse

(a) Standards related to the licensed practical nurse's contribution to the nursing process.

(i) The licensed practical nurse shall:

(A) Contribute to the nursing assessment by:

(I) Collecting, reporting, and recording objective and subjective data in an accurate and timely manner. Data collection includes observations about the condition or change in condition of the client.

(B) Participate in the development and modification of the plan of care by:

(I) Providing data;

(II) Contributing to the identification of priorities;

(III) Contributing to setting realistic and measurable goals;

(IV) Assisting in the identification of measures to maintain comfort, support human functions and responses, maintain an environment conducive to well being, and provide health teaching and counseling; and

(V) Basing nursing decisions on nursing knowledge, skills, and needs of clients.

(C) Participate in the implementation of the plan of care by:

(I) Carrying out such interventions as are taught in board-approved curriculum for practical nurses and as allowed by institutional policies;

(II) Providing care for clients in basic patient care situations under the direction of a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse. Patient care situations as determined by a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse mean the following two (2) conditions prevail at the same time:

(1.) The client's clinical condition is predictable and the responses of the client to the nursing care are predictable;

(2.) Medical or nursing orders do not change frequently and do not contain complex modifications.

(III) Providing care for clients in complex patient care situations under the supervision of a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse. Complex patient care situations as determined by a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse mean any one or more of the following conditions exist:

(1.) The client's clinical condition is not predictable;

(2.) Medical or nursing orders are likely to involve frequent changes or complex modifications; or

(3.) The client's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses to the nursing care are not predictable.

(IV) Initiating appropriate standard emergency procedures established by the institution until a licensed physician, dentist, advanced practice registered nurse or registered professional nurse is available;

(V) Providing an environment conducive to safety and health;

(VI) Documenting nursing interventions and responses to care;

(VII) Communicating nursing interventions and responses to care to appropriate members of the healthcare team.

(D) Contribute to the evaluation of the responses of individuals or groups to nursing interventions by:

(I) Documenting evaluation data and communicating the data to appropriate members of the healthcare team;

(II) Contributing to the modification of the plan on the basis of the evaluation.

(b) Standards relating to the licensed practical nurse's responsibilities as a member of the healthcare team.

(i) The licensed practical nurse shall:

(A) Have knowledge of the statutes and regulations governing nursing;

(B) Accept individual responsibility and accountability for nursing actions and competency;

- (C) Function under the direction of a licensed physician, advanced practice registered nurse, dentist, or registered professional nurse;
- (D) Seek guidance and consult with registered professional nurses and other appropriate sources;
- (E) Obtain direction and supervision as necessary when implementing nursing interventions;
- (F) Accept client care assignments from the licensed physician, advanced practice registered nurse, dentist, or registered professional nurse only for which they are educationally prepared and adequately trained;
- (G) Function as a member of the healthcare team;
- (H) Contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies relating to practical nursing practice within the employment setting;
- (I) Participate in the evaluation of nursing practice through quality assurance activities, including peer review;
- (J) Report unfit or incompetent nursing practice to the board. Report unsafe conditions for practice to recognized legal authorities;
- (K) Delegate to another only those nursing interventions which a person is prepared or qualified to perform;
- (L) Provide direction for others to whom nursing interventions are delegated;
- (M) Evaluate the effectiveness of delegated nursing interventions performed under direction;
- (N) Retain accountability for nursing care when delegating nursing interventions. See Chapter 9;
- (O) Conduct practice without discrimination on the basis of age, race, religion, sex, life-style, national origin, or disability;
- (P) Respect the dignity and rights of clients and their significant others, regardless of social or economic status, personal attributes, or nature of health problems;
- (Q) Protect confidential information, unless obligated by law to disclose the information;
- (R) Respect the property of all individuals and facilities;
- (S) Maintain boundaries, including sexual boundaries;
- (T) Participate in the development of continued competency in performance of nursing care activities for auxiliary personnel;

- (U) Comply with the standards of nursing practice, the rules and regulations, and the Wyoming Nurse Practice Act;
- (V) Demonstrate honesty and integrity;
- (W) Maintain continued competency through ongoing learning and application of knowledge to nursing practice;
- (X) Participate in the development of continued competency in the performance of nursing care activities for nursing personnel and students;
- (Y) Obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations;
- (Z) Implement appropriate aspects of client care in a timely manner:
  - (I) Provide assigned and delegated aspects of client's healthcare plan;
  - (II) Implement treatments and procedures.
- (AA) Administer medications according to standards of practice;
- (BB) Document care;
- (CC) Participate in nursing management:
  - (I) Assign and delegate nursing activities for patients/clients to assistive personnel as outlined in Chapter 9;
  - (II) Observe nursing measures and provide feedback to nursing manager;
  - (III) Observe communications and document outcomes of delegated and assigned activities.
- (DD) Take preventive measures to protect client, others, and self;
- (EE) Teach and counsel clients and families in accordance with the nursing care plan.
- (c) Expanded role for the licensed practical nurse administering intravenous therapy.
  - (i) Certification, renewal, reinstatement, discipline.
    - (A) Initial certification.
      - (I) Hold an active, unencumbered Wyoming practical nurse license;
      - (II) Submit required application and fees; and

(III) Submit official evidence of completion of a board-approved educational program of study in basic, advanced or combined basic/advanced intravenous therapy for licensed practical nurses.

(B) Renewal of certification.

(I) Submit renewal application and fee; and

(II) Submit documentation of completion of a minimum of ten (10) contact hours of continuing education and/or in-service education in intravenous therapy within the previous two (2) year period; or

(III) Submit documentation of successful completion of a board-approved licensed practical nurse intravenous therapy refresher course.

(C) Expanded role licensed practical nurses may reinstate a lapsed intravenous certification under the following conditions:

(I) Certification lapsed more than two (2) years but less than five (5) years:

a. Hold an active, unencumbered Wyoming practical nurse license;

b. Submit reinstatement application and fee;

c. Successful completion of a board-approved licensed practical nurse intravenous therapy refresher course; or

d. Successful completion of a board-approved licensed practical nurse intravenous therapy course;

(II) Certification lapsed for 5 years or more:

a. Hold an active, unencumbered Wyoming practical nurse license;

b. Submit reinstatement application and fee;

c. Complete a board-approved basic, advanced or combined licensed practical nurse intravenous therapy course.

(D) Certification by endorsement.

(I) Proof of successful completion of a board-approved basic, advanced or combined licensed practical nurse intravenous therapy course.

(ii) Scope of practice for the licensed practical nurse administering intravenous (IV) therapy:

(A) The licensed practical nurse may perform the following procedures under the direction of a registered nurse, physician, advanced practice registered nurse, or dentist, due to the basic knowledge and skills acquired in a state board-approved practical nursing program:

- (I) Observe and monitor IV fluid management;
- (II) Calculate and maintain flow rate of peripheral IV infusions;
- (III) Discontinue peripheral IV infusions; and
- (IV) Report and document observations and procedures relating to IV fluid treatment.

(B) In addition to IV related activities within the scope of any licensed practical nurse, the licensed practical nurse certified in basic IV therapy may perform the following acts of IV therapy:

- (I) Initiate the administration of board-approved IV fluids and medications via a peripheral route:

(1.) The peripheral route does not include midline catheters.

(II) Administer IV fluids and medications including electrolyte solutions with vitamins and/or potassium, antibiotics and hydrogen receptor blockers provided such fluids and medications are appropriate for IV administration;

(III) Change IV tubing(s) and dressings;

(IV) IV fluids and medications must be commercially prepared or premixed and labeled by a registered pharmacist.

(V) Maintain patency of a peripheral intermittent vascular access device using a saline flush solution or non-therapeutic dose of heparin flush solution;

(VI) Monitor a patient controlled administration (PCA) pump and collect data from a PCA pump;

(VII) Perform phlebotomy; and

(VIII) Activate a drug admixture delivery system that has been prepared and labeled by a pharmacist, registered nurse or other qualified person.

(iii) The licensed practical nurse certified in basic IV therapy shall not:

(A) Initiate, regulate, add, or administer medications to or discontinue a midline or central venous line except as provided elsewhere in this section.

(B) Administer or add the following to a peripheral venous line:

(I) IV push or bolus medications;

(II) IV medications other than those in Section 3(c)(B)(II).

(C) Inject medication into an auxiliary fluid chamber;

(D) Mix or label IV medications or total parenteral nutrition (TPN);



- (E) Program or re-program a PCA pump;
- (F) Administer blood, blood components, plasma, plasma expanders;
- (G) Administer analgesics, antineoplastics, autonomic nervous system agents, cardiovascular agents, central nervous system agents, oxytocic agents, or radiologic agents;
- (H) Initiate and/or maintain pediatric IV therapy (aged twelve (12) years and under); nor discontinue pediatric IV therapy (aged birth to four (4) years);
- (I) Flush or aspirate a central venous line or arterial line; or
- (J) Perform basic acts of IV therapy as listed in this section in the home setting.

(iv) In addition to IV related activities within the scope of a licensed practical nurse certified in basic IV therapy, the licensed practical nurse certified in advanced IV therapy may perform the following acts of IV therapy:

- (A) Mix and label IV medications;
- (B) Draw up, label and administer medications that are not restricted by institutional policies or as limited elsewhere in this section;
- (C) Assist the registered professional nurse in the administration of midline or central venous infusion of approved IV fluids by:
  - (I) Checking the flow rate;
  - (II) Maintaining patency by use of saline/heparin flush;
  - (III) Changing the tubing(s) and site dressing(s);
  - (IV) Administering TPN; and
  - (V) Obtaining a blood sample.
- (D) Discontinue pediatric (aged five (5) to twelve (12) years) peripheral IV therapy.

(v) The licensed practical nurse who has satisfactorily completed an advanced course of IV therapy for licensed practical nurses shall not:

- (A) Administer analgesics; antineoplastics; autonomic nervous system agents; cardiovascular agents; central nervous system agents; oxytocic agents or radiologic agents;
- (B) Start and/or maintain pediatric IV therapy (aged twelve (12) years and under); and discontinue pediatric IV therapy (aged birth to four (4) years);
- (C) Administer blood and blood components;

- (D) Administer experimental drugs;
- (E) Flush or aspirate an arterial line;
- (F) Discontinue a central line; or
- (G) Inject medications via direct IV route; bolus, push.

(vi) Upon successful completion of the basic and advanced IV Therapy Course, institutional education, and in accordance with institutional policy, the licensed practical nurse may perform the following nursing functions in non-acute (chronic) dialysis:

- (A) Initiate and discontinue dialysis treatments using an established access – including subclavian, internal jugular, femoral vein, fistula and right atrial catheters;
- (B) Perform peripheral venipuncture for the purpose of hemodialysis;
- (C) Withdraw blood and heparinized saline from the various accesses for the purpose of removing the heparin and establishing patency;
- (D) Withdraw blood from access for the purpose of obtaining blood for a lab specimen;
- (E) Administer IV medications and solutions during hemodialysis unless restricted by institutional policy;
- (F) Flush tubing of access device;
- (G) Perform dressing changes to various access sites; and
- (H) Discontinue peripheral venous access lines.

(v) Unless otherwise specified in these regulations, the licensed practical nurse certified in IV therapy may perform basic and advanced acts of IV therapy if the supervisor is physically on the premises where the patient is having nursing care provided.

(vi) Minimum program requirements.

(A) The IV therapy program must utilize the board- approved standardized IV therapy curriculum; and

(B) Shall be offered and administered by a nursing education program in a post secondary institution of higher learning in Wyoming, in a board-approved educational institution, an approved provider of continuing education or a licensed health care facility.

Section 4. Disciplinary Procedures for Licensed Practical Nurses and Registered Professional Nurses.

(a) Grounds for Discipline:

(i) Engaging in any act inconsistent with uniform and reasonable standards of nursing practice, including but not limited to:

- (A) Fraud and deceit including, but not limited to, omission of required information or submission of false information written or verbal;
- (B) Performance of unsafe client care;
- (C) Misappropriation or misuse of property;
- (D) Abandonment;
- (E) Abuse, including emotional, physical or sexual abuse;
- (F) Neglect, including substandard care;
- (G) Violation of privacy or confidentiality in any form, written, verbal, or technological;
- (H) Drug diversion-self/others;
- (I) Sale, unauthorized use, or manufacturing of controlled/illicit drugs;
- (J) Criminal conviction;
- (K) Unprofessional conduct;
- (L) Boundary violations, including sexual boundaries;
- (M) Failure to comply with reasonable requests from the board including, but not limited to:
  - (I) Responses to complaints;
  - (II) Responses to formal pleadings such as notice of hearing and/or petition and complaint;
  - (III) Responses to requests regarding application and/or renewal information;
  - (IV) Written response to request for explanation for failure to disclose required information;
  - (V) Failure to appear at properly noticed hearings.
- (N) Impairment.
  - (I) Lack of nursing competence;
  - (II) Mental illness;
  - (III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skills; or
  - (IV) Chemical or alcohol impairment/abuse.

(ii) Failure to conform to the standards of prevailing nursing practice, in which case actual injury need not be established.

(b) Disciplinary Records.

(i) The board shall maintain records of disciplinary actions and make available public findings of abuse, neglect, or misappropriation of property or other disciplinary findings.

(c) Disciplinary Notification.

(i) The board shall notify the registered professional nurse or licensed practical nurse's employer, if applicable, of the disciplinary action.

## CHAPTER 7

### CERTIFIED NURSING ASSISTANTS

#### Section 1. Authority

(a) These rules and regulations are promulgated by the Wyoming State Board of Nursing pursuant to its authority under W.S. 33-21-119 thru 33-21-156 and the federal requirements (Public Law 100-203).

(b) The responsibility for enforcement of the provisions of these rules is vested in the board.

#### Section 2. General Provisions

(a) The board shall have all of the duties, powers and authority specifically granted by the Wyoming Nurse Practice Act and federal requirements necessary to the enforcement of reasonable rules governing the regulation of nursing assistants.

(b) Without limiting the foregoing, the board may do the following:

(i) Have the responsibility for the enforcement of the provision of rules governing the regulation of nursing assistant training, competency, certification, registry, practice, and discipline;

(ii) Develop and enforce standards for nursing assistant, nursing assistant II and medication assistant certifications:

(A) Issue certification to the nursing assistants who have successfully met the requirements;

(B) Notify all nursing assistants of changes in laws, rules and regulations pertaining to nursing assistants;

(iii) Develop and enforce standards for competency evaluation of nursing assistants;

(A) Grant qualified individuals temporary permits to engage in graduate nursing assistant practice when indicated by the executive director;

(B) Examine, certify, renew, and reinstate the certificates of duly qualified individuals.

(iv) Deny any applicant a certificate or temporary permit to practice as a nursing assistant for examination, certification, renewal, or reinstatement if the applicant fails to meet the requirements of board rules and regulations;

(v) Develop standards for continued competency of nursing assistants during employment and upon return to employment;

(vi) Collect data regarding certification and educational enrollment of nursing assistants and report to the public;

(vii) Conduct investigations, hearings and proceedings concerning alleged violations of the boards rules and regulations;

(viii) Compel attendance of witnesses, issue subpoenas and administer oaths to those testifying at hearings;

(ix) Determine and administer appropriate disciplinary action against all individuals found guilty of violating the Wyoming Nurse Practice Act and board rules and regulations.

### Section 3. Statement of Purpose

(a) These rules and regulations are adopted to implement the authority of the Wyoming State Board of Nursing to:

(i) Regulate the qualifications and certification standards of nursing assistants practicing in Wyoming;

(ii) Regulate the certification process for nursing assistants practicing in Wyoming;

(iii) Establish minimum standards of competency for nursing assistants;

(iv) Identify basic skills and functions necessary to nursing assistant practice;

(v) Enforce the standards for nursing assistant training and/or competency evaluation programs;

(vi) Establish minimal acceptable levels of safe nursing assistant practice;

(vii) Provide criteria for the board to evaluate safe and competent nursing assistant practice;

(viii) Clarify the scope of tasks for the certified nursing assistant;

(ix) Identify behaviors which are inconsistent with uniform and reasonable standards of nursing practice including, but not limited to:

(A) Fraud and deceit;

(B) Unsafe practice;

(C) Misappropriation of property;

(D) Abandonment;

(E) Abuse, including sexual abuse;

(F) Neglect, including substandard care;

(G) Violation of privacy and/or confidentiality;

(H) Drug diversion - self/others;

- (I) Sale, unauthorized use, or manufacture of controlled/illicit drugs;
  - (J) Criminal conviction;
  - (K) Unprofessional conduct;
  - (L) Boundary violations, including sexual boundaries;
  - (M) Failure to comply with reasonable requests from the board
- including, but not limited to:
- (I) Response to complaints;
  - (II) Response to formal pleadings such as notice of hearing or petition and complaint;
  - (III) Response to inquiry regarding application or renewal information.
- (N) Impairment;
    - (I) Lack of nursing competency;
    - (II) Mental illness;
    - (III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skill; or
    - (IV) Chemical or alcohol impairment.

Section 4. Certification Requirements for Nursing Assistants.

(a) All nursing assistants, regardless of title or care setting, shall be required to hold a current, valid nursing assistant certificate issued by the board within four (4) months from the first date of hire with the following exceptions:

(i) Nursing assistants who work for a home health agency/public health agency or in the community shall be certified prior to beginning work.

(A) Nursing assistants who are employed in a home health/public health or community setting shall receive sixteen (16) hours of training in home health nursing assistant tasks as prescribed by the board within the first two (2) weeks of employment;

(B) Nursing assistants who are employed in home health/public health or community settings shall not provide direct patient care until completion of the sixteen (16) hours of home health nursing assistant training;

(C) Documentation of completion of home health nursing assistant training shall be submitted to the board on the prescribed form.

(ii) Nursing assistants, regardless of title or setting, who work for a staffing agency shall be required to be certified prior to beginning work.

(b) Nursing assistant applying for endorsement must make application for certification immediately upon employment.

Section 5. Standards for Delegation of Basic Nursing Tasks and Skills

See Chapter 9.

Section 6. Degree of Direction or Supervision.

See Chapter 9.

Section 7. Basic Nursing Functions, Tasks, and Skills that may be Delegated.

(a) A certified nursing assistant, regardless of title or care setting shall be under the direction of a licensed nurse;

(b) After appropriate client assessment and delegation by the supervising nurse, the nursing assistant shall utilize knowledge of client's rights, legal and ethical concepts, communication skills, safety, and infection control while performing the following:

(i) Basic Nursing Skills:

(A) Measuring and recording height, weight, intake and output;

(B) Measuring and recording vital signs, including blood pressure and fingerstick blood sugar;

(C) Observing, reporting, and recording signs, symptoms, and changes from baseline data established by the licensed nurse;

(I) Observing and reporting client or family comments in response to care;

(II) Observing and reporting environment situations;

(III) Observing and reporting behaviors related to the plan of care;

(D) Caring for the client environment;

(E) Caring for the client when death is imminent;

(F) Measuring and recording food and fluid intake and output;

(G) Using client protective devices;

(H) Maintaining safety standards;

(I) Using hand washing, universal precautions, and other infection control measures.

(J) Implementing basic emergency procedures including cardiopulmonary resuscitation

(ii) Personal Care Skills:



- (A) Bathing including bed bath, tub or shower, and perineal care;
- (B) Grooming including sink, tub, or bed shampoo and oral hygiene and nail care;
- (C) Dressing;
- (D) Toileting;
- (E) Assisting with eating and hydration, including proper feeding technique;
- (F) Providing skin care including pressure ulcer prevention;
- (G) Ambulating, positioning, and turning;
- (H) Feeding, cutting up food, or placing of meal trays;
- (I) Promoting client/resident independence;
- (J) Socialization activities; and
- (K) Assisting with the self-administration of medications includes the following:

(I) The licensed nurse assesses and determines the client is awake, alert and cognizant of their medications;

(II) Medications must be dispensed from a licensed pharmacy with the name, address, and telephone number of the pharmacy, name of client, name and strength of drug, directions for use, date filled, expiration date, prescription number, and prescriber (Assisted Living Facility Rules, Chapter 12, Section 6(d)(ii));

(III) The nursing assistant may perform the following:

(1.) Reminding the client to take medication (Assisted Living Facility Rules, Chapter 12, Section 6(iv)(A)(I));

(2.) Assisting with the removal of a cap or blister pack (Assisted Living Facility Rules, Chapter 12, Section 6(iv)(A)(III));

(3.) Assisting with the removal of a medication from a container for a client with a disability which prevents independent performance of this act (Assisted Living Facility Rules, Chapter 12, Section 6(iv)(A)(IV));

(4.) Observing the client take the medication;

(5.) Applying topical ointments to intact skin

(6.) Inserting dulcolax and glycerin suppositories rectally.

(iii) Basic Restorative Skills Assistance:

- (A) Activities of daily living;
  - (B) Performing range of motion exercises;
  - (C) Using assistive devices in transferring, positioning, ambulating, toileting, eating and dressing;
  - (D) Turning and positioning properly;
  - (E) Transferring;
  - (F) Assisting in bowel and bladder training;
  - (G) Using and caring for prosthetic devices;
  - (H) Positioning of therapeutic devices; and
  - (I) Training the client/resident in self care according to their abilities.
- (iv) Mental Health and Psychosocial Skills.
- (A) Recognizing developmental tasks associated with the life process;
  - (B) Utilizing basic skills which support the patient in age-appropriate behavior and self-care;
  - (C) Applying basic principles of behavior management in response to the client's behavior;
  - (D) Identifying characteristics that may put the client/resident at risk and providing care with consideration of:
    - (I) The client's cognitive level of functioning;
    - (II) The client's sensory deficits or impairments;
    - (III) Communication limitations;
    - (IV) Altered level of consciousness;
    - (V) Agitation or combativeness;
    - (VI) The clients ability to make personal choices;
    - (VII) The client's family or concerned others as a source of emotional support;
    - (VIII) The client's need for participation in social activities; and
    - (IX) The client's expression of grief or conflict.

- being; and
- (X) Organizing the client's environment to enhance well-being; and
  - (XI) Recognizing the client's spiritual needs.
- (v) Communication Skills:
- (A) Using appropriate verbal and non-verbal communication with clients, their families and co-workers;
  - (B) Recognizing non-verbal communication in clients, their families, and co-workers; and
  - (C) Recognizing and maintaining boundaries, including sexual boundaries.
- (vi) Nursing Team Member Skills of the Certified Nursing Assistant:
- (A) Accepting delegation, instruction, and supervision from the licensed nurse and other appropriate licensed health professionals;
  - (B) Accepting responsibility for actions;
  - (C) Following the nursing care plan to guide delegated aspects of care;
  - (D) Organizing work by priority assignments;
  - (E) Informing the delegation nurse and appropriate health professional about ability or inability to perform tasks;
  - (F) Observing, reporting, and recording data in a timely manner;
  - (G) Reporting changes in the client to the nurse in a timely manner;
  - (H) Participating with other members of the healthcare team to provide optimum care;
  - (I) Contributing to the planning of care;
  - (J) Reporting unsafe, neglectful or abusive care;
  - (K) Conducting assigned tasks without discrimination on the basis of age, race, religion, sex, lifestyle, national origin, disability or disease;
  - (L) Protecting the dignity and rights of clients regardless of social or economic status, personal attributes or nature of health problems;
  - (M) Protecting the individual's right to privacy and the maintenance of confidentiality;
  - (N) Protecting the property of the client, family, significant others, and the employer; and

(O) Providing care which maintains the client free from abuse and/or neglect.

Section 8. Standards for Nursing Assistant Training and Competency Evaluation Programs

(a) Purpose of Standards:

(i) To ensure the safe and effective functioning of nursing assistants who successfully complete nursing assistant training and competency evaluation programs.

(ii) To serve as a guide for the development and establishment of nursing assistant training and competency evaluation programs.

(iii) To provide criteria for the evaluation of nursing assistant training and competency evaluation programs.

(iv) To promote, preserve and protect the health, safety and welfare of the public by and through the effective control and regulation of nursing assistants and their functions and approval of nursing assistant training and competency evaluation programs.

Section 9. Nursing Assistant Competence Evaluation.

(a) The board shall establish the process for evaluating nursing assistants for minimal competency.

Section 10. Certified Nursing Assistant II (CNA II)

(a) Delegation

(i) Criteria for determining nursing tasks/functions/activities that may be delegated:

(A) Knowledge and skills of the CNA II;

(B) Knowledge and skills of the medication assistant-certified (MA-C);

(C) Verification of the clinical competence of the CNA II by the employing agency;

(D) Verification of the clinical competence of the MA-C by the employing agency;

(E) Stability of the patient's condition that involves predictability, absence of risk of complication, and rate of change;

(F) The variables in each service setting that include but are not limited to:

(I) The accessible resources and established policies, procedures, practices and channels of communication that lend support to the type of nursing tasks/functions/activities being delegated to CNA II or MA-C;

patient population; (II) The complexity and frequency of care needed by a given

(III) The proximity of patients to staff;

(IV) The number and qualifications of staff; and

(V) The accessibility of the licensed nurse.

(ii) Nursing tasks/functions/activities that inherently involve ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure(s) are not to be delegated to the CNA II or MA-C.

(b) Purpose:

(i) The purpose of the standards:

(A) To communicate board expectations and provide guidance for CNA II and MA-C;

(B) To articulate board criteria for evaluating CNA II and MA-C actions and behavior when providing nursing care under the direction of a licensed nurse.

(c) Nursing Assistant Registry

(i) All CNA IIs and MA-Cs shall be listed on the registry maintained by the Office of Healthcare Licensing and Survey.

(d) Certification of CNA II Personnel

(i) In order to be certified as a CNA II a certified nursing assistant must:

(A) Be eighteen (18) years of age or older at the time of examination;

(B) Have a high school diploma or a GED;

(C) Have a current unencumbered Wyoming certified nursing assistant certificate;

(D) Have completed at least one thousand five hundred (1500) documented hours of work as a certified nursing assistant; and

(E) Graduate from a state or board approved CNA II training and competency evaluation program.

(e) CNA II Range of Functions

(i) A CNA II works under the direction of a licensed nurse who must follow the principles of delegation as stated in Chapter 9;

- delegated;
  - (ii) Any professional judgment or decision-making responsibility may not be
  - (iii) CNA II may not be delegated CNA II skills for acutely ill patients.
    - (A) Skills for CNA IIs may include but are not limited to the following:
      - (I) Oxygen therapy;
      - (II) Sterile technique;
      - (III) Wound care;
      - (IV) Oropharyngeal suctioning;
      - (V) Tracheostomy care for patients with well established  
tracheostomy;
      - (VI) Assisting with peripheral IV fluids (“Assisting with  
peripheral IVs refers to the set-up of equipment and discontinuing IVs. It does not include  
venipuncture or hanging IVs”);
      - (VII) Urinary catheter:
        - (1.) Removes an urinary catheter; and
        - (2.) Obtains urine specimen from catheter port.
      - (VIII) Gastrostomy and percutaneous endoscopic gastrostomy  
(P.E.G.) feeding tubes in a stable site;
      - (IX) Elimination procedures;
      - (X) Capillary blood glucose testing;
      - (XI) Responding to mental health needs.

#### Section 11. Medication Assistant-Certified (MA-C)

##### (a) Certification of MA-C Personnel

(i) In order to be certified as a MA-C a certified nursing assistant must:

(A) Graduate from a state or board approved CNA II training and competency evaluation program; or

(B) Have a current unencumbered Wyoming CNA II certificate.

##### (b) Range of Functions

(i) A MA-C works under the direction of a licensed nurse who must follow the principles of delegation as stated in Chapter 9.

delegated; (ii) Any professional judgment or decision-making responsibility may not be

(iii) MA-C may not be delegated MA-C skills for acutely ill patients;

(A) Skills for MA-Cs may include but are not limited to the following:

chapter; (I) CNA II skills identified in Section 10 (e)(iii)(A) of this

(II) Medication administration:

(1.) Medication administration may be delegated to a MA-C when a predictable outcome is expected in patients with common reoccurring health problems. The predictable outcome which is expected is the application of the "rights" of medication administration: right medication, right patient, right dose, right time, right route, right technique, and right documentation. Only technical aspects of medication administration may be delegated.

(2.) The MA-C and the registered nurse or licensed practical nurse may work as a dyad in the delivery or observation of the patient taking the medication.

following routes: (3.) MA-C may provide routine medications by the

a. Oral

b. Inhalation

c. Topical

d. Instillation into the eyes, ears and nose

e. Rectal

f. Vaginal

(4.) If the delegating professional is not on site, direction must be for recipient-specific procedures and must be in writing.

(5.) Direction for PRN medication must be in writing and include the parameters for provision of the PRN medication. Direction for observing and reporting for monitoring medication must be in writing and include the parameters for the observation and reporting. A MA-C shall comply with the written directions.

administration of medication if: (6.) A MA-C shall not perform a task involving the

a. The medication administration requires an assessment of the patient's need for medication, a calculation of the dosage of the medication or the conversion of the dosage;

- initial dose and is new to the client;
- b. The medication being administered is an
- c. The licensed nurse directing/supervising care is unavailable to monitor the progress of the patient and the effect on the patient of the medication;
- d. The patient/client has changing health/nursing needs.

(7.) A MA-C who has any reason to believe that he or she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error.

(8.) MA-C shall report to the nurse directing/supervising care:

- a. Signs or symptoms that appear life threatening;
- b. Events that appear health threatening;
- c. Medications that produce no results or undesirable effects as reported by the patient.

(9.) A licensed nurse shall supervise/direct MA-C.

(10.) A registered nurse shall periodically review the following:

- a. Authorized provider orders; and
- b. Patient medication records.

## Section 12. Standards for CNA II and MA-C Training and Competency Evaluation Programs

(a) Purpose of Standards:

(i) To ensure the safe and effective functioning of CNA IIs and MA-Cs who successfully complete CNA II and MA-C training and competency evaluation programs;

(ii) To serve as a guide for the development and establishment of CNA II and MA-C training and competency evaluation programs.

(iii) To provide criteria for the evaluation of CNA II and MA-C training and competency evaluation programs.



(iv) To promote, preserve and protect the health, safety and welfare of the public by and through the effective control and regulation of CNA IIs and MA-Cs, their functions and approval of CNA II and MA-C training and competency evaluation programs.

(b) A CNA II training program shall consist of a minimum of one hundred and five hours (105) under the supervision of a board-approved registered nurse. The one hundred and five (105) hours shall include the following:

(i) CNA training

(A) Minimum of seventy-five (75) or more hour course of which sixteen (16) or more hours shall be skills laboratory or clinical instruction; or

(B) Successful completion of the 1<sup>st</sup> semester of an accredited nursing program.

(ii) CNA II training

(A) Thirty (30) hour course which shall have a minimum of:

(I) Fifteen (15) hours classroom instruction related to CNA II skills;

(II) Fifteen (15) hours of supervised clinical practice related to CNA II skills.

(c) Additional education and training for the CNA II shall include:

(i) Role of the CNA II in providing nursing care as established routines for predictable patients/clients with limited risk of complication and change under the supervision/direction of a licensed nurse;

(ii) Oxygen therapy;

(iii) Sterile technique;

(iv) Wound care;

(v) Oropharyngeal Suctioning;

(vi) Tracheostomy care for patients with well established tracheostomy;

(vii) Assisting with peripheral IV fluids (“Assisting with peripheral IVs refers to the set-up of equipment and discontinuing IVs. It does not include venipuncture or hanging IVs.”);

(viii) Urinary catheter:

(A) Removes an urinary catheter; and

(B) Obtains urine specimen from catheter port.

(ix) Gastrostomy and percutaneous endoscopic gastrostomy (P.E.G.) feeding tubes in a stable site;

(x) Capillary blood glucose testing;

(xi) Elimination procedures;

(xii) Responding to mental health needs.

(d) A MA-C training program shall consist of a minimum of one hundred (100) hours under the supervision of a board-approved registered nurse. The one hundred (100) hours shall include the following:

(i) One hundred (100) hour course shall have a minimum of:

(A) Sixty (60) hours classroom instruction related to medication administration;

(B) Forty (40) hours of supervised clinical practice related to medication administration.

(e) Additional education and training for the MA-C shall include:

(i) Role of the MA-C as a delegated nursing function under nursing supervision/direction and the following acts that cannot be delegated to the MA-C:

(A) Conversion or a calculation of the dosage of drug dosage;

(B) Assessment of patient need for or response to medication; and

(C) Nursing judgment regarding the administration of PRN medications.

(ii) Rights of individuals;

(iii) Legal and ethical issues;

(iv) Agency policies and procedures related to medication administration;

(v) Functions involved in the management of medications, including prescription, dispensing, administration and self-administration;

(vi) Principles of safe medication storage and disposal of medication;

(vii) Reasons for medication administration;

(viii) Classes of drugs, their effects, common side effects and interactions;

(ix) Reporting of symptoms or side effects;

(x) Techniques to check, evaluate and record vital signs as part of safe medication administration;

(xi) The rights of administration, including right person, right drug, right dose, right time, right route and right documentation;

(xii) Documentation of medication administration;

(xiii) Prevention of medication errors;

(xiv) Incident reporting;

(xv) Location of resources and references;

(xvi) Overview of the state agencies involved in the regulation of medication administration; and

(xvii) Supervised clinical experience in administering medications.

(f) CNA II and MA-C educational program(s) will be approved by the Wyoming State Board of Nursing.

(g) Faculty

(i) There shall be sufficient number of qualified faculty to meet the purposes and objectives of the program.

(ii) Program coordinators and faculty shall provide documented evidence of preparation for teaching adults.

(iii) The ratio of faculty to students in clinical areas involving direct client care shall be one faculty member to six or fewer students (1:6).

(iv) The principle instructor who teaches in the CNA II or MA-C program shall:

(A) Hold a current, unencumbered license as a registered professional nurse;

(B) Have at least two (2) years full-time equivalent experience as a registered professional nurse in a health care facility; and

(C) Have at least one (1) year of clinical experience relevant to the area(s) of responsibility.

(v) The principle instructor who teaches in the MA-C program shall:

(A) Have completed and passed the didactic portion of the MA-C educational program; and

(B) Completed a medication safety course that addresses safe systems and processes for medication administration.

(h) Students

(i) Admission and completion requirements shall be available to the students in written form;

(ii) Each student shall be under the supervision of a licensed nurse at all times when providing client care as part of the student's clinical experience;

(iii) Students shall be required to maintain an acceptable level of personal health in order to protect the health, safety, and welfare of the clients.

(i) MA-C Competence Evaluation

(i) The board shall establish the process for evaluating minimal competency for MA-C;

(ii) The board shall establish the passing standard;

(iii) The board shall ensure implementation of procedures to ensure confidentiality and security of all test items, examination materials during all stages of test administration.

Section 103. Disciplinary Procedures

(a) Purpose:

(i) To protect the public from incompetent nursing assistants;

(ii) To assure the minimum competence of nursing assistants; and

(iii) To provide a process to resolve complaints regarding nursing assistants, pursuant to Chapter 8 of the board's administrative rules and regulations.

(b) Grounds for Discipline:

(i) Engaging in any act inconsistent with uniform and reasonable standards of nursing practice, including but not limited to:

(A) Fraud and deceit;

(B) Unsafe practice;

(C) Misappropriation of property;

(D) Abandonment;

(E) Abuse, including sexual abuse;

(F) Neglect, including substandard care;

(G) Violations of privacy and/or confidentiality;

(H) Drug diversion – self/others;

(I) Sale, unauthorized use, or manufacture of controlled/illicit drugs;

- (J) Criminal conviction;
- (K) Unprofessional conduct;
- (L) Boundary violations, including sexual boundaries;
- (M) Failure to comply with reasonable requests from the board including, but not limited to:
  - (I) Response to complaints;
  - (II) Response to formal pleadings such as notice of hearing or petition and complaint;
  - (III) Response to request to application or renewal information.
- (N) Impairment;
  - (I) Lack of nursing competency;
  - (II) Mental illness;
  - (III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skill; or
  - (IV) Chemical or alcohol impairment
- (ii) Failure to conform to the standards of prevailing nursing and nursing assistant practice, in which case actual injury need not be established.
- (c) Disciplinary Records.
  - (i) The board shall maintain records of disciplinary actions and make available public findings of abuse, neglect, or misappropriation of client property, or other disciplinary findings, and any statement disputing the finding by the nursing assistant listed on the registry.
- (d) Disciplinary Notification.
  - (i) The board shall notify the nursing assistant's current employer, if known, of the disciplinary action.
  - (ii) The board shall notify the Department of Health of disciplinary action taken against nursing assistants.

(xi) Develop and enforce uniform standards for nursing education programs, certified nursing assistant II training, competency and evaluation programs and medication assistant training, competency and evaluation programs;

(xii) Approve nursing education programs that meet the prescribed standards of the board; and

(xiii) Approve nursing assistant II and medication assistant training, competency and evaluation programs that meet the prescribed standards of the board.

(d) The Board of Nursing is not required to act upon violations of these rules whenever, in the board's opinion, the public interest will be served adequately by providing written notice or warning to affected parties.

(e) The responsibility for enforcement of the provisions of these rules is vested in the Board of Nursing.

#### Section 2. Statement of Purpose.

(a) These rules and regulations are adopted to implement the authority of the Wyoming State Board of Nursing to:

(i) Regulate the qualifications and standards of performance of nurses and nursing assistants practicing in Wyoming;

(ii) Develop and enforce standards for nursing and nursing assistant education programs;

(iii) Approve nursing and nursing assistant education programs that meet the standards;

(iv) Provide for enforcement and proper administration of the provisions of the Wyoming Nurse Practice Act and the board's rules and regulations;

(v) Administer appropriate disciplinary action against advanced practice registered nurses, registered professional nurses, licensed practical nurses, and certified nursing assistants for proven violations of the Wyoming Nurse Practice Act; the board's rules and regulations; and applicable federal requirements;

#### Section 3. Severability.

(a) If any provision of these regulations or the application thereof to any person or circumstance is invalid, such invalidity shall not affect other provisions or application of these regulations which can be given effect without the invalid provision or application, and to this end the provisions of these regulations are declared to be severable.

#### Section 4. Terms Defined by Statute.

(a) Terms defined in W.S. 33-21-119 through 33-21-157 shall have the same meaning when used in these regulations unless the context or subject matter clearly requires a different interpretation.

#### Section 5. Terms Defined Herein.

(a) As used in these regulations, the following terms shall have the meanings set forth unless the context or subject matter clearly requires a different interpretation.

Section 6. Definitions.

(a) The definitions set out in the Wyoming Nurse Practice Act, W.S. 33-21-120, are hereby incorporated by reference to these rules and regulations. In addition, as used in these rules and regulations, the following definitions shall apply:

(i) "Abandonment" means the termination of a client relationship or client contact without the client's knowledge (when appropriate) and without making arrangements for appropriate continuation of care; and may include:

(A) Withdrawal of service; that is, after having accepted the assignment, the failure to give sufficient notice to a manager or other responsible party of intent to cease providing nursing care so that arrangements can be made for continuation of care.

(ii) "Abuse" means any behavior that is designed to control and subjugate another human being through the use of fear, humiliation, or assault, either verbal or physical.

(iii) "Academic facilities" means the physical facilities of such as classrooms, offices, laboratories, libraries, hospitals and other essential resources available to conduct an educational program.

(iv) "Acceptable documentation of employment" means any evidence that clearly substantiates an individual was employed in the capacity of an advanced practice registered nurse; a licensed nurse; or a nursing assistant.

(v) "Acceptable documentation of program completion" means an official or notarized copy of a certificate of completion or an official transcript from a board-approved education and/or training program.

(vi) "Accountability" means being responsible and answerable for actions or inactions of self and others in the context of delegation.

(vii) "Accreditation" means an official authorization or status granted by a nationally recognized accrediting agency.

(viii) "Administrative head" means the registered professional nurse faculty member who has the responsibility to administer the nursing education program regardless of the official title assigned by the governing body.

(ix) "Advisory opinion" means a statement developed by the board to provide guidance, clarification and direction regarding whether nursing or nursing assistant practice, procedures, or policies comply with acceptable standards or nursing or nursing assistant practice as defined in the Wyoming Nurse Practice Act and board rules and regulations.

(x) "Alford Plea" means a plea agreement where the defendant has pled guilty yet not admitted to all the facts that comprise the crime.

(xi) "Annual report" means a condensed report from a board-approved nursing education program which summarizes significant revisions pertaining to the criteria of the established standards for nursing education programs.

(xii) "Applicant" means any person applying for any type of license, permit or certificate issued by the board.

(xiii) "Assignment" means the performance of designated nursing activities/tasks by a licensed nurse or certified nursing assistant that are consistent with the scope of practice of the licensed nurse or the role description of the certified nursing assistant; the distribution of work that each staff member is to accomplish on a given shift or work period.

(xiv) "Authority" means the source of the power to act.

(xv) "Biennial" means an event that occurs every two years.

(xvi) "Board" means the Wyoming State Board of Nursing as defined by W.S. 33-21-119 thru 33-21-157.

(xvii) "Boundaries" mean the conscious limits of the professional relationship that allow for safe therapeutic connection between the professional and the client. Boundaries protect the space between the professional's powers and the client's vulnerability. Establishing boundaries provides a means for a professional's control of this power differential and allows for a safe connection based on the client's need. The professional is responsible for delineating and maintaining the boundaries.

(xviii) "Candidate" means an individual who has met all the requirements for completion of a board-approved nursing education program and is applying for a graduate temporary permit or licensure by examination.

(xix) "Certificate holder" means a person to whom a certificate is granted to practice as a certified nursing assistant.

(xx) "Client" means a recipient of care and may be an individual, family, group, or community.

(xxi) "Clinical facilities" means those institutions established for the delivery of healthcare services, utilized by students enrolled in nursing education programs or nurse aide training, competency and evaluation programs.

(xxii) "Competence" means the application of knowledge and the interpersonal, decision-making and psychomotor skills expected for the practice role, within the context of public health, safety and welfare.

(xxiii) "Competency examination" means an objective examination approved by the board to determine minimal level of safe nursing practice at entry level.

(xxiv) "Complainant" means the person(s), organization or agency who initiates a complaint.

(xxv) "Conditional approval" means a temporary status given to a nursing education program which has not met the criteria of the standards for nursing education programs which specifies deficiencies that shall be removed or corrected within a designated period of time determined by the board.

(xxvi) "Continued competency" means the method by which a nurse or certified nursing assistant maintains or refines practice knowledge, skills and abilities, which can occur



through a formal education program, continuing education, or clinical practice, and is expected to continue throughout the individual's career.

(xxvii) "Current" means most recent.

(xxviii) "Delegation" means transferring to a competent individual the authority to perform a specific nursing task in a selected situation. The nurse retains responsibility and accountability for the delegated tasks.

(xxix) "Direct care" means primary care or a basic level of healthcare usually given by a healthcare provider.

(xxx) "Direction" means

(A) Monitoring and guiding the practice of another through written or verbal communication;

(B) The intermittent observation, guidance and evaluation of the nursing practice of another by a licensed physician, advanced practice registered nurse, dentist or registered professional nurse who may only occasionally be physically present; or

(C) Joint development of a plan of care in advance by those individuals involved which will be implemented without the physical presence of a licensed physician, advanced practice registered nurse, dentist, or registered professional nurse. A licensed physician, advanced practice registered nurse, dentist or registered professional nurse shall be available for consultation. The evaluation of the patient care situation and the caregiver's educational preparation and proficiency demonstrated will determine the degree of direction needed.

(xxxi) "Equivalent" means equal to or exceeding the requirements as stated in these rules and regulations.

(xxxii) "Evaluation" means final and critical step of delegation; to review the nursing care provided, the effectiveness of the nursing interventions and the need to change any part of the plan of care in order to better meet patient needs.

(xxxiii) "Faculty" means registered professional nurses who:

(A) Meet the criteria of the established standards for nursing education programs; and

(B) Have been employed by the governing body for the purpose of administration, teaching, evaluation, guidance and research in nursing.

(xxxiv) "Formal instruction" means an independent study, organized program, course, or other planned learning experience approved by the board that is directed or taught by the faculty of a board-approved nursing education program or nurse aide training, competency and evaluation program.

(xxxv) "Full approval" means the status granted to a nursing education program meeting the criteria of the established standards for nursing education programs.

(xxxvi) "Governing body" means the agency or institution which has the authority to conduct a nursing education program, administer the program, assume responsibility for financial support, graduate students, and grant degrees or certificates to the graduates.

(xxxvii) "Graduate temporary permit" means a current document permitting the supervised practice of nursing skills learned in a basic nursing assistant training program, a basic nursing education program, or an advanced practice nursing education program issued to those individuals who have met all the eligibility requirements to take the national licensure examination, the nurse aide assessment or advanced practice certifying examination for the first time.

(xxxviii) "Graduate nursing assistant" means a nursing assistant who has successfully completed the basic nursing assistant training but:

- (A) Has not taken the board-approved examination; or
- (B) Has taken the board approved examination and is waiting for test results; and
- (C) Is permitted to work only in a care unit where supervision by a licensed nurse is available.

(xxxix) "Grandfather" means provision in a new law or regulation that exempts those already in or a part of the existing system.

(xl) "Inactive status" means the license is not on active status and the licensee may not legally engage in the practice of nursing.

(xli) "Internationally educated nurse" means the nurse received nursing education outside the United States.

(xlii) "Jurisdiction" means the governmental authority for licensure and regulation of nurses within a specific geographic region.

(xlili) "Lapsed license" means a license which is no longer valid due to the individual's failure to renew. When a license lapses, the individual's privilege to practice nursing terminates.

(xliv) "Lawful presence" means someone who enters or lives in the United States with official authorization.

(xlv) "Licensed nurse" means an individual holding a current license issued by the board to practice as a practical nurse or registered professional nurse in accordance with the Wyoming Nurse Practice Act and the board rules and regulations.

(xlvi) "Licensee" means a person to whom a license is granted to practice as an advanced practice registered nurse, a registered nurse or a practical nurse.

(xlvii) "Licensure by endorsement" means the granting of authority to practice nursing based on an individual's licensure in another jurisdiction.

(xlviii) "Licensure by examination" means the granting of authority to practice nursing based on an individual's passing of a board-approved examination.

(xlix) "Licensure reinstatement" means the procedure of restoring or reestablishing a nursing license that has lapsed or that has been suspended, revoked, or voluntarily surrendered.

(l) "Licensure renewal" means the process for periodic reissuing of the authority to practice nursing.

(li) "May" means optional; not required.

(lii) "Medication Assistant training program" means a board-approved training program designed to prepare the individual to perform medication assistant functions in order to take the medication assistant assessment evaluation.

(liii) "Minimum competency" means that level of knowledge, skill and ability necessary to safely perform the job of a nursing assistant or to practice as a licensed nurse.

(liv) "Misappropriation of property" means negligently or deliberately taking, misusing, exploiting, using or selling money or property belonging to another, whether temporarily or permanently, and without regard to consent.

(lv) "National Council of State Boards of Nursing, Inc." means a national nursing organization, comprised of individual jurisdictions, which acts on matters of common interest affecting nursing practice, and which develops and administers a national nursing licensure examination.

(lvi) "National League for Nursing" means the national nursing organization, composed of individual jurisdictions, which acts on matters of common interest affecting nursing practice, and which develops and administers a national nursing licensure examination.

(lvii) "Neglect" means the failure to provide necessary goods, services, care, or attention and may include:

(A) Insufficient observation; the failure to provide adequate assessment and intervention directly or indirectly through inadequate supervision;

(B) Failure to intervene when a client condition warrants intervention;

(C) Inappropriate delegation or assignment of care to an unqualified care giver; and

(D) Accepting assignments beyond level of competency or scope of practice.

(lviii) "Nolo contendere" means a no contest plea in a criminal case. A plea of nolo contendere has the same effect as pleading guilty.

(lix) "Nursing assistant training and competency evaluation program (NATCEP)" means a board-approved training program designed to prepare the individual to perform nursing assistant functions in order to take the nurse aide assessment evaluation.

(lx) "Nursing assistant II training program" means a board-approved training program designed to prepare the individual to perform nursing assistant II functions.

(Ixi) "Preceptor" means an individual at or above the level of licensure that an assigned student is seeking, who may serve as a teacher, mentor, role-model, and/or supervisor in a clinical setting.

(Ixii) "Predictable" means expected, foreseeable, or anticipated with reasonable assurance and accuracy.

(Ixiii) "Prescriptive authority" means the authority granted by the board to the licensee to select, prescribe, administer, dispense, or provide prescriptive and non-prescriptive medications including, but not limited to, vaccines, immunizing agents and devices.

(Ixiv) "Provisional approval" means the initial status granted to a new nursing education program that meets the criteria of the established standards for nursing education programs.

(Ixv) "Reactivation" means the process for moving a license from inactive status and placing the license on active status.

(Ixvi) "Refresher course" means a planned nursing education program approved by the board, relating to basic review of current nursing practice, updating nursing theory and skills, and specifically planned for nurses who have not been actively employed in nursing and are preparing for reentry into nursing practice.

(Ixvii) "Reinstatement" means reissuing a license which has been suspended, revoked, conditioned, or surrendered.

(Ixviii) "Relicensure" means reissuing a license which has lapsed as a result of failure to renew.

(Ixix) "Renewal license" means the document issued to a licensee after the licensee has met the requirements for license renewal.

(Ixx) "Renewal period" means the biennial period for renewal of licensure, certification, or recognition.

(Ixxi) "Respondent" means a person who is seeking licensure or who is licensed by the board and who received notification from the board they are alleged to have violated the Wyoming Nurse Practice Act or board rules and regulations or applicable federal requirements.

(Ixxii) "Satisfactory completion" means to complete the required course of study and clinical practicum, pass the course examination, and successfully perform the required skills on the clinical skills checklist.

(Ixxiii) "Scope of practice" means the parameters of the authority to practice granted to a nurse through licensure.

(Ixxiv) "Self-study" means a comprehensive report written by the administrative head and faculty of a nursing education program or nursing assistant training program, which describes all aspects of the program pertaining to the criteria of the established standards for nursing education programs or nursing assistant training and competency evaluation programs.

(Ixxv) "Shall" means mandatory.

(lxxvi) "Site visit" means a planned visit by representatives of the board to the governing body of a nursing education program for the purpose of program evaluation. When a site visit is deemed necessary by the board in conjunction with self-study, the purpose of the site visit will be to verify, clarify, and amplify information contained in the self-study.

(lxxvii) "Standard" means an authoritative statement by which the board can determine the quality of nursing education and nursing assistant training or nursing practice and nursing assistant functions and practice.

(lxxviii) "State board-approved program" means a basic nursing education program, nursing assistant training program, nursing assistant II training program, medication assistant training program or nurse refresher course which meets the minimum educational standards as prescribed by the appropriate jurisdiction.

(lxxix) "Supervision" means the immediate physical availability of a licensed physician, advanced practice registered nurse, dentist or registered professional nurse for the purpose of providing assistance, coordination and evaluation of the practice of another.

(lxxx) "Temporary permit" means a nonrenewable, nontransferable document permitting the practice of nursing as an advanced practice registered nurse, registered professional nurse, or licensed practical nurse for a limited period of time.

(lxxxi) "Transcript" means an official document from the governing body which indicates the date of completion of the nursing education program, certificate or degree awarded, the official seal of the governing body, and evidence of program requirements.

#### Section 7. Board Meetings.

(a) The Board shall meet at least once every six (6) months to transact its business. One (1) meeting shall be designated as the annual meeting for the purpose of electing officers, establishing dates of board meetings for the coming year, and board reorganization and planning. The Board may meet at other times as it may deem necessary to transact its business.

(b) Notice of board meetings shall be given to any person who requests such notice. The notice shall specify the time and place of the meeting and the business to be transacted. A notice of each meeting will be filed in the Governor's office ten (10) days prior to a scheduled board meeting.

(c) All meetings shall be open to the public; the board may conduct executive sessions in accordance with W.S. 16-4-405.

(d) A written record shall be kept of all meetings, and such records shall be retained as the permanent record of the transactions of the board.

(e) A majority of the board members, including the president or vice-president constitutes a quorum. The act of the majority of members present at a meeting, which includes a quorum, shall be the act of the board of nursing.