

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;

CHAPTER 9

DELEGATION AND ASSIGNMENT

Section 1. Statement of Purpose

- (a) The purpose of the board in adopting rules and regulations in this chapter is:
 - (i) To establish acceptable standards of safe delegation of nursing tasks.
 - (ii) To provide criteria for the board to evaluate safe and competent delegation of nursing tasks.

Section 2. Definitions

- (a) "Authority" means the source of the power to act.
- (b) "Delegation" is transferring to a competent individual the authority to perform a specific nursing task in a selected situation. The nurse retains the responsibility and the accountability for the delegated tasks.
- (c) "Assignment" is the performance of designated nursing activities/tasks by a licensed nurse or certified nursing assistant that are consistent with the scope of practice of a licensed nurse or the role description of a certified nursing assistant; the distribution of work that each staff member is responsible for during a given work period.
- (d) "Evaluation" is the 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.

Section 3. Principles of Delegation

- (a) All decisions related to delegation and assignment are based on the fundamental principles of protection of the health, safety and welfare of the public (the statements in Section 3 are directly from the Joint Statement on Delegation, American Nurses Association and the National Council of State Boards of Nursing, 2006).
 - (i) The registered nurse takes responsibility and accountability for the provision of nursing practice.
 - (ii) The registered nurse directs care and determines the appropriate utilization of any nursing assistant involved in providing direct patient care.
 - (iii) The registered nurse may delegate components of care but does not delegate the nursing process itself. The functions of assessment, planning, evaluation and nursing judgment are pervasive to nursing practice and cannot be delegated.
 - (iv) The decision of whether or not to delegate or assign is based upon the registered nurse's judgment concerning the condition of the patient, the competence of members of the nursing team and the degree of supervision that will be required of the registered nurse if a task is delegated.
 - (v) The registered nurse delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence, experience and facility/agency policies and

procedures.

(vi) The registered nurse individualizes communication regarding the delegation to the nursing assistant and client situation. The communication should be clear, concise, correct and complete. The registered nurse verifies comprehension with the nursing assistant and that the nursing assistant accepts the delegation and the responsibility that accompanies it.

(vii) Communication must be a two-way process. Nursing assistants must have the opportunity to ask questions and/or for clarification of expectations.

(viii) The registered nurse uses critical thinking and professional judgment when following the five rights of delegation:

- (A) The right task;
- (B) Under the right circumstances;
- (C) To the right person;
- (D) With the right directions and communication; and
- (E) Under the right supervision and evaluation.

(b) Chief nursing officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation (Joint Statement on Delegation, American Nurses Association and the National Council of State Boards of Nursing, 2006, pg 2).

Section 4. Accountability

(a) The delegating licensed nurse retains accountability for:

- (i) Nursing care when delegating nursing tasks or interventions to ensure patient safety;
- (ii) The decision to delegate;
- (iii) Verifying the delegatee's competency to perform the tasks;
- (iv) Providing direction or supervision;
- (v) The performance of the delegated task;
- (vi) Evaluating the effectiveness of the delegated nursing task or interventions performed under direction or supervision.

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

(a) The licensed nurse delegates tasks based on the needs and condition of the patient, potential for harm, stability of the patient's condition, complexity of the task, predictability of the outcomes, ability of the staff to whom the task is delegated, and the context of other patient needs.

(b) Nursing assistant may complement the licensed nurse in the performance of

nursing functions but shall not substitute for the licensed nurse.

(c) Delegation shall be task-specific, client-specific, and nursing assistant specific.

(d) The standards of nursing assistant practice evolve from the performance of delegated nursing related tasks and services regardless of an individual's title or care setting.

(e) The delegator shall be a licensed nurse.

(i) When delegating a nursing task, the delegator shall:

(A) Make an initial assessment of the client's nursing care needs before delegating the task;

(B) Verify the nursing assistant's competence to perform any nursing task prior to delegation;

(C) Verify appropriate continuing education for each nursing assistant for each task to be performed;

(D) Communicate with nursing assistant allowing the opportunity to ask questions, provide feedback, or clarification;

(E) Inform the patient/client of the decision to delegate;

(F) Provide appropriate direction or supervision;

(G) Remain accountable for the delegated tasks;

(H) Evaluate client outcomes and make adjustments accordingly;

and

(I) Make clear to the nursing assistant that the delegated task cannot be re-delegated.

(I) Delegation is unnecessary if the particular activity or task is already within the legally recognized scope of practice of the individual (delegate) who is to perform the activity or task;

(1.) 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;

(2.) 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.

(ii) The delegating nurse must delegate only those tasks which:

(A) Are within his/her area of responsibility and scope of practice;

(B) A reasonable, prudent nurse would find, within his/her sound nursing judgment, appropriate to delegate;

(C) In the opinion of the delegator, can be properly and safely performed by the nursing assistant without jeopardizing the client's welfare;

(D) Do not require the nursing assistant to exercise nursing judgment, complex observations or nursing assessments, critical decision making or interventions except in an emergency situation; and

(E) Are client specific, task specific, and nursing assistant specific and outcomes are predictable.

Section 6. Degree of Direction or Supervision.

(a) The degree of required direction or supervision for the nursing assistant shall comply with the following criteria:

(i) Direction or supervision means a licensed nurse providing appropriate guidance in the accomplishment of a nursing task, including but not limited to:

(A) Periodic observation and evaluation of the performance of the task; and

(B) Validation that the task has been performed according to established standards of practice.

(ii) Delegation will ensue after an evaluation of factors including but not limited to the:

(A) Stability of the client;

(B) Training and capability of the delegatee;

(C) Nature of the nursing task being delegated; and

(D) Proximity and availability of the delegator to the delegatee.

(iii) The delegating nurse or another qualified nurse shall be readily available either in person or by telecommunication.

Section 7. General Nursing Functions And Tasks That May Not Be Delegated

(a) The following nursing functions require nursing knowledge, judgment, and skill and may not be delegated:

(i) The nursing process

(A) Assessment;

(B) Development of the nursing diagnosis;

(C) Establishment of the nursing care goal;

(D) Development of the nursing care plan; and

(E) Evaluation of the patient's progress, or lack of progress, toward goal achievement.

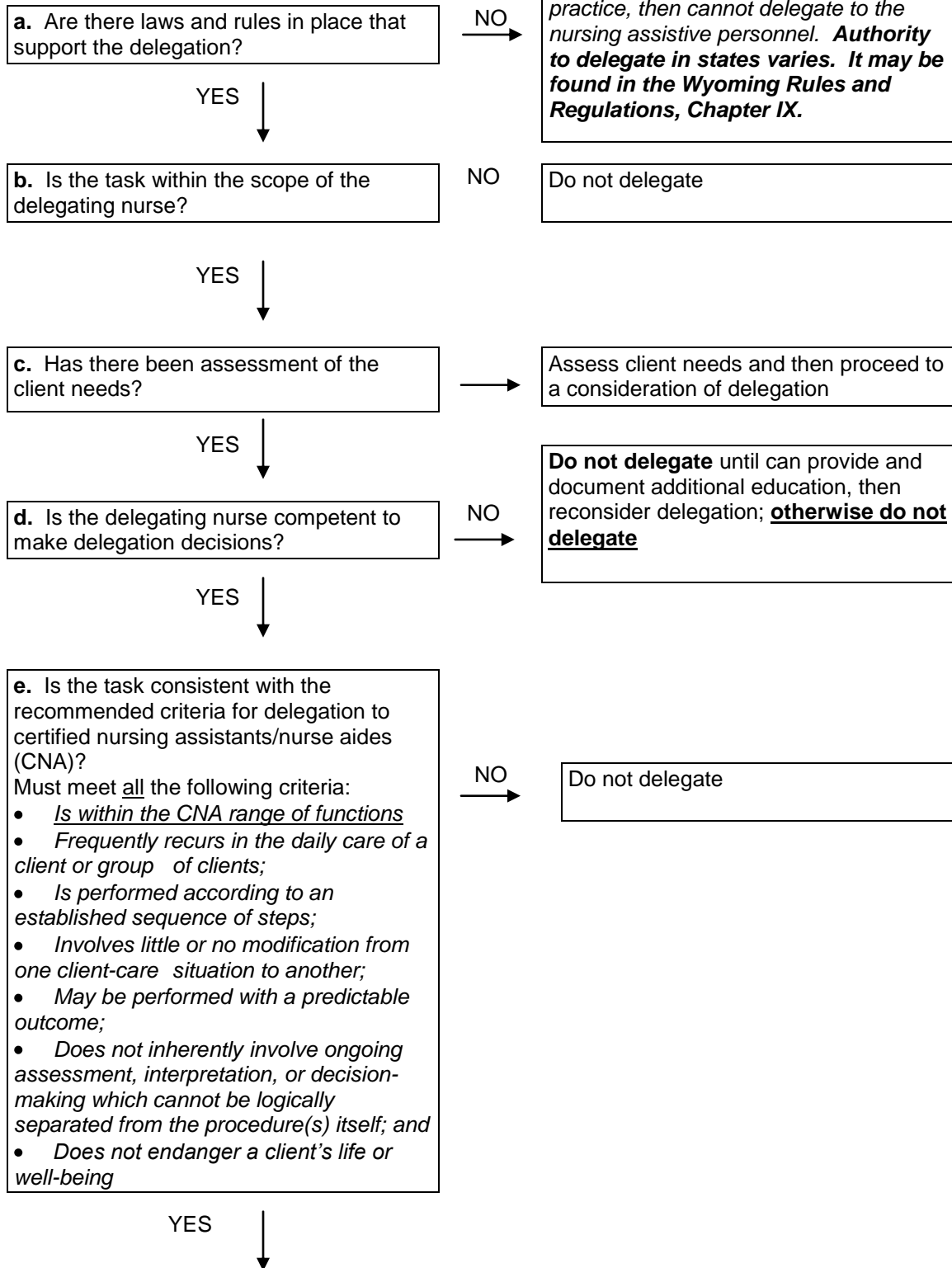
- (ii) Nursing interventions, including but not limited to the following:
 - (A) Administration of medications;
 - (B) Calling or relaying of physician or health care provider orders including prescriptions;
 - (C) Any procedure requiring the use of sterile technique including wound or dressing care;
 - (D) Insertion or removal of peripheral or central intravenous catheters;
 - (E) Insertion or removal of nasogastric or other feeding tubes;
 - (F) Insertion or removal of urinary foley catheters or suprapubic catheters;
 - (G) Removal of:
 - (I) Endotracheal tubes;
 - (II) Chest tubes;
 - (III) Jackson-Pratt drain tubes (JP tubes);
 - (IV) Arterial or central catheters;
 - (V) Epidural catheters; and
 - (VI) Any indwelling device.
 - (H) Patient triage.
- (b) The authority to receive verbal orders from providers.
- (c) Teaching or counseling patients or a patient's family relating to nursing care and nursing services.

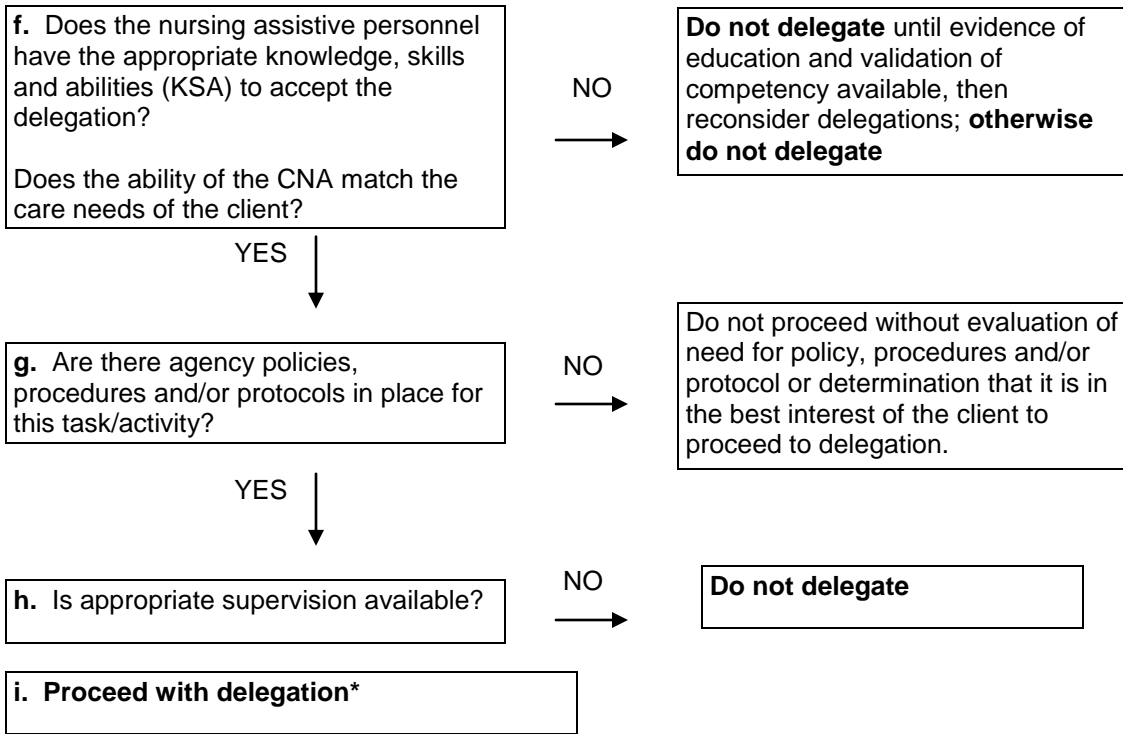
Section 8. Decision Tree for Delegation to Certified Nursing Assistants/Nurse Aides

Joint Statement on Delegation
 American Nurses Association (ANA) and the National Council of State Board of Nursing (NCSBN)
 National Council of State Boards of Nursing (NCSBN)

Decision Tree for Delegation to Nursing Assistive Personnel (Revised for the State of Wyoming)

Step One – Assessment and Planning





Step Two – Communication

Communication must be a two-way process

<p>a. The nurse:</p> <ul style="list-style-type: none"> • Assesses the assistant's understanding • How the task is to be accomplished • When and what information is to be reported, including <ul style="list-style-type: none"> ✓ Expected observations to report and record ✓ Specific client concerns that would require prompt reporting • Individualizes for the nursing assistive personnel and client situation • Addresses any unique client requirements and characteristics, and clear expectations of: • Assesses the assistant's understanding of expectations, providing needed clarification • Communicates his or her willingness and availability to guide and support assistant. • Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility 	<p>The nursing assistive personnel</p> <ul style="list-style-type: none"> • Ask questions regarding the delegation and seek clarification of expectations if needed • Inform the nurse if the assistant has not done a task/function/activity before, or has only done infrequently • Ask for additional training or Supervision • Affirm understanding of expectations • Determine the communication method between the nurse and the assistive personnel • Determine the communication and plan of action in emergency situations. 	<p>Documentation: <i>Timely, complete and accurate documentation of provided care</i></p> <ul style="list-style-type: none"> • Facilitates communication with other members of the healthcare team • Records the nursing care provided.
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Step Three – Surveillance and Supervision

The purpose of surveillance and monitoring is related to nurse's responsibility for client care within the context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

<p>a. The nurse considers the:</p> <ul style="list-style-type: none"> • Client's health care status and stability of condition • Predictability of responses and risks • Setting where care occurs • Availability of resources and support infrastructure • <u>Complexity of the task being performed.</u> 	<p>The nurse determines:</p> <ul style="list-style-type: none"> • The frequency of onsite supervision and assessment based on: <ul style="list-style-type: none"> ○ Needs of the client ○ Complexity of the delegated function/task/activity ○ Proximity of nurse's location 	<p>The nurse is responsible for:</p> <ul style="list-style-type: none"> • Timely intervening and follow-up on problems and concerns. Examples of the need for intervening include: <ul style="list-style-type: none"> • Alertness to subtle signs and symptoms (which allows nurse and assistant to be proactive, before a client's condition deteriorates significantly). • Awareness of assistant's difficulties in completing delegated activities. • Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation.
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Step Four – Evaluation and Feedback

Evaluation is often the forgotten step in delegation.

<p>a. In considering the effectiveness of delegation, the nurse addresses the following questions:</p> <ul style="list-style-type: none"> • Was the delegation successful? <ul style="list-style-type: none"> ○ Was the task/function/activity performed correctly? ○ Was the client's desired and/or expected outcome achieved? ○ Was the outcome optimal, satisfactory or unsatisfactory? ○ Was communication timely and effective? ○ What went well; what was challenging? ○ Were there any problems or concerns; if so, how were they addressed? • Is there a better way to meet the client need? • Is there a need to adjust the overall plan of care, or should this approach be continued? • Were there any "learning moments" for the assistant and/or the nurse? • Was appropriate feedback provided to the assistant regarding the performance of the delegation? • Was the assistant acknowledged for accomplishing the task/activity/function:
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Reference: Joint Statement on Delegation, American Nurses Association and NCSBN, 2006.

CHAPTER 8

PRACTICE AND PROCEDURE

Section 1. Statement of Purpose.

(a) These rules and regulations are adopted to implement the board's authority to conduct investigations, hearings and proceedings concerning alleged violations of the Nurse Practice Act or the board's rules and regulations, and to determine and administer appropriate disciplinary action against any person(s) issued a license, certificate or permit by the board.

(b) For purposes of this chapter, any individual holding a current license, permit or certificate issued by the board, and providing the individual the opportunity to practice a profession in accordance with the Wyoming Nurse Practice Act and the board's rules and regulations, shall be referred to as a "licensee". Any person not currently licensed by the board, but applying for any type of license, permit or certificate issued by the board shall be referred to as "applicant".

Section 2. Enforcement of Court Order for Non-Payment of Child Support.

(a) The board shall comply with court orders issued pursuant to W.S. 20-6-112(a), pertaining to an applicant, and/or licensee who is arrears in child support payments.

Section 3. Complaint Form.

(a) Any complaint filed against a licensee shall be made in writing and contain the signature and address of the person or persons making the complaint.

(b) To initiate the investigatory process, the complainant should provide the following with the complaint:

(i) The name, address, place of employment and position of the individual alleged to have violated the Wyoming Nurse Practice Act or board rules and regulations;

(ii) The nature of the complaint and a description of the incidents involved, including dates, times, and locations, and any observed behavior of the individual;

(iii) Supportive documentation of the allegations which may include, but is not limited to:

(A) Statements of witnesses, preferably signed, which may provide information regarding the alleged violations. Such statements should include names and contact information of witnesses;

(B) Medical releases, medical records, or both;

(C) Law enforcement records, including court documents;

(D) Investigatory data and reports relevant to the allegations, which were conducted or compiled by the complainant or other parties;

(E) Work schedules, employment policies and procedures, workplace assignments, staffing at the time of the alleged incident, documentation of prior employment discipline which may be helpful in substantiating the violation; and

(F) Any other data potentially relevant to the complainant's allegation(s).

Section 4. Disciplinary Committee and Review of the Original Complaint.

(a) Disciplinary committee. Complaints submitted to the board office in conformity with Section 3 of this chapter shall be investigated by the board's designate. All investigatory data and information shall be submitted to a disciplinary committee, consisting of at least one (1) or more designated board members assigned to review the matter. Any board staff member reviewing or compiling information relating to the complaint, may also be deemed a committee member.

(b) In cases where the physical or mental condition of a licensee is at issue the disciplinary committee, on behalf of the board, may issue an order for the licensee to submit to a physical or mental examination by a qualified provider selected by the disciplinary committee at the expense of the licensee. In selecting a qualified provider, the committee, on behalf of the board, shall consider the provider's credentials.

(i) The order requiring physical or mental examination shall provide the following:

- (A) Reasonable notice to the licensee to be examined;
- (B) The time, place, manner, conditions, and scope of exam; and
- (C) Identification of the person or persons who will perform the

exam.

(ii) The disciplinary committee, board staff, or both shall receive the original detailed, written report of the examiner which includes the examiner's findings, identification and results of all tests performed on the licensee. The report shall further include the examiner's diagnoses and conclusions, together with like reports of any prior examinations of the same, similar, or other relevant condition revealed to, or known by the examiner, as part of the examiner's intake of the licensee's medical/treatment history;

(iii) The board office shall provide a copy of examiner's report to the examined licensee;

(iv) When submitting to a competency examination ordered by the disciplinary committee pursuant to W.S. 33-21-146(a)(xi) and these rules, the licensee must, prior to the exam, submit a written release to the provider waiving the patient-clinician privilege of confidentiality regarding the ordered examination and any subsequent examinations relative to the same issue; the licensee must further provide the board office with a copy of the waiver prior to any examination. Failure to waive the privilege, in writing, or failure to provide the board office with a copy of the waiver as required herein, or both, shall constitute conclusive evidence that the licensee has failed to submit to a competency evaluation in violation of W.S. 33-21-146(a)(xi).

(c) Upon completion of the investigation and review of the original complaint form and all investigatory materials, including competency examination reports as set forth in this section, the disciplinary committee may:

- (i) Dismiss the complaint;

(ii) Recommend the board approve a settlement agreement in accordance with the board's authority set forth in the Wyoming Nurse Practice Act, the rules and regulations, and the Wyoming Administrative Procedure Act. Such agreements may include the imposition of restrictions, conditions, reprimand, discipline, or a combination thereof;

(iii) Initiate formal disciplinary proceedings and recommend the board impose disciplinary action against the licensee including revocation, suspension, reprimand, restriction, or non-renewal of the license or certificate;

(iv) Recommend the board issue an order summarily suspending a license if the committee finds the licensee presents a clear and immediate danger to the public health, safety and welfare if allowed to continue to practice.

(d) The board may resolve a complaint by:

(i) Approving the disciplinary committee's recommendations;

(ii) Conducting a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the board may:

(A) Dismiss the complaint due to lack of clear and convincing evidence;

(B) Not impose discipline due to significant mitigating factors;

(C) Impose discipline by revocation, suspension, reprimand, restriction, condition, non-renewal, or a combination thereof, for violation of any provision of the Wyoming Nurse Practice Act or the rules and regulations.

(e) Disciplinary committee members shall not take part in the consideration or deliberation of any contested case in which they have participated in the investigation. Disciplinary committee members and board staff may testify in a contested case hearing.

(f) Members of the disciplinary committee or board staff may attend a contested case hearing.

(g) Any board order imposing discipline against a licensee shall be deemed a public record and be available for inspection and dissemination in accordance with all federal and state laws.

Section 5. Service of Notice of Intent and Opportunity to Show Compliance

(a) Prior to commencing formal proceedings for discipline of a licensee, board staff on behalf of the disciplinary committee, shall send a notice of intent to initiate formal disciplinary action by mail to the last address of the licensee. The notice of intent shall include a brief description of the facts or conduct which warrant the intended action, and provide the licensee an opportunity to show compliance with all lawful requirements for the retention of the license.

(b) The opportunity to show compliance shall expire fifteen (15) days from the date of mailing the notice of intent.

Section 6. Notice of Hearing and Formal Petition and Complaint

(a) Formal proceedings for disciplinary action against a licensee shall be commenced by serving a notice of hearing and petition and complaint by certified and regular mail, or personal service to the last address provided to the board by the licensee at least twenty (20) days prior to the date set for hearing.

(b) There shall be a presumption of lawful service when the notice of hearing and petition and complaint are:

(i) Sent to the last address of the respondent/licensee by certified or regular mail.

(c) The Notice of Hearing shall contain:

(i) The name and last address of the respondent/licensee;

(ii) A statement in ordinary and concise language of the matters asserted, which shall contain the nature of the complaint filed with the board, the facts upon which the complaint is based, the specific statutory provisions and the specific board rules and regulations that the respondent/licensee is alleged to have violated;

(iii) The time, place and nature of the hearing;

(iv) The legal authority and jurisdiction under which the hearing is being held; specifically, that the hearing is being held pursuant to the board's authority under W.S. 33-21-122(c)(viii);

(v) A statement indicating that failure to respond to the complaint within twenty (20) days of its receipt may result in a default judgment.

Section 7. Default.

(a) The board may enter an order of default judgment based on the allegations contained in the petition and complaint in any case where the respondent/licensee has not responded to the petition and complaint or in any case in which the respondent/licensee or the respondent/licensee's representative has not appeared at a scheduled, properly noticed hearing.

Section 8. Application Review and Investigation Process.

(a) Applications. Every application, including renewal applications, for a license, permit or certificate issued by the board is subject to investigation to determine if the licensee or applicant satisfies the requirements set forth in the Wyoming Nurse Practice Act and these rules and regulations. Accordingly, each application is subject to an investigative process.

(b) Types of applications:

(i) Renewal Applications. A renewal applicant is an individual who currently holds a license or certificate, and has timely and sufficiently submitted an application for renewal of the license or certificate. "Temporary permit" holders are not "renewal applicants", as temporary permits expire and are not renewed.

(A) If the renewal application reveals any information which merits further investigation, the matter shall be assigned to the disciplinary committee, and the disciplinary investigative process shall apply as if a written complaint form had been filed against the licensee.

(ii) New Applications. A “new applicant” is an individual, who is attempting to obtain a license, permit, or certificate issued by the board, whether by endorsement or exam. This category also includes licensees previously issued a license, permit or certificate by this board, but whose previously issued license, permit, or certificate expired, was surrendered by the licensee, or was revoked by the board.

(A) If the new application reveals any information which merits further investigation, the matter shall be assigned to the application review committee, and the application review investigative process set forth in this chapter, shall apply.

(iii) Incomplete Applications. An incomplete application requires no action by the application review committee or board, until such time as the application is deemed “complete” by board staff, on behalf of the board, and has been reviewed for recommendations by the application review committee. Any new application, which remains incomplete, one year from the date of its original receipt by the board office, shall expire. An application is “incomplete”, when material and requisite information has not been provided as part of the application process. Such information, may include, but is not limited to:

(A) Failure by the applicant to complete or answer any information requested on the application form;

(B) Failure by the applicant to demonstrate lawful presence in accordance with Federal Law;

(C) Failure by the applicant to respond to any application review committee inquiry or to produce any documents or information requested by the application review committee;

(D) Failure by the applicant to provide payment for application fees. If any payment is made by the applicant, processed, and rejected or returned to the board, regardless of the reason, the applicant has failed to provide proper payment for application fees;

(E) Any form of “insufficient funds” constitutes failure of the applicant to provide proper payment of fees;

(F) Failure by the applicant to provide the board with any document or information needed by the board to assess whether the applicant meets all requisites for licensure and poses no risk of harm to the public.

(c) Application Review Committee. Any matter relating to the application which board staff determines merits further investigation shall be assigned to an application review committee. All such matters shall be investigated by the board’s designate. The application, any relevant documentary inclusions with the application and all investigatory information obtained as part of the investigation shall be submitted to an application review committee, consisting of at least one (1) or more designated board members, assigned to review the matter. Any board staff member reviewing or compiling information related to the application may also be deemed an application review committee member.

(d) In cases where the physical or mental condition of an applicant is at issue, the application review committee, on behalf of the board, may issue an order for the applicant to submit to a physical or mental examination by a qualified provider selected by the application review committee at the expense of the licensee. In selecting a qualified provider, the committee, on behalf of the board, shall consider the provider’s credentials.

following: (i) The Order requiring physical or mental examination shall provide the

- (A) Reasonable notice to the applicant to be examined;
- (B) The time, place, manner, conditions, and scope of exam; and
- (C) Identification of the person or persons who will perform the exam.

(ii) The application review committee, board staff, or both shall receive the original, detailed, written report of the examiner which includes the examiner's findings, identification and results of all tests performed on the applicant. The report shall further include the examiner's diagnoses and conclusions, together with like reports of any prior examinations of the same, similar, or other relevant condition(s) revealed to, or known by the examiner, as part of the examiner's intake of the applicant's medical/treatment history;

(iii) The board office shall provide a copy of examiner's report to the examined applicant;

(iv) When submitting to a competency examination ordered by the application review committee pursuant to W.S. 33-21-146(a)(xi) and these rules, the applicant must, prior to the exam, submit a written release to the provider waiving the patient-clinician privilege of confidentiality regarding the ordered examination and any subsequent examinations relative to the same issue; the applicant must further provide the board office with a copy of the waiver prior to any examination. Failure to waive the privilege, in writing, or failure to provide the board office with a copy of the waiver as required herein, or both, shall constitute conclusive evidence that the applicant has failed to submit to a competency evaluation in violation of W.S. 33-21-146(a)(xi).

(e) Upon completion of the investigation and review of the application and all investigatory material, including competency examination report(s), the application review committee may:

- (i) Approve and recommend a license, certificate, or permit be issued;
- (ii) Recommend the board approve a settlement agreement in accordance with the board's authority as established in the Wyoming Nurse Practice Act, the board's rules and regulations, and the Wyoming Administrative Procedure Act. Such agreements may include the issuance of a license with the imposition of restrictions, conditions, discipline, or a combination thereof;
- (iii) Deny the application by sending a letter of denial to the applicant's last address by certified and regular mail. The letter of denial shall notify the applicant of the right to request a contested case hearing regarding the denial of the application;

(iv) Table any recommendation or action on any application if the application is incomplete, or the application review committee determines further information and investigation is necessary.

(f) Applicant's Request for Hearing.

(i) If the application review committee denies the application with a letter of denial, the applicant may request a contested case hearing regarding the denial of the application. The applicant's request for a hearing must be submitted to the board, in writing, and must be received by the board within thirty (30) days from the date of mailing of the letter of denial. If a written request for a contested case hearing is not received by the board office from the applicant within the thirty (30) day period, the application review committee's denial of the application shall be final.

(g) If the committee recommends a denial, the denial letter must contain:

(i) A brief description of the facts or conduct which warrant the denial of licensure or certification;

(ii) A statement, in ordinary and concise language of the nature of the actions which warrant the denial, the facts upon which the denial is based, the specific statutory provisions or the specific board rules and regulations involved;

(iii) Notice of the right to a hearing if a written request is received in the board office within thirty (30) days of the date of mailing the letter of the denial.

Section 9. Notice of Hearing for Denied Applicants.

(a) If a written request for hearing is received by the board office from the applicant within the thirty (30) day period, the board office, on behalf of the application review committee shall serve a Notice of Hearing by certified and regular mail, or personal service to the applicant at least twenty (20) days prior to the date set for hearing. Such service shall be made to the last address provided to the board by the applicant.

(b) There shall be a presumption of lawful service when the Notice of Hearing is:

(i) Sent to the last address of the applicant by certified or regular mail.

(c) The Notice of Hearing shall contain:

(i) The name and last address of the applicant;

(ii) A statement in ordinary and concise language, of the matters asserted, which shall contain the nature of the issues relating to the denial of the application, the facts upon which the denial is based, the specific statutory provisions, and the specific board rules and regulations the applicant is alleged to have violated or with which the applicant has failed to comply;

(iii) The time, place, and nature of the hearing;

(iv) The legal authority and jurisdiction under which the hearing is being held; specifically, that the hearing is being held pursuant to the board's authority under W.S. 33-21-122(c)(viii).

(d) Application review committee members shall not take part in the consideration or deliberation of any contested case if they have participated in the investigation or denied the application. Application review committee members and board staff may testify at a contested case hearing.

(e) Members of the application review committee or board staff may attend a contested case hearing.

Section 10. Motions.

(a) All written motions made to the board prior to the contested case hearing, shall be submitted to the board office ten (10) days prior to the date set for the hearing.

(b) The board may, within its discretion and upon good cause shown, consider a written motion filed after the deadline has passed.

Section 11. Docket.

(a) When formal proceedings are initiated, the case shall be assigned a number and entered upon a docket provided for such purpose.

(b) A separate file shall be established for each docketed case and shall contain all papers, pleadings, documents, transcripts, evidence, and exhibits pertaining to the case.

Section 12. Discovery.

(a) In all formal proceedings before the board, discovery shall occur in accordance with the Wyoming Administrative Procedure Act.

(b) Copies of all written requests for discovery and written discovery responses shall be sent to the board office.

Section 13. Subpoenas.

(a) All matters relating to the issuance and enforcement of subpoenas shall be governed by the Wyoming Administrative Procedure Act.

(b) The executive director or the Office of Administrative Hearing shall issue a subpoena for appearance or for production of documents upon receipt of the written application for same by any party to the case:

(i) Written requests for subpoenas for production of documents shall describe, with particularity, the materials requested.

Section 14. Witnesses.

(a) All persons testifying at a hearing before the board shall stand and be administered a standard oath.

(b) No testimony will be received from a witness except under oath or affirmation.

(c) The party calling a witness shall bear the costs associated with the witness's appearance.

Section 15. Representation.

(a) Any licensee or applicant may represent self or be represented by counsel that is licensed to practice law in the State of Wyoming.

(b) Any attorney representing a licensee or applicant shall submit a written entry of appearance immediately following the commencement of the attorney-client relationship. The entry of appearance shall deem the attorney an attorney of record.

(c) A motion to withdraw from representation of a licensee or applicant shall be made by an attorney of record in writing and submitted to the board no less than ten (10) days prior to a contested case hearing.

(d) An attorney assigned by the Attorney General's Office to litigate on behalf of any of the board committees shall present all matters enumerated in any petition and complaint or notice of hearing.

(e) An attorney assigned by the Attorney General's Office to advise the board shall advise the adjudicating board members during, and following, any contested case proceeding.

Section 16. Order of Procedure.

(a) As nearly as practicable the order of procedure at any hearing before the board shall be as follows:

(i) The presiding officer of the board shall call the meeting to order and turn the meeting over to the hearing examiner. The hearing examiner shall convene the hearing and announce the docket number and title of the matter and case to be heard. The hearing examiner shall identify the quorum members deciding the matter and shall hear and rule upon all preliminary issues submitted to the hearing examiner;

(ii) Each party to the contested case proceeding, or the party's legal representative, may present an opening statement. The board may direct the hearing examiner limit the time permitted for opening statements;

(iii) The assigned litigating attorney representing the disciplinary committee shall proceed first, by presenting evidence in support of the petition and complaint. When the assigned litigating attorney is representing the application review committee, the applicant (or the applicant's attorney of record) shall proceed first by presenting evidence in support of the application. All exhibits offered by and on behalf of the disciplinary or application review committees shall be identified by letters of the alphabet beginning with "A", and all exhibits offered by or on behalf of the licensee or applicant shall be identified with numbers commencing with "1";

(iv) All witnesses may be examined and cross-examined by the parties or by their respective attorneys;

(v) Rebuttal evidence may be allowed at the discretion of the hearing examiner;

(vi) Each party or their attorney may present a closing argument. The board may direct that the hearing examiner limit the time permitted for closing arguments;

(vii) At the conclusion of the contested case hearing, the hearing examiner shall dismiss and excuse all witnesses and declare the hearing closed. The case shall then be taken under advisement for the board's quorum to deliberate upon the matter.

Section 17. Decision and Order.

(a) The board shall make and enter a written decision and order containing findings of fact and conclusions of law, stated separately.

(i) The decision and order shall be sent by certified mail to the licensee or applicant or their attorneys.

(ii) This rule does not preclude the board from giving preliminary, non-binding notice to the parties prior to the filing of the board's written decision and order.

(iii) Unless otherwise ordered by the board, all decisions of the board shall be effective at the time of the filing of the written decision and order.

Section 18. Record of Proceedings.

(a) In a contested case the proceedings including all testimony, shall be reported verbatim by a competent reporter or by other methods deemed sufficient by the board.

Section 19. Surrender of Recognition, License or Certificate.

(a) In the event that a licensee is disciplined, the board staff, on behalf of the board, may require the licensee to surrender the unencumbered license, permit or certificate to the board office.

Section 20. Appeals.

(a) Appeals from decisions of the board are governed by the Wyoming Administrative Procedure Act and Wyoming Rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable costs assessed by the board regarding the record on appeal shall be borne by the party making the appeal.

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 certification:

(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;

and nail care; (B) Grooming including sink, tub, or bed shampoo and oral hygiene

(C) Dressing;

(D) Toileting;

technique; (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

following: (K) Assisting with the self-administration of medications includes the

(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

rectally. (6.) Inserting dulcolax and glycerin suppositories

(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.
 - (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. 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.

- (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.

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

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

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

(II) Administer 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 intravenous administration;

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

(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 intravenous therapy 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) Intravenous push or bolus medications;

(II) Intravenous medications other than those in Section

3(b)(ii).

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

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

(E) Initiate and/or maintain pediatric intravenous therapy (age twelve (12) and under); nor discontinue pediatric intravenous therapy (ages zero (0)- four (4));

(F) Flush or aspirate an arterial line;

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

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

(v) Minimum program requirements.

(A) The intravenous therapy program must utilize the board-approved standardized 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 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.