May 17

2018

Board position statements do not have the force of law, but are a means for providing guidance for nurses on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.

Tennessee Board of Nursing Position Statements

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Tennessee Department of Health Mission: To protect, promote and improve the health and prosperity of people in Tennessee

Board of Nursing Mission: To protect, promote and improve the health and prosperity of the people in Tennessee by ensuring the safety of nursing practice and integrity of nursing regulation

Board of Nursing Vision: The Tennessee Board of Nursing will be a proactive leader in regulatory excellence protecting and promoting public health, safety and welfare.

The Board has developed strategic initiatives:

1. Tennessee Board of Nursing promotes evidence based regulation
2. Tennessee Board of Nursing advances the engagement and leadership potential of all members through education, information and networking
3. Tennessee Board of Nursing ensures the competence of licensees
4. Tennessee Board of Nursing collaborates to advance nursing regulation
5. Tennessee Board of Nursing enhances nursing regulation through efficient use of technology

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

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TENNESSEE BOARD OF NURSING POSITION STATEMENT

Education
Continued Approval of Schools of Nursing
Board position statements do not have the force of law, but are a means for providing guidance for nurses on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 08/24/2017

PURPOSE: To establish an incremental accountability process for ensuring the public that nursing programs meet quality standards. In order to safeguard life and health of citizens receiving nursing care from students enrolled in approved nursing programs. Additionally, to assure consumers that school of nursing are providing education that prepares nurses to competently practice and successfully pass the National Council Licensure Examination (NCLEX®).

POLICY: The board may take action against a nursing program to protect the public based on its statutes and rules. Determination of continued approval is based on correspondence, annual reports, NCLEX® first time writer pass rates, school survey visits and/or testimony before the board.

Deficiencies in major criteria and/or standards	Program Responsibilities	Board Action
Year One		
NCLEX® first time candidate pass rates less than 85% or other major deficiencies for one year.	Program will submit a written improvement plan prior to the next board meeting. Program will submit ongoing written progress reports as required by board.	The board shall: a. Issue a letter of warning advising of one year to comply with standards, and b. Provide notice to the program that failure to meet educational criteria and curriculum standards may result in the program being placed on conditional approval.
Year Two		
NCLEX® first time candidate pass rates less than 85% but ≥ 80% or other major deficiencies for two consecutive years.	Program will appear before the board at first board meeting after release of annual NCLEX® results to explain deficiencies and discuss improvement plan. Program will submit ongoing written progress reports required at intervals as required by board.	The board may: a. Place the program on conditional approval with one year to comply with standards, and b. Place the program on notice that If standards are not met the school will not be allowed to admit a subsequent class.* OR c. Issue a second letter of warning advising of one year to comply with standards, and

		d. Provide notice to the program that failure to meet educational criteria and curriculum standards may result in the program being placed on conditional approval.
NCLEX® first time candidate pass rates less than 85%, one or both of which is less than 80%, or other major deficiencies for two consecutive years.	Program will appear before the board at first board meeting after release of annual NCLEX® results to explain deficiencies and discuss improvement plan. Program will submit ongoing written progress reports required at intervals as required by board. A survey visit may be conducted.	The board shall: a. Place the program on conditional approval with one year to comply with standards, and b. Place the program on notice that If standards are not met the school will not be allowed to admit a subsequent class.*
Year Three		
NCLEX® first time candidate pass rates less than 85% or other major deficiencies for three consecutive years.	Program will appear before the board at first board meeting after release of annual NCLEX® results to explain deficiencies and discuss improvement plan. Program will submit ongoing written progress reports at intervals as required by board. A survey visit will be conducted if not recently completed.	The board shall: a. Place the program on conditional approval with one year to comply with standards, and b. Place the program on notice that If standards are not met the school will not be allowed to admit a subsequent class.*
NCLEX® first time candidate pass rates less than 85% or other major deficiencies for three consecutive years and program currently on conditional approval.	Program will remain committed to success of current students. Program will demonstrate evidence of having met board standards prior to consideration of lifting of suspension.	The board shall act to suspend the program's admissions. The school shall not admit a subsequent class.*
Year Four		
NCLEX® first time candidate pass rates less than 85% or other major deficiencies for four consecutive years and program is currently on conditional approval.	Program will remain committed to success of current students. Program will demonstrate evidence of having met board standards prior to consideration of lifting of suspension.	The board shall act to suspend the program's admissions. The school shall not admit a subsequent class.*

TENNESSEE BOARD OF NURSING POSITION STATEMENT

* No new offers of admissions may be extended - effective immediately. No admissions may be honored beyond the current calendar year. Adopted 2/23/2017

AUTHORITY: Tennessee Code Annotated §63-7-119 Investigation of Schools- Loss of Accreditation At least once every eight (8) years, the executive director or other authorized employee shall survey each school of nursing in Tennessee and submit a written report to the board. If the board determines that a school of nursing previously approved is not maintaining the required standards, written notice shall be furnished the school with a specification of the deficiencies claimed to exist by the board. After a hearing, which shall be afforded if demanded, a school that fails to correct the deficiencies written in such notice within the time specified shall be removed from the list of approved schools of nursing.

Tennessee Board of Nursing Rules and Regulations of Registered Nurses 1000-01-.05 and Rules and Regulations of Licenses Practical Nurses 1000-02-.05 (5) Renewal of Approval - Renewal is based on survey visits, conferences, and correspondence during the period and the annual report that is granted at the beginning of the calendar year. Any professional nursing school having less than 85% pass rate on NCLEX®, shall receive a warning from the Board. If changes, correction and/or adjustment relative to faculty, facilities, student admission, curriculum content, and/or methods of teaching are not initiated within a specified time and such action approved by the Board, the school shall not admit a subsequent class.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Board Action for Continued School Approval

Year 1

<85%, other deficiencies

- Letter of Warning and
- Put on notice for possible conditional approval if standards are not met

Year 2

<85% but >/= 80% or other major deficiencies

- 2nd Letter of Warning and
- Put on notice for conditional approval if standards are not met

OR

- Place on conditional approval and
- Put on notice for suspension of enrollment if standards are not met and

<85%, one or both <80% or other major deficiencies

- Place on conditional approval and
- Put on notice for suspension of enrollment if standards are not met and
- Survey may be conducted

Year 3

<85%, other deficiencies

- Place on conditional approval and
- Put on notice for suspension of enrollment if standards are not met and
- Survey may be conducted

<85%, on conditional approval

- Suspend enrollment *

Year 4

<85%, on conditional approval

- Suspend enrollment *

* No new offers of admissions may be extended - effective immediately. No admissions may be honored beyond the current calendar year. Adopted 2/23/2017

Education
Deeming Doctorate of Nursing Practice (DNP) Programs as Approved Schools of Nursing
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To clarify the approval process for DNP programs organized within a college or university having a Board of Nursing approved master's degree and/or post master's certificate programs, in good standing, that prepares students for eligibility for advanced practice registered nurse certification.

POLICY: A DNP program organized within a college or university having a Board of Nursing approved master's degree and/or post master's certificate programs, in good standing, that prepares students for eligibility for advanced practice registered nurse certification or having had such a program that was transitioned into a DNP program after January 1, 2011 will be deemed approved by the Board with the same approval status as the master's and/or post master's certificate program. The DNP program is subject to the requirements of T.C.A. §63-7-117 and T.C.A. §63-7-118 subsequent to the initial action of the board to approve the DNP program.

AUTHORITY: Tennessee Code Annotated §63-7-117 Application for school accreditation— An institution desiring to conduct a school of professional nursing or a school of practical nursing on ground, distance, online or via other electronic means must apply to the board for approval, and submit evidence that it is prepared to:

(1) Carry out the prescribed basic professional nursing curriculum or the prescribed curriculum for practical nursing, as the case may be; and

(2) Meet other standards established by this chapter or by the board.

Education
High School Equivalency
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To determine the equivalency for a diploma from a four-year accredited high school.

POLICY: Acceptable high school diploma equivalency includes:

(1) A college degree in any field of study
(2) Diploma or degree from an approved professional school of nursing
(3) Achievement of test scores that make a student eligible for immediate enrollment in college

AUTHORITY: §63-7-104 (2). Registered nurse qualifications. An applicant for a license to practice professional nursing shall submit to the board evidence in such form as the board may prescribe that such applicant holds a diploma from a four-year accredited high school, or the equivalent thereof, as determined by the board.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Education
Simulation
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To assist the board in evaluating the readiness of nursing programs in using simulation as a substitute for traditional clinical experience. To guide nursing education programs in the establishment of evidence based simulation programs for the undergraduate nursing curriculum.

POLICY: DEFINITIONS:

1. "**Simulation**" means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

2. "**Debriefing**" means an activity that follows a simulation experience, is led by a trained facilitator, encourages participant's reflective thinking, and provides feedback regarding the participant's performance.

A nursing education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course/concentration (e.g. pediatrics, obstetrics, medical/surgical, mental health, community health, etc.). A program that uses simulation shall adhere to the standards set in this policy and follow established national guidelines such as the INACSL Standards of Best Practice for Simulation:

http://www.nursingsimulation.org/article/S1876-1399(16)30126-8/pdf

STANDARDS:

1. Evidence of Compliance: A program shall provide evidence to the Board of Nursing that these standards have been met.

2. Organization and Management:
   a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
   b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
   c. There shall be a budget that will sustain the simulation activities and training of the faculty.

3. Facilities and Resources:
   a. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

4. Faculty Preparation:
    a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
    b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

5. Curriculum:
    a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

6. Policies and Procedures:

The program shall have written policies and procedures on the following:
    a. short-term and long-term plans for integrating simulation into the curriculum;
    b. method of debriefing each simulated activity; and
    c. plan for orienting faculty to simulation.

7. Evaluation:
    a. The program shall develop criteria to evaluate the simulation activities.
    b. Students shall evaluate the simulation experience on an ongoing basis.

8. Annual Report:
    a. The program shall include information about its use of simulation in its annual report to the Board.

AUTHORITY: §63-7-117 Application for school accreditation.

An institution desiring to conduct a school of professional nursing or a school of practical nursing on ground, distance, online or via other electronic means must apply to the board for approval, and submit evidence that it is prepared to:

(1) Carry out the prescribed basic professional nursing curriculum or the prescribed curriculum for practical nursing, as the case may be; and

(2) Meet other standards established by this chapter or by the board.

References:

- *NCSBN Simulation Guidelines for Prelicensure Nursing Education Programs 2016*
- https://www.inacsl.org/i4a/pages/index.cfm?pageid=34

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Licensure
Foreign-Educated Nurses
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To establish licensure standards for foreign-educated nurses.

POLICY: In order to ensure that the education and training of foreign-educated nurses is comparable to the Tennessee Board of Nursing standards, a certificate from the Commission on Graduates of Foreign Nursing Schools (CGFNS) is required to evaluate the nurse's credentials and English language proficiency.

AUTHORITY: Tennessee Code Annotated §63-7-104(3) Has successfully completed a course of study in an approved school of nursing, as defined by the board, and the applicant holds a diploma or degree from an approved school of nursing, or the approved school has certified to the board that the applicant has met all requirements for a diploma or degree.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Licensure
Graduates of Masters in Nursing Initial Licensure Education Program
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To define completion of a course of study in an approved Master's degree nursing program leading to the granting of initial licensure.

POLICY: Applicants for licensure by examination may meet the qualification of the language in the statute relating to RN qualifications that speaks to approved schools certifying to the Board that the applicant has met all requirements for a degree or diploma, if the applicant's school certifies to the board that the applicant has by successfully completed the generalist nursing curriculum of an approved masters in nursing initial licensure education program.

AUTHORITY: Tennessee Code Annotated §63-7-104(3) Has successfully completed a course of study in an approved school of nursing, as defined by the board, and the applicant holds a diploma or degree from an approved school of nursing, or the approved school has certified to the board that the applicant has met all requirements for a diploma or degree.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Licensure
Unreadable Biometric Criminal Background Check
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To establish requirements for unreadable biometric criminal background checks.

POLICY: Health care consumers are dependent upon professional licensing boards to conduct appropriate screening of applicants. The Board of Nursing has a duty to exclude individuals who pose a risk to the public health, safety and welfare.

All new applicants shall obtain a criminal background check and have the results transmitted to the Board for review. In most cases, the fingerprints are clear and easily readable. However, some individuals cannot obtain readable fingerprints.

For applicants who twice have submitted unreadable prints, the Board of Nursing requires a FBI/TBI name search.

AUTHORITY: Tennessee Code Annotated §63-7-207 The board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by other sections of this chapter:

> (10) Conduct hearings upon charges of suspension or revocation of a license or approval of a school of nursing or course of training, and deny, suspend or revoke for proper cause, licenses or approval of schools or course of training as provided in this chapter. Any action of or ruling or order made or entered by the board shall be subject to review by the courts of this state in the same manner and subject to the same powers and conditions as now provided by law in regard to the rulings, orders and findings of other quasi-judicial bodies in Tennessee, where not otherwise specifically provided;

Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-01-.01 (1) (e) [also LPN rules 1000-02-.01 (1) (e)] Licensure by Examination and 1000-01-.02 (1) (e) [also LPN rules 1000-02-.02 (1) (e)] Licensure by Endorsement

> (1) Application - The application form provided by the Board is to be completed in part by the applicant, signed by him, and attested by a notary public.
> (e) Part of this application shall be the result of a criminal background check which the applicant has caused to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Licensure
Retirement of Advanced Practice Registered Nurse Certificate
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To establish the Board's guideline related to retirement of an Advanced Practice Registered Nurse certificate.

POLICY: Advanced practice registered nurse licensees who wish to retire their advanced practice registered nurse certificate may do so at renewal by completing and submitting to the Board Administrative Office a properly completed affidavit of retirement form and other documentation which may be required by the Board. The Board shall register the certificate as retired. Any person who has a retired advanced practice registered nurse certificate may not practice as an advanced practice registered nurse in Tennessee. A person who has filed the required information for retirement of an APRN certificate with the Board shall be permitted to use the title Advanced Practice Registered Nurse, Retired (APRN, R).

Reinstatement - Any licensee whose APRN certificate has been retired may reactivate the certificate upon completion of the appropriate application. Part of this application shall be the result of a criminal background check. The Board may request evidence of satisfactory health, character, and advanced practice registered nursing competence.

AUTHORITY: Tennessee Code Annotated §63-1-111 Retirement.

(a) Any person licensed to practice the healing arts or any branch thereof in this state who has retired or may hereafter retire from such practice shall not be required to register as required by this chapter.

(b) Such person shall file with the division an affidavit on a form to be furnished by the division, which affidavit shall state the date on which the person retired from such practice and such other facts as shall tend to verify such retirement as the division shall deem necessary.

(c) Any such person who thereafter reengages in the practice of the healing arts or any branch thereof shall register with the division as provided by this chapter.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Licensure
Approved APRN Licensure Certification Organizations and Exams
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To determine approved APRN licensure certification organizations and exams accepted for an Advanced Practice Registered Nurse certificate.

POLICY: The following are the approved certifying organizations and exams:

APRN Role	**AANP-CP** *American Academy of Nurse Practitioners-Certification Program*	**AACN** *American Association of Critical-Care Nurses*	**AMCB** *American Midwifery Certification Board*	**ANCC** *American Nurses Credentialing Center*	**NBCRNA** *National Board of Certification & Recertification for Nurse Anesthetists*	**NCC** *National Certification Corporation*	**PNCB** *Pediatric Nursing Certification Board*
CNM Certified Nurse Midwife			**CNM-Women's Health**				
CNP Certified Nurse Practitioner	**FNP- Primary Care** **Adult-Gero Primary Care**	**Adult- Gero Acute Care**		**Adult-Gero Acute Care** **Adult- Gero Primary Care** **FNP** **Pediatric Primary Care** **Psych-Mental Health**		**Women's Health** **Neonatal**	**Pediatric Primary Care** **Pediatric Acute Care**
CRNA Certified Registered Nurse Anesthetist					**CRNA**		
CNS Clinical Nurse Specialist		**Adult-Gero** **Neonatal** **Pediatric**		**Adult-Gero**			

Adapted from National Coucil State Boards of Nursing APRN Licensure Certification Exams 12/17/14: https://www.ncsbn.org/APRN_Licensure_CertificationExams12-17-14.pdf

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Abandonment of Patients
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To define patient abandonment and differentiate between employment abandonment.

POLICY: Patient abandonment is unprofessional conduct and thus may subject a nurse's license to disciplinary action.

For patient abandonment to occur, the nurse must:
a) Have first accepted the patient assignment, thus establishing a nurse-patient relationship, and then
b) Severed that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient) so that arrangements can be made for continuation of nursing care by others.

A nurse-patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse. The following will not constitute patient abandonment:

- Failure of a nurse to work beyond her/his scheduled work shift
- Refusal to accept an assignment or a nurse-patient relationship and failure to notify the employing agency that the nurse will not appear to work an assigned shift
- Failure of a licensed nurse to comply with a facility policy involving mandatory overtime, refusal to accept an assignment or a nurse patient relationship
- Failure to notify the employing agency the nurse will not appear to work
- Failure of the licensee to provide the employer with sufficient notice of intent to end the employment relationship.

However, the Board encourages licensees to end their employment relationships in a professional manner.

The licensed nurse who follows the above policy statement will not be considered to have abandoned the patient for purposes of board disciplinary action. Again, it should be noted that the board has no jurisdiction over employment and contract issues.

AUTHORITY: Tennessee Code Annotated §63-7-115 (a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person: (F) Is guilty of unprofessional conduct

Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-01-.13 (1) and Licensed professional Nurses 1000-02-.13 (1) Unprofessional conduct, unfitness, or incompetency by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following: (c) Abandoning or neglecting a patient requiring nursing care;

*Adapted from the California Board of Registered Nurses and Connecticut Board of Nursing

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Advisory Private Letter Rulings
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To establish the process for submission of Requests for Advisory Private Letter Rulings

POLICY: All proper Requests for an Advisory Private Letter Ruling must be received at the Board of Nursing administrative office at least forty five (45) days prior to the next regularly scheduled Board meeting.

Requests which are received less than forty five (45) days before an upcoming Board meeting will not be considered until the subsequent regularly scheduled Board meeting.

The Board adopts this policy in order to ensure that there is sufficient time for practice committee or staff to research and draft proposed advisory rulings.

In order for the Board to form the advisory private letter ruling, the licensed nurse must provide the following information prior to the forty-five day deadline:

1. Existing literature and research
2. Information on Standard of Care in the community; local, regional or national
3. Statements and opinions of professional groups
4. Information about necessary education or training
5. Description of decision making tree inadequacy and
6. Position statements or information from other Boards of Nursing

The request for advisory ruling form must be attached to the supportive documentation and can be found in Rule 1000-01-.04(9) or 1000-02-.04(9)

AUTHORITY: Tennessee Code Annotated § 63-7-207 Powers and duties
The board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by other sections of this chapter:

(15) Issue advisory private letter rulings to any affected licensee who makes such a request regarding any matters within the board's primary jurisdiction. Such private letter ruling shall only affect the licensee making such inquiry, and shall have no precedential value for any other inquiry or future contested case to come before the board. Any dispute regarding a private letter ruling may, if the board chooses to do so, be resolved pursuant to the declaratory order provisions of T.C.A. § 4-5-223;

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Decision-Making Guidelines
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To encourage appropriate practice standards for nursing practice.

POLICY: Although the Tennessee Board of Nursing administrative staff receives numerous inquiries in the course of the year from nurses who have questions regarding their scope of practice, Board staff may not issue opinions or interpretations on legal questions. Therefore, the Board has developed a decision-making model to assist nurses in making their own determination as to whether a contemplated practice or activity falls within the scope of practice. The guidelines and a decision-making model follow.

When a nurse finds that the decision-making guidelines are inadequate to a decision process, the nurse may write a request for advisory private letter ruling from the Board.

AUTHORITY: Tennessee Code Annotated §63-7-101 The purpose of this chapter is to safeguard life and health by requiring each person who is practicing, or is offering to practice nursing to submit evidence that the person is qualified to practice and to be licensed as provided in this chapter. Such evidence of qualifications shall be submitted to the state board of nursing, which is the regulatory body authorized to enforce the provisions of this chapter.

Tennessee Code Annotated §63-7-103 (a) (1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care.

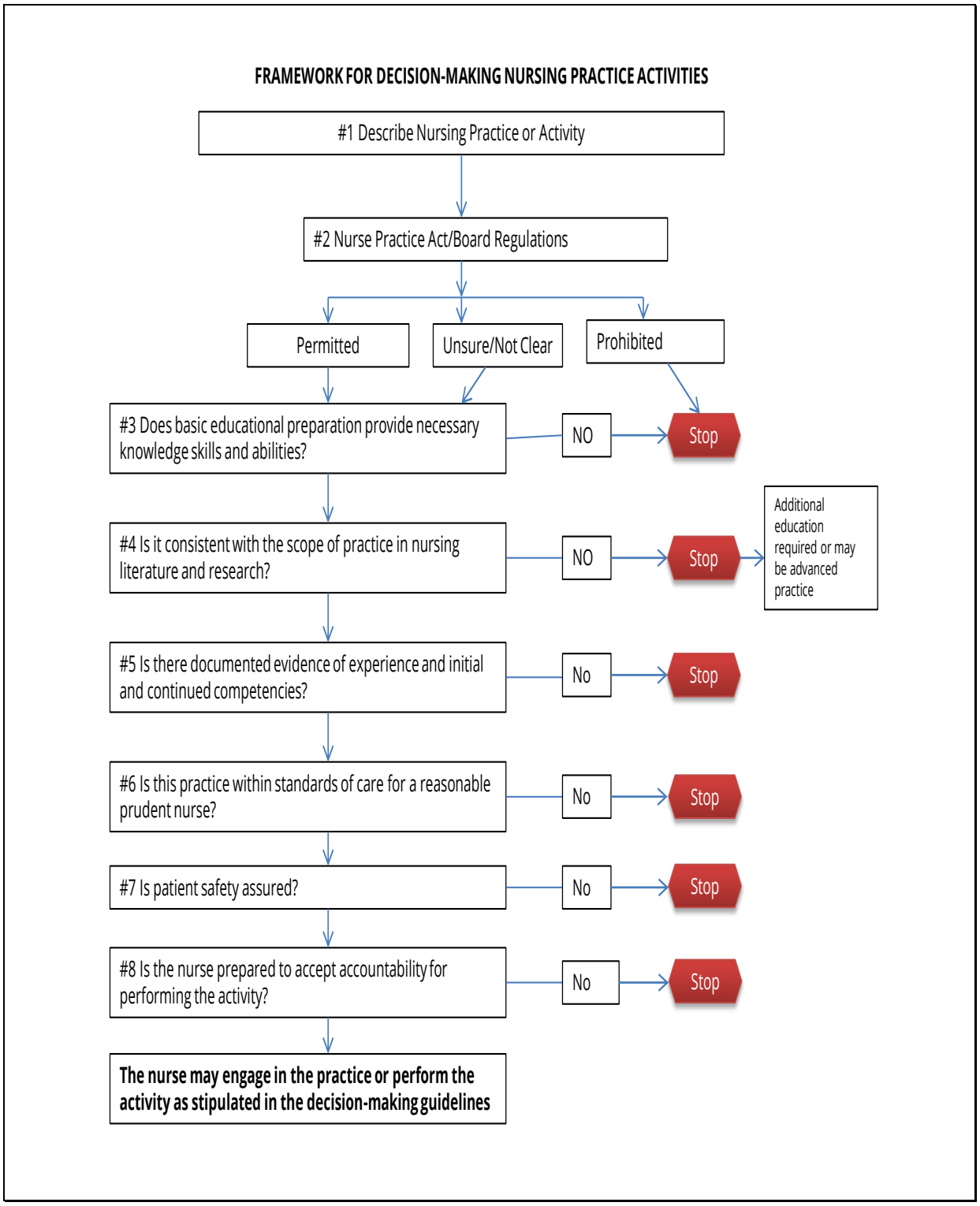
Tennessee Code Annotated §63-7-108 The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

Tennessee Code Annotated §63-7-126 (a) "Advanced practice nurse" means a registered nurse with a master's degree or higher in a nursing specialty and national specialty certification as a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist.

Tennessee Board of Nursing Rules and Regulations 1000-01-.14 and 1000-02-.14

STANDARDS OF NURSING COMPETENCE. The Board requires all nurses to document evidence of competence in their current practice role. The Board believes that the individual nurse is responsible for maintaining and demonstrating competence in the practice role whether the recipient of the nursing intervention is the individual, family, community, nursing staff, nursing student body, or other.

NOTE: The Tennessee Board of Nursing strongly encourages you to consult your attorney, your facility/employer's general counsel or your private attorney; if you are uncertain about the answer to any of the questions listed in the decision-making guidelines. Published *Nursing Perspectives Summer 2006*


FRAMEWORK FOR DECISION-MAKING NURSING PRACTICE ACTIVITIES
#1 Describe Nursing Practice or Activity
#2 Nurse Practice Act/Board Regulations
Permitted
Unsure/Not Clear
Prohibited
#3 Does basic educational preparation provide necessary knowledge skills and abilities?
NO
Stop
#4 Is it consistent with the scope of practice in nursing literature and research?
NO
Stop
Additional education required or may be advanced practice
#5 Is there documented evidence of experience and initial and continued competencies?
No
Stop
#6 Is this practice within standards of care for a reasonable prudent nurse?
No
Stop
#7 Is patient safety assured?
No
Stop
#8 Is the nurse prepared to accept accountability for performing the activity?
No
Stop
The nurse may engage in the practice or perform the activity as stipulated in the decision-making guidelines

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Licensed Practical Nurse Role in Physical Assessment
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To guide LPN practice regarding physical assessments.

POLICY: The LPN is not prepared educationally in the basic vocational program with the requisite scientific skills to expand his or her practice to assessment of patients, formulation of a plan of care, or evaluation of the plan of care developed by the registered nurse. The licensed practical nurse, as evidenced by these rules, is a valuable member of the health care team whose role is to contribute to the nursing assessment, participate in the development of the plan of care and contribute to the evaluation of the plan of care developed by the registered nurse.

AUTHORITY: Tennessee Code Annotated §63-7-108. "Practice of practical nursing" defined. The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

Rule 1000-02-.04 Discipline of Licensee, Unauthorized Practice of Practical Nursing ...reads in part:
(3)(a) Responsibility. Each individual is responsible for personal acts of negligence under the law. Licensed practical nurses are liable if they perform delegated functions they are not prepared to handle by education and experience and for which supervision is not provided. In any patient care situation, the licensed practical nurse should perform only those acts for which each has been prepared and has demonstrated ability to perform, bearing in mind the individual's personal responsibility under the law.

(b) The Board acknowledges that licensed practical nurses have knowledge and preparation in nursing, but not to the extent required of registered nurses. The Board recognizes that licensed practical nurses engage in activities that require greater skill and knowledge than that obtained in the basic license practical nurse curriculum. It is the intent and purpose of these rules that the licensed practical nurses only perform additional activities to the extent that the activity is related to the underlying scientific principles in the basic practical nurse curriculum.

(c) Before performing activities requiring greater skill and knowledge, the following criteria must be met.
1. The education or in-service shall be related to the underlying scientific principles contained in the basic practical nurse curriculum;
2. The individual shall have appropriate continuing education in the procedure or activity; and
3. The individual must demonstrate competency in the practice.
Further, the Board has adopted rules that offer further clarification on this issue. Rule 1000-02-.14 Standards of Nursing Practice for the Licensed Practical Nurse states:
(a) Standards Related to the Licensed Practical Nurse's contribution to and Responsibility for the Nursing Process-The Licensed Practical Nurse shall:
1. Contribute to the nursing assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner.
2. Participate in the development of the plan of care/action in consultation with a Registered Nurse...
7. Contribute to the evaluation of the responses of individual or groups to nursing interventions and participate in revising the plan of care where appropriate.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Licensed Practice Nurse Role in Intravenous Access and Infusions in Peripheral Lines
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To guide LPN practice regarding intravenous access and infusions in peripheral lines.

POLICY: LPNs are educated in their basic vocational program to start, maintain, flush, and administer medications [limited by the list in rule 1000-02-.15(1) (c)] through peripheral lines located in the arms and hands.

AUTHORITY: Tennessee Code Annotated §63-7-108. "Practice of practical nursing" defined. The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

1000-02-.09 SCHOOLS - CURRICULUM, INSTRUCTION, EVALUATION.
(2) Curriculum Content. Minimum instruction and clinical experience:
(c) Areas of learning:
1. Area I: Supporting Content. This area should include personal, family and community health, vocational relationships, basic anatomy and physiology, basic nutrition, and basic nursing skills including pharmacology and the administration of medication.

1000-02-.14 STANDARDS OF NURSING COMPETENCE**.** The Board requires all nurses to document evidence of competence in their current practice role. The Board believes that the individual nurse is responsible for maintaining and demonstrating competence in the practice role whether the recipient of the nursing intervention is the individual, family, community, nursing staff, nursing student body, or other.
(1) Standards of Nursing Practice for the Licensed Practical Nurse.
(b) Standards Relating to the Licensed Practical Nurse's Responsibilities as a Member of the Health Team - The Licensed Practical Nurse shall:
2. Demonstrate personal responsibility for individual nursing actions and currency of competence.
3. Consult with Registered Nurses and/or other health team members and seek guidance as necessary.
4. Identify practice abilities and limitations and obtain instruction and supervision as necessary when implementing essential functions of the practice role.

1000-02-.15 SCOPE OF PRACTICE.

(1) Intravenous (IV) Push Medications - The administration of intravenous push medications refers to medications administered from a syringe directly into an ongoing intravenous infusion or into a saline or heparin lock. Intravenous push does not include saline or heparin flushes.

(a) Licensed Practical Nurses may deliver selected intravenous push medications when prescribed by a licensed health care professional who has legal authority to prescribe such medications, and when under the

supervision of a licensed physician, dentist or registered nurse pursuant to T.C.A. § 63-7-108 provided:

1. the Licensed Practical Nurse has a minimum of six (6) months experience as a licensed nurse; and
2. the Licensed Practical Nurse has successfully completed a course of study developed from the Infusion Nurse Society Standards; or
3. has successfully completed a formal (institutional/agency-based) intravenous therapy training and competency program prior to January 1, 2007; and
4. the Licensed Practical Nurse practices under the supervision (defined as "overseeing with authority") of a licensed physician, dentist, or registered nurse pursuant to T.C.A.§ 63-7-108. The supervisor shall maintain accountability for the delegation while the Licensed Practical Nurse is accountable for his/her acts; and
5. the Licensed Practical Nurse administers IV push medications in peripheral lines only; and
6. competency is demonstrated to the chief nursing officer or the chief nursing officer's representative when the Licensed Practical Nurse is employed by a facility required to be licensed pursuant to T.C.A. § 68-11-204, or competency is demonstrated to the supervising physician or dentist when the Licensed Practical Nurse is not employed by a facility required to be licensed pursuant to T.C.A. § 68-11-204; and
7. Documentation of competence is maintained in the Licensed Practical Nurse's personnel file, signed and attested to by the facility's chief nursing officer; and
8. the Licensed Practical Nurse administers IV push medications only to adults weighing over eighty (80) pounds.

(b) Licensed Practical Nurses shall not administer IV push medications to pediatric or prenatal and ante partum obstetrical patients.

(c) Licensed Practical Nurses shall not administer the following fluids/medication/agents or drug classifications in the context of intravenous therapy:

1. Chemotherapy; and
2. Serums; and
3. Oxytocics; and
4. Tocolytics; and
5. Thrombolytics; and
6. Blood or blood products; and
7. Titrated medications and dosages calculated and adjusted by the nurse based on patient assessment and/or interpretation of lab values and requiring the nurse's professional judgment; and
8. Moderate sedation; and
9. Anesthetics; and
10. Paralytics; and
11. Investigative or experimental drugs.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Licensed Practice Nurse Role in Intravenous Access and Infusions in Central Lines
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To guide LPN practice regarding intravenous access and infusions in central lines.

POLICY: LPNs are educated in their basic vocational program to perform dressing change, flush, and administer medications [limited by the list in rule 1000-02-.15(1) (c)] through central lines.

AUTHORITY: Tennessee Code Annotated §63-7-108. "Practice of practical nursing" defined. The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

1000-02-.09 SCHOOLS - CURRICULUM, INSTRUCTION, EVALUATION.
(2) Curriculum Content. Minimum instruction and clinical experience:
(c) Areas of learning:
1. Area I: Supporting Content. This area should include personal, family and community health, vocational relationships, basic anatomy and physiology, basic nutrition, and basic nursing skills including pharmacology and the administration of medication.

1000-02-.14 STANDARDS OF NURSING COMPETENCE**.** The Board requires all nurses to document evidence of competence in their current practice role. The Board believes that the individual nurse is responsible for maintaining and demonstrating competence in the practice role whether the recipient of the nursing intervention is the individual, family, community, nursing staff, nursing student body, or other.
(1) Standards of Nursing Practice for the Licensed Practical Nurse.
(b) Standards Relating to the Licensed Practical Nurse's Responsibilities as a Member of the Health Team - The Licensed Practical Nurse shall:
2. Demonstrate personal responsibility for individual nursing actions and currency of competence.
3. Consult with Registered Nurses and/or other health team members and seek guidance as necessary.
4. Identify practice abilities and limitations and obtain instruction and supervision as necessary when implementing essential functions of the practice role.

1000-02-.15 SCOPE OF PRACTICE.

(1) Intravenous (IV) Push Medications - The administration of intravenous push medications refers to medications administered from a syringe directly into an ongoing intravenous infusion or into a saline or heparin lock. Intravenous push does not include saline or heparin flushes.

(a) Licensed Practical Nurses may deliver selected intravenous push medications when prescribed by a licensed health care professional who has legal authority to prescribe such medications, and when under the supervision of a licensed physician, dentist or registered nurse pursuant to T.C.A. § 63-7-108 provided:

1. the Licensed Practical Nurse has a minimum of six (6) months experience as a licensed nurse; and
2. the Licensed Practical Nurse has successfully completed a course of study developed from the Infusion Nurse Society Standards; or
3. has successfully completed a formal (institutional/agency-based) intravenous therapy training and competency program prior to January 1, 2007; and
4. the Licensed Practical Nurse practices under the supervision (defined as "overseeing with authority") of a licensed physician, dentist, or registered nurse pursuant to T.C.A.§ 63-7-108. The supervisor shall maintain accountability for the delegation while the Licensed Practical Nurse is accountable for his/her acts; and
5. the Licensed Practical Nurse administers IV push medications in peripheral lines only; and
6. Competency is demonstrated to the chief nursing officer or the chief nursing officer's representative when the Licensed Practical Nurse is employed by a facility required to be licensed pursuant to T.C.A. § 68-11-204, or competency is demonstrated to the supervising physician or dentist when the Licensed Practical Nurse is not employed by a facility required to be licensed pursuant to T.C.A. § 68-11-204; and
7. Documentation of competence is maintained in the Licensed Practical Nurse's personnel file, signed and attested to by the facility's chief nursing officer; and
8. the Licensed Practical Nurse administers IV push medications only to adults weighing over eighty (80) pounds.

(b) Licensed Practical Nurses shall not administer IV push medications to pediatric or prenatal and ante partum obstetrical patients.

(c) Licensed Practical Nurses shall not administer the following fluids/medication/agents or drug classifications in the context of intravenous therapy:

1. Chemotherapy; and
2. Serums; and
3. Oxytocics; and
4. Tocolytics; and
5. Thrombolytics; and
6. Blood or blood products; and
7. Titrated medications and dosages calculated and adjusted by the nurse based on patient assessment and/or interpretation of lab values and requiring the nurse's professional judgment; and
8. Moderate sedation; and
9. Anesthetics; and
10. Paralytics; and
11. Investigative or experimental drugs.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Supervision of Licensed Practical Nurses
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To define the role of those supervising LPNs

POLICY: The supervising registered nurse has the responsibility to determine the frequency and kind of supervision required. The supervision conducted may be on site, direct observation including demonstration of competency, record review, electronically and/or individual conference. Documentation must accurately reflect the supervision, provided in detail sufficient to provide an accurate picture of the competence of the individual supervised.

AUTHORITY: T.C.A. § 63-7-108. "Practice of practical nursing" defined**.**
The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

Rule 1000-01-.11(21) Registered Nurses and Rule 1000-02-.11(20) Licensed Practical Nurses define supervision as:
Supervision: Means overseeing or inspecting with authority. The basic responsibility of the individual nurse who is required to supervise others is to determine which of the nursing needs can be delegated safely to others, and whether the individual to whom the duties are entrusted must be supervised personally.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Licensed Practical Nurses in a Supervisory Role
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To define the role of LPNs in supervisory positions

POLICY: Practical nurses do not have the legal authority to either determine the acts of nursing performed or to perform all of the acts included in nursing practice; therefore, it is inconsistent with the Licensed Practical Nurse role to serve as director of nursing or supervisor over registered nurses. It is appropriate for a LPN to supervise Medication aides and unlicensed personnel performing selected nursing acts within the LPN's scope of practice.

AUTHORITY: §63-7-108. "Practice of practical nursing" defined**.**
The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

§63-7-127. Medication aides

(m) A licensed nurse for the purpose of this section shall include a registered nurse, a licensed practical nurse, or either one.

1000-02-.04 DISCIPLINE OF LICENSEES, UNAUTHORIZED PRACTICE OF PRACTICAL NURSING, CIVIL PENALTIES, SCREENING PANELS, SUBPOENAS, ADVISORY RULINGS, DECLARATORY ORDERS, AND ASSESSMENT OF COSTS.

(2) Exemptions. See Nursing Acts 1967, *T.C.A. §63-7-102.*

(c) Persons employed in institutions, agencies, or in the office of a licensed physician or dentist, assisting in the nursing care of patients where adequate medical or nursing supervision or both is provided. Assisting is defined to mean helping, aiding, or cooperating. Adequate supervision is defined to mean overseeing or inspecting with authority. The basic responsibility of the individual nurse who is required to supervise others is to determine which of the nursing needs can be delegated safely to others, and to determine whether the individual to whom the duties are entrusted must be supervised personally. The following are tasks commonly performed by such persons:

11. When a licensed practical nurse undertakes to supervise other nursing tasks requiring greater skill and knowledge by such persons, the following requirements shall apply:

(i) Such persons shall assist with and undertake only those nursing tasks which they are qualified to perform.

(ii) The licensed practical nurse shall supervise such persons.

(iii) The licensed practical nurse shall retain professional accountability for nursing care when such persons are performing these activities.

(iv) The licensed practical nurse shall not require assistance with or supervise nursing care activities or responsibilities by such persons contrary to the nurse practice act or rules and regulations to the detriment of patient care.

(v) Such persons shall have had proper instruction and supervised practice and shall have

demonstrated competency in the procedure or activity.

(vi) There is documentation of continued competency by such persons in the performance of the procedure or activity.

(vii) There are written policies and procedures regarding the conditions under which the procedure or activity shall be performed by such persons.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Licensed Practical Nursing Care of Ventilator Dependent Patients in the Home Health Setting
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To provide guidance to LPNs in home health settings caring for ventilator-dependent patients

POLICY: It is the position of the Tennessee Board of Nursing that an LPN may provide home health care to a ventilator-dependent patient, but may only provide those services which fall within the scope of practice as an LPN, including:

Patient Care Responsibilities:

Monitor and maintain patient on high flow oxygen; deflate or inflate tracheostomy cuff; monitor cuff pressures using minimal leak technique; maintain security of tracheostomy patient's airway- ties etc; disconnecting ventilator to do open suctioning; open suctioning patient while on a tracheostomy collar; use closed suction technique on a ventilated patient; use closed suction for patient on a high humidity high flow oxygen system; use a resuscitation bag to ventilate a tracheostomized patient with high flow oxygen during the suction procedure and during an emergency; change from ventilator to tracheostomy collar if circuit is preassembled and settings appropriately adjusted by RN or respiratory care practitioner; administer aerosol treatment to patient requiring disconnect of the circuit; give aerosol treatment to patients while on a tracheostomy collar; administer meter dose inhaler medication to patients while on the ventilator or tracheostomy collar; perform tracheostomy care on a ventilated patient or patient with a tracheostomy collar; change inner cannula of tracheostomy.

Equipment Responsibilities:

Turning the ventilator on or off during modality change (for example from tracheostomy collar and back to the ventilator); respond to alarms (high pressure, leak, frequent suctioning requirement, disconnect) and troubleshoot problems associated with frequently occurring issues *in consultation with a licensed respiratory therapist.*

The following practices will be within the scope of practice of the LPN caring for ventilator dependent patients in the home care setting if the basic practical nursing program includes the underlying scientific principles within the curriculum: Setting up and changing a ventilator or trach collar circuit; assembly of high humidity, high flow oxygen set up; application or management of speaking valve of patient on or off the ventilator; lavage of trach patient during suctioning; change HME daily on ventilator patient; adjustment of alarms; change out trach of tracheotomized patient and; change ventilator settings except for on/off and standby.

Addendum:

While all emergency situations cannot be anticipated, the board acknowledges that emergency situations occur and can sometimes be anticipated. The board charges the home health agency registered nurse supervisor to look for and attempt to anticipate emergencies that may require emergency action not always within the scope of practice for a licensed practical nurse. The agency Registered Nurse shall establish and ensure a training program for Licensed Practical Nurses on potential emergencies situations that allows for education of the procedure to help to stabilize the patient, practice on the steps to stabilize the patient and adequate supervision for back up. Both the Registered Nurses doing the training and the Licensed Practical Nurses receiving the training shall maintain a record of both the initial and annual training on emergency procedures. Having said this, the Tennessee Board of Nursing anticipates the need for LPNs practicing in home health agencies to replace the outer cannula in an emergency situation to establish a patent airway for

a patient.

AUTHORITY: §63-7-108. "Practice of practical nursing" defined**.**
The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

1000-02-.14 STANDARDS OF NURSING COMPETENCE**.** The Board requires all nurses to document evidence of competence in their current practice role. The Board believes that the individual nurse is responsible for maintaining and demonstrating competence in the practice role whether the recipient of the nursing intervention is the individual, family, community, nursing staff, nursing student body, or other.
(1) Standards of Nursing Practice for the Licensed Practical Nurse.
(b) Standards Relating to the Licensed Practical Nurse's Responsibilities as a Member of the Health Team - The Licensed Practical Nurse shall:

2. Demonstrate personal responsibility for individual nursing actions and currency of competence.
3. Consult with Registered Nurses and/or other health team members and seek guidance as necessary.
4. Identify practice abilities and limitations and obtain instruction and supervision as necessary when implementing essential functions of the practice role.
10. Participate in activities designed to improve health care delivery in any setting.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Emergencies
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To acknowledge emergencies occur and encourage nurses to prepare for safe practice

POLICY: As emergency situations are expected in the practice of nursing, it is incumbent upon the licensed registered nurse to ensure that standing orders are available to cover both RN and LPN actions for all foreseeable emergencies appropriate to the health care setting and client population.

AUTHORITY: T.C.A. § 63-7-103. "Practice of professional nursing" and "professional nursing" defined.
(a) (1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences and the humanities as the basis for application of the nursing process in wellness and illness care; and
(2) "Professional nursing" includes:
(A) Responsible supervision of a patient requiring skill and observation of symptoms and reactions and accurate recording of the facts;
(B) Promotion, restoration and maintenance of health or prevention of illness of others;
(C) Counseling, managing, supervising and teaching of others;
(D) Administration of medications and treatments as prescribed by a licensed physician, dentist, podiatrist or nurse authorized to prescribe pursuant to T.C.A. § 63-7-123;
(E) Application of such nursing procedures as involve understanding of cause and effect; and
(F) Nursing management of illness, injury or infirmity including identification of patient problems.
(b) Notwithstanding the provisions of subsection (a), the practice of professional nursing does not include acts of medical diagnosis or the development of a medical plan of care and therapeutics for a patient, except to the extent such acts may be authorized by T.C.A. §§ 63-1-132, 63-7-123 and 63-7-207.

T.C.A. § 63-7-108. "Practice of practical nursing" defined.
The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Reporting Incompetent, Unethical or Illegal Practice
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To give direction to nurses on reporting incompetent, unethical or illegal practice through the proper channels.

POLICY: A nurse who knows of any health care provider's incompetent, unethical or illegal practice MUST report that information through proper channels*.
The only two (2) proper channels to report nurses are:

- The Board of Nursing, via Health Related Boards Investigations, or
- The Tennessee Nurses Professional Assistance Program.

TN Department of Health
Office of Investigations
665 Mainstream Drive, Second Floor
Nashville, TN 37243
Telephone Number 615-741-8485 or Toll Free Number 1-800-852-2187

http://tn.gov/health/article/filing-complaints-against-health-care-professionals

Tennessee Professional Assistance Program
545 Mainstream Drive, Suite 414
Nashville, TN 37228-1219
Phone: 615-726-4001 or Toll Free: 1-888-776-0786

www.tnpap.org

*Based on June 6, 2017, passage of public chapter 481, effective July 1, 2017, a covered employer who has employees who are nurses who refuse a drug screen or test positive for any drug on any government or private sector pre-employment or employer-ordered confirmed drug test for an employer when the nurse does not have a lawful prescription for using the drug or valid medical reason for using the drug, these nurses must be reported to the board by reporting through:

TN Department of Health
Office of Investigations
665 Mainstream Drive, Second Floor
Nashville, TN 37243
Telephone Number 615-741-8485 or Toll Free Number 1-800-852-2187

http://tn.gov/health/article/filing-complaints-against-health-care-professionals

TENNESSEE BOARD OF NURSING POSITION STATEMENT

AUTHORITY: Tennessee Code Annotated 63-7-115 (a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:
(F) Is guilty of unprofessional conduct;
Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-01-.13 and Licensed Practical Nurses 1000-02-.13:
UNPROFESSIONAL CONDUCT AND NEGLIGENCE, HABITS OR OTHER CAUSE.
(1) Unprofessional conduct, unfitness, or incompetency by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following:
(s) Failing to report, through proper channels, facts known to the individual regarding incompetent, unethical or illegal practice of any health care provider.

PUBLIC CHAPTER NO.48I
HOUSE BILL NO. 1067
By Representatives Holsclaw, Faison
Substituted for: Senate Bill No. 1309
By Senator Crowe
AN ACT to amend Tennessee Code Annotated, Title 50, Chapter 9; Title 63 and Title 68,
relative to inappropriate involvement of healthcare practitioners with controlled substances.
BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:
SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by
adding the following as a new section to be appropriately designated:
(a) As used in this section:
(1) "Confirmed drug test" means a confirmed test as defined in $ 50-9-103;
(2) "Drug" means a drug as defined in $ 50-9-103;
(3) "Employer" means a covered employer, as defined in $ 50-9-103, that is a healthcare facility licensed under title 68, chapter I 1, part 2, or any other healthcare employer that employs healthcare practitioners; and
(4) "Healthcare practitioner" or "practitioner" means any person required to be licensed, permitted, certified, or authorized:
(A) Under this title by a board or committee under the division of health-related boards specified in $ 68-1-101(a)(8), who has humans for patients; or
(B) Under title 68, chapter 24, parl6; or
(C) Under title 68, chapter 140.
(b) A healthcare practitioner violates the practitioner's practice act by refusing to submit to a drug test or testing positive for any drug on any government or private sector preemployment or employer-ordered confirmed drug test for an employer when the practitioner does not have a lawful prescription for using the drug or a valid medical reason for using the drug.
(c)
(1)
(A) lf a healthcare practitioner refuses to submit to a drug test or tests positive for any drug on any government or private sector preemployment or employer-ordered confirmed drug test for a covered employer, then this section shall apply to the practitioner.
(B) The practitioner shall be given three (3) business days from the time of notification to the practitioner of the confirmed test result to:
(i) Produce a lawful prescription for the drug or a valid medical reason for using the drug to the employer; or
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(ii) Report to the substance abuse peer assistance or treatment program of the appropriate board for the practitioner.
(C) So long as the practitioner obtains and maintains the advocacy of the substance abuse peer assistance or treatment program, unless otherwise required by law, the employer is not required to notify the appropriate board for the practitioner of the violation of the practitioner's practice act.
(2)
(A) Whenever a healthcare practitioner who has been referred by the practitioner's employer or who has self-reported to the substance abuse peer assistance or treatment program of the appropriate board

pursuant to subdivision (c)(1) fails to obtain or maintain the advocacy of the program, the program shall report the practitioner to the appropriate board concerning the violation of the practitioner's practice act.
(B)
(i) So long as the practitioner complies with the terms and conditions of a referral to a substance abuse peer assistance or treatment program, the practitioner's license or certificate shall not be suspended or revoked by the appropriate board for a positive result on a confirmed drug test or a refusal to submit to a drug test.
(ii) The board shall suspend the license, certificate, permit, or authorization of a healthcare practitioner who has been referred to the substance abuse peer assistance or treatment program pursuant to this subsection (c) when the practitioner fails to comply with the terms and conditions of the program.
(iii) The board is not prohibited from taking any other disciplinary action authorized by law for conduct other than a positive result on a confirmed drug test or a refusal to submit to a drug test.
(iv) A substance abuse peer assistance or treatment program shall promptly report any failure of a practitioner who has reported to the program pursuant to this subsection (c) to maintain compliance with the terms and conditions of the program to the appropriate licensing board.
(d) Any drug test used for action pursuant to this section shall comply with the requirements of title 50, chapter 9. The employer of the healthcare practitioner shall promptly report, as determined by rule and subject to subsection (c), a practitioner who tests positive for any drug on a confirmed drug test, or who refuses to submit to a drug test, to the department.
(e) The commissioner of health is authorized to promulgate rules to effectuate the purposes of this section. The rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5. SECTION 2. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section to be appropriately designated:
A quality improvement committee, as defined in S 63-1-150, may share information concerning substance abuse by a healthcare practitioner licensed or certified under this title with another quality improvement committee pursuant to $ 63-1-150(dX3) or $ 68-1 1-272(c)(3) in furtherance of the functions of the committees.
SECTION 3. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section:
2
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Notwithstanding any law, rule, or policy of a board or the department of health, emergency action by the department or the board under S 4-5-320(c) shall not require the prior approval of the attorney general and reporter.
SECTION 4. Tennessee Code Annotated, Title 50, Chapter 9, is amended by adding the following as a new section:
Notwithstanding this chapter, a covered employer who has employees who are healthcare practitioners for the purposes of Section 1 shall report a healthcare practitioner who tests positive for any drug on any government or private sector preemployment or employer-ordered confirmed drug test, or who refuses to submit to a drug test, to the department of health and the practitioners licensing or certifying board as required by Section 1.
SECTION 5. This act shall take effect July 1, 2017, the public welfare requiring it.
3
PASSED: Mav 9. 2017
I
BILL HASLAM, GOVERNOR
HOUSE

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Skilled Nursing Services Rendered by Unlicensed Personnel
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To provide guidance in acts that constitute the practice of nursing and define certain acts that should not be delegated to unlicensed personnel.

POLICY: The following is a non-inclusive list of acts that are included in the practice of nursing:

- The insertion of a catheter into the bladder
- Enteral feedings
- Medication administration, unless exempted by the nurse practice act

AUTHORITY: §63-7-108. "Practice of practical nursing" defined**.**

The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

§63-7-103. "Practice of professional nursing" and "professional nursing" defined.
(a) (1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences and the humanities as the basis for application of the nursing process in wellness and illness care; and
(2) "Professional nursing" includes:
(A) Responsible supervision of a patient requiring skill and observation of symptoms and reactions and accurate recording of the facts;
(B) Promotion, restoration and maintenance of health or prevention of illness of others;
(C) Counseling, managing, supervising and teaching of others;
(D) Administration of medications and treatments as prescribed by a licensed physician, dentist, podiatrist or nurse authorized to prescribe pursuant to § 63-7-123;
(E) Application of such nursing procedures as involve understanding of cause and effect; and
(F) Nursing management of illness, injury or infirmity including identification of patient problems.
(b) Notwithstanding the provisions of subsection (a), the practice of professional nursing does not include acts of medical diagnosis or the development of a medical plan of care and therapeutics for a patient, except to the extent such acts may be authorized by §§ 63-1-132, 63-7-123 and 63-7-207.

§63-7-101. Purpose of chapter.
The purpose of this chapter is to safeguard life and health by requiring each person who is practicing or is offering to practice nursing to submit evidence that the person is qualified to practice and to be licensed as provided in this chapter. Such evidence of qualifications shall be submitted to the state board of nursing, which is the regulatory body authorized to enforce the provisions of this chapter.

63-7-102. Exemptions.

Nothing in this chapter shall be construed as applying to: **(**10) Persons trained in accordance with § 68-1-904(c) who are:

(A) Providing personal support services to clients living in their own home or private residence pursuant to a contract or agreement under any Medicaid waiver or other program of the department of intellectual and developmental disabilities;

(B) Employed by agencies that are both licensed under title 33 and under contract to provide residential or adult day programs for people with intellectual disabilities and persons trained in accordance with T.C.A. § 68-1-904(c); or

(C) Employed by community-based licensed intermediate care facilities for people with intellectual disabilities who will administer medication only at a location other than the community-based facility. The employees of the community-based licensed intermediate care facilities for people with intellectual disabilities may additionally receive medication administration training specific to the person served. For the purposes of this subdivision (10)(C), when administered by employees of the intermediate care facilities, medications shall be packaged in individual doses labeled with the name of the individual patient, the time of administration and the drug name and dosage;

(11) Except for those persons covered under subdivision (10)(A), a person employed by an agency licensed under title 33, chapter 2, part 4 providing personal support services to clients living in their own home or private residence may assist the client with medication, except for injections, upon a written authorization by the client or the client's authorized representative. For the purpose of this section, assistance is limited to opening medication packaging and providing medication reminders and does not permit giving the client any form of medication. Before any such person is authorized to assist the client with medication as provided in this subdivision (11), the person shall receive and be able to document training in medication assistance performed by or under the general supervision of a registered nurse and consistent with the state's home and community-based services (HCBS) training in assisting with medications. For the purposes of this subdivision (11), assisting with medications is not to be interpreted in any manner or fashion to include, or to be the same as, medication administration that would be only appropriate and acceptable for persons who are authorized so to do by specific professional acts under this title or by rules or regulations;

(12) (A) Persons trained in accordance with T.C.A. § 68-1-904(c)(2), who are employed by agencies that are both licensed under title 37 and under contract with the department of children's services to provide services, can assist children and youth with the self-administration of medication in a group home setting. Before that person is authorized to assist the child or youth with self-administration of medication, that person must have received and be able to document six (6) hours of training in medication administration from a registered nurse licensed pursuant to this chapter;

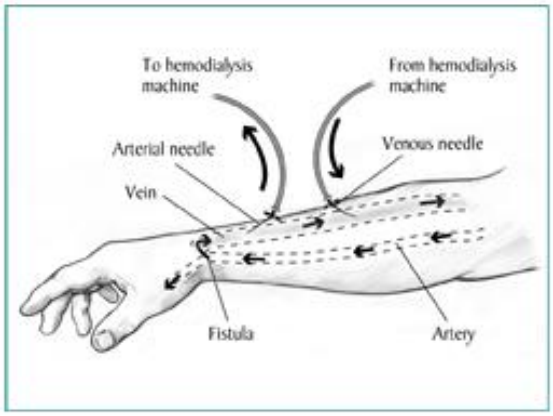
(B) For the purposes of subdivision (12)(A), assisting with self-administration of medications is not to be interpreted in any manner or fashion to include, or to be the same as, medication administration that would be only appropriate and acceptable for persons who are authorized to do so by specific professional acts under this title or by rules or regulations.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

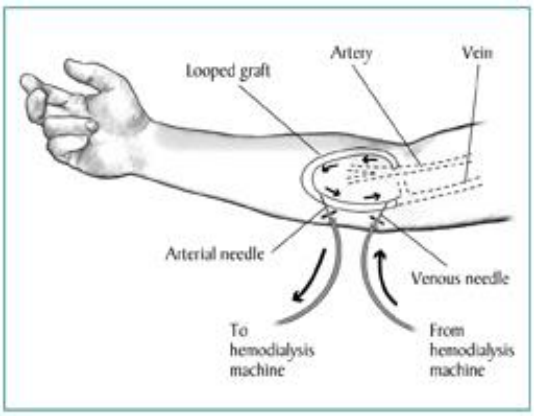
Practice
Licensed Practical Nurse's Role in an Outpatient End Stage Renal Disease Dialysis Setting
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 08/24/2017

PURPOSE: To clarify LPN scope of practice in the end stage renal disease dialysis setting and the responsibility of the RN for LPN supervision in this setting.

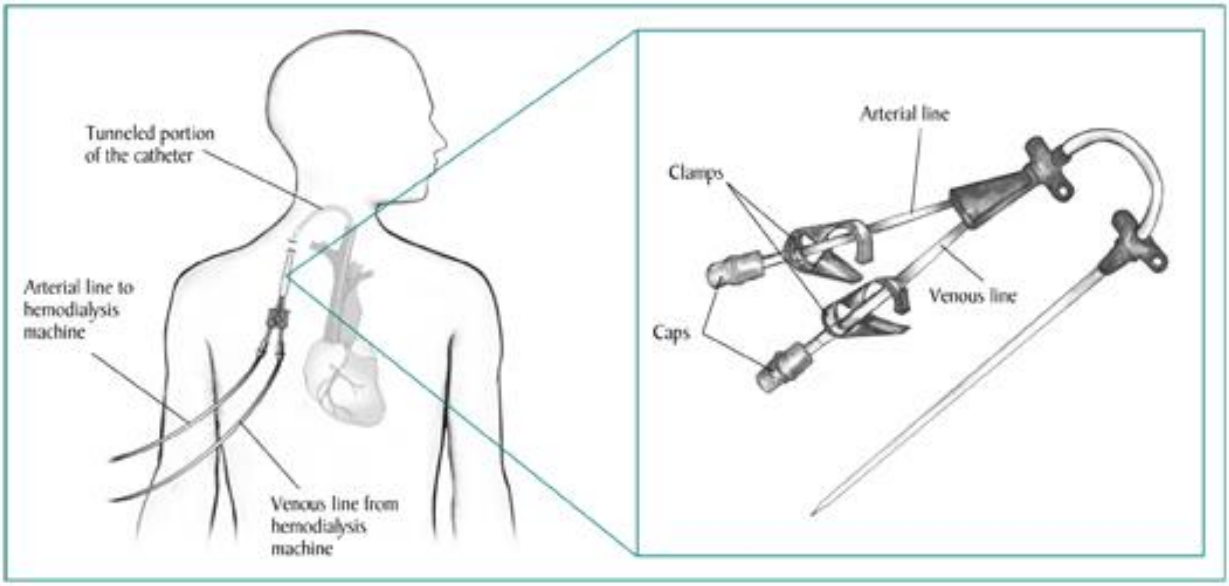
POLICY: A licensed practical nurse, deemed competent by the RN, is to be allowed to give certain intravenous push medications in End Stage Renal Disease (ESRD) outpatient settings where they are directly supervised by a registered nurse and that registered nurse is immediately available in the dialysis facility. Given the National Kidney Foundation, Centers for Medicare and Medicaid Services and the Department of Health and Human Services recommendation of AV fistula as the preferred type of access for hemodialysis, the board acknowledges the need for clarifying the LPN's role in administering IV push medications in the hemodialysis access site. For purposes of outpatient renal dialysis, the arteriovenous fistula or graft in the arm joining a dialysis circuit is considered a peripheral line. Competency, obtained through appropriate coursework, must be documented in the employee's personnel record. Medications that may be administered by the competent LPN include: drugs that are legally permitted, recombinant human erythropoietin, Vitamin D analogs, anticoagulants, 0.9%sodium chloride and iron. This policy applies only to practice in the licensed outpatient ESRD dialysis setting under the direct supervision of RN. The supervising RN is accountable and responsible for the delegation of this treatment.



AV Fistula – Peripheral



AV Graft - Peripheral



Central Catheter – Not Peripheral

http://www2.kidney.org/professionals/KDOQI/guideline_upHD_PD_VA/va_guide2.htmVascular Access (2006)
http://www.esrdnetwork18.org/pdfs/QI%20-%20FF%20Breakthrough%20Initiative/CMSPressRelease.pdf (2004)
https://www.davita.com/kidney-disease/dialysis/treatment/arteriovenous-av-fistula-%2597-the-gold-standard-hemodialysis-access/e/1301

AUTHORITY: §63-7-108. "Practice of practical nursing" defined.
The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

1000-02-.15 SCOPE OF PRACTICE.
(1) Intravenous (IV) Push Medications - The administration of intravenous push medications refers to medications administered from a syringe directly into an ongoing intravenous infusion or into a saline or heparin lock. Intravenous push does not include saline or heparin flushes.

(a) Licensed Practical Nurses may deliver selected intravenous push medications when prescribed by a licensed health care professional who has legal authority to prescribe such medications, and when under the supervision of a licensed physician, dentist or registered nurse pursuant to T.C.A. § 63-7-108, provided:

1. the Licensed Practical Nurse has a minimum of six (6) months experience as a licensed nurse; and

2. the Licensed Practical Nurse has successfully completed a course of study developed from the Infusion Nurse Society Standards; or

3. has successfully completed a formal (institutional/agency-based) intravenous therapy training and competency program prior to January 1, 2007; and

4. the Licensed Practical Nurse practices under the supervision (defined as "overseeing with authority") of a licensed physician, dentist, or registered nurse pursuant to T.C.A.§ 63-7-108. The supervisor shall maintain accountability for the delegation while the Licensed Practical Nurse is accountable for his/her acts; and

5. the Licensed Practical Nurse administers IV push medications in peripheral lines only; and

6. competency is demonstrated to the chief nursing officer or the chief nursing officer's representative when the Licensed Practical Nurse is employed by a facility required to be licensed pursuant to T.C.A. § 68-11-204, or competency is demonstrated to the supervising physician or dentist when the Licensed Practical Nurse is not employed by a facility required to be licensed pursuant to T.C.A. § 68-11-204; and

7. documentation of competence is maintained in the Licensed Practical Nurse's personnel file, signed and attested to by the facility's chief nursing officer; and

8. the Licensed Practical Nurse administers IV push medications only to adults weighing over eighty (80) pounds.

(b) Licensed Practical Nurses shall not administer IV push medications to pediatric or prenatal and ante partum obstetrical patients.

(c) Licensed Practical Nurses shall not administer the following fluids/medication/agents or drug classifications in the context of intravenous therapy:

1. Chemotherapy; and
2. Serums; and
3. Oxytocics; and
4. Tocolytics; and
5. Thrombolytics; and
6. Blood or blood products; and
7. Titrated medications and dosages calculated and adjusted by the nurse based on patient assessment and/or interpretation of lab values and requiring the nurse's professional judgment; and
8. Moderate sedation; and
9. Anesthetics; and
10. Paralytics; and
11. Investigative or experimental drugs.

(2) Universal Precautions for the Prevention of HIV Transmission - The Board adopts, as if fully set out herein, rules 1200-14-03-.01 through 1200-14-03-.03 inclusive, of the Department of Health and as they may from time to time be amended, as its rule governing the process for implementing universal precautions for the prevention of HIV transmission for health care workers under its jurisdiction.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Prescribing for Oneself and One's Family
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 08/24/2017

PURPOSE: To clarify APRN scope of practice in prescribing.

POLICY: For purposes of this policy, "immediate family" means a spouse, parent, child, sibling or other individual in relation to who an Advanced Practice Registered Nurse's personal or emotional involvement may render that APRN unable to exercise detached professional judgment in reaching diagnostic or therapeutic decisions. Records shall be maintained of all treatment.

Self-Prescribing

1) An APRN cannot have a bona fide provider/patient relationship with himself or herself. Therefore, except in emergency situations, an APRN shall not prescribe, dispense, issue, administer or otherwise treat himself/herself. However, administration to oneself is acceptable when appropriately prescribed by another healthcare prescriber.

2) Prescribing, providing, dispensing, issuing, or administering of a scheduled drug to oneself is prohibited. However, administration to oneself is acceptable when appropriately prescribed by another healthcare prescriber.

Immediate Family

1) Treatment of immediate family members should be reserved only for minor, self-limited illnesses or emergency situations.

2) No scheduled drugs should be provided, issued, administered, dispensed or prescribed except in emergency situations. However, administration to immediate family is acceptable when appropriately prescribed by another healthcare prescriber.

Reference:
The Tennessee Board of Nursing adapted the Tennessee Board of Medical Examiners policy statement, *Policy: Prescribing for Oneself and One's Family.*
Best practice of Tennessee Board of Medical Examiners, originally adopted January 21, 1997, and revised May 24, 2017.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Practice
Registered Nurse Role in Physical Assessment and Determination of Active Labor
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 5/17/2018

PURPOSE: To guide RN practice relative to following protocol for assessment and determination of active labor.

POLICY: The RN is prepared educationally with the requisite scientific skills to perform a comprehensive patient assessment, formulate a plan of care, and implement and evaluate the plan of care. Registered Nurses, as provided for by Administrative Rule 1000-01-04 (3) (b), are authorized to expand their role to manage the medical aspects of a patient's care with medical protocols jointly developed by the nurse and the physician. Protocols shall be reviewed annually and maintained at the practice site.

It is within the scope of practice for a qualified RN to assess and evaluate a patient presenting in labor as part of the medical screening exam (MSE) under the following conditions:

1. The RN follows documented, facility approved policy, procedures and protocols that allow and guide MSE by registered nurses;
2. An authorized provider is available for consultation and the findings of the exam are reviewed with the provider; and
3. The RN is educationally prepared and clinically competent to perform the MSE.

The nursing assessment for contractions, bleeding, ruptured membranes, fetal station, and cervical dilation is within the scope of appropriately trained registered nurses in Tennessee and does not constitute a medical diagnosis or medical plan of care.

AUTHORITY: Tennessee Code Annotated §63-7-103. "Practice of professional nursing" defined.
(a) (1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences and the humanities as the basis for application of the nursing process in wellness and illness care.
(2) "Professional nursing" includes:
(A) Responsible supervision of a patient requiring skill and observation of symptoms and reactions and accurate recording of the facts;
(B) Promotion, restoration and maintenance of health or prevention of illness of others;
(C) Counseling, managing, supervising and teaching of others;
(D) Administration of medications and treatments as prescribed by a licensed physician, dentist, podiatrist, or nurse authorized to prescribe pursuant to § 63-7-123, or selected, ordered, or administered by an advanced practice registered nurse specializing as a certified registered nurse anesthetist (CRNA) during services ordered by a physician, dentist, or podiatrist and provided by a CRNA in collaboration with the ordering physician, dentist, or podiatrist that are within the scope of practice of the CRNA and authorized by clinical privileges granted by the medical staff of the facility. A CRNA shall collaborate in a cooperative working relationship with the ordering physician, dentist, or podiatrist in the provision of patient care, which includes consultation

regarding patient treatment and cooperation in the management and delivery of health care;
(E) Application of such nursing procedures as involve understanding of cause and effect; and
(F) Nursing management of illness, injury or infirmity including identification of patient problems.
(b) Notwithstanding subsection (a), the practice of professional nursing does not include acts of medical diagnosis or the development of a medical plan of care and therapeutics for a patient, except to the extent such acts may be authorized by §§ 63-1-132, 63-7-123 and 63-7-207.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Discipline
Lapsed License
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To set up a system for managing those situations in which licensees practice nursing beyond the period of a license, permit or valid renewal certificate

POLICY:

Infraction	LPN, RN and APRN
Practicing nursing on a lapsed (expired) license or certificate less than six months.	• Shall remit applicable renewal and reinstatement fees.
Practicing nursing on a lapsed (expired) license or certificate six months and up to twelve months.	• Shall remit applicable renewal and reinstatement fees. • Issue letter of concern
Practicing nursing on a lapsed (expired) license or certificate twelve months or longer.	• Schedule for appearance before Application Review Committee • Recommend civil penalty for a month of practice beyond the period of a valid license

AUTHORITY: T.C.A. § 63-7-115. Grounds for denial, revocation or suspension of certificate or license. (a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:

(F) Is guilty of unprofessional conduct

§63-7-120. Violations and penalties.
(a) It is a Class B misdemeanor for any person, corporation or association to:

(5) Practice nursing during the time the person's license issued under the provisions of this chapter is suspended or revoked;

1000-01-.13 and 1000-02-.13 UNPROFESSIONAL CONDUCT AND NEGLIGENCE, HABITS OR OTHER CAUSE.

(1) Unprofessional conduct, unfitness, or incompetency by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following:

(k) Practicing professional nursing in this state on a lapsed (state) license or beyond the period of a valid temporary permit;

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Discipline
Non-compliance With Continued Competence Requirements
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 08/24/2017

PURPOSE: To manage those licensed nurses who fail to come into compliance with the continued competence monitoring program.

POLICY:

Infraction	Disciplinary Guideline
Noncompliance with first audit	• Letter of warning • Schedule audit prior to next renewal per compliance unit
Noncompliance with second audit	• Refer to Bureau of Investigations, open a complaint

AUTHORITY: T.C.A. § 63-7-207. Powers and duties. The board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by other sections of this chapter:

(16) By January 1, 2002, the board of nursing shall implement a plan to assure continuing competence of licensees, using educationally sound methods to promote learning and assess outcomes pertinent to contemporary standards of nursing practice;

1000-01-.14 and 1000-02-.14 STANDARDS OF NURSING COMPETENCE. The Board requires all nurses to document evidence of competence in their current practice role. The Board believes that the individual nurse is responsible for maintaining and demonstrating competence in the practice role whether the recipient of the nursing intervention is the individual, family, community, nursing staff, nursing student body, or other.

(e) Documentation of compliance

1. Each licensee must retain documentation of completion of all continued competence requirements of this rule for a period of four (4) years from when the requirements were completed. This documentation must be produced for inspection and verification, if requested in writing by the Board during its verification process.
2. The licensee must, within thirty (30) days of a request from the Board, provide evidence of continued competence activities.
3. Any licensee who fails to complete the continued competence activities or who falsely certifies completion of continued competence activities may be subject to disciplinary action pursuant to T.C.A. §§ 63-7-115, 63-7-116, 63-7-120, and 63-7-207.

1000-04-.05 RENEWAL OF CERTIFICATE AND DEMONSTRATION OF COMPETENCY. All advanced practice nurses who hold a Tennessee registered nurse license must biennially renew their Tennessee registered nurse license pursuant to Rule 1000-01-.03 and must demonstrate competency as a registered nurse pursuant to Rule 1000-01-.14. Additionally, to demonstrate competency to hold and/or renew an Advanced Practice Nurse Certificate, an advanced practice nurse shall:

(1) have initially obtained or maintained, during the most recent biennial renewal period, certification from a nationally recognized certification body appropriate to the nurse's specialty area; and

(2) if in possession of a Certificate of Fitness pursuant to Rule 1000-04-.04, have successfully completed a minimum of two (2) contact hours of continuing education designed specifically to address controlled substance prescribing practices. The continuing education must include instruction in the Tennessee Department of Health's treatment guidelines on opioids, benzodiazepines, barbiturates, and carisoprodol, and may include such other topics as medicine addiction and risk management tools.

TN Department of Health

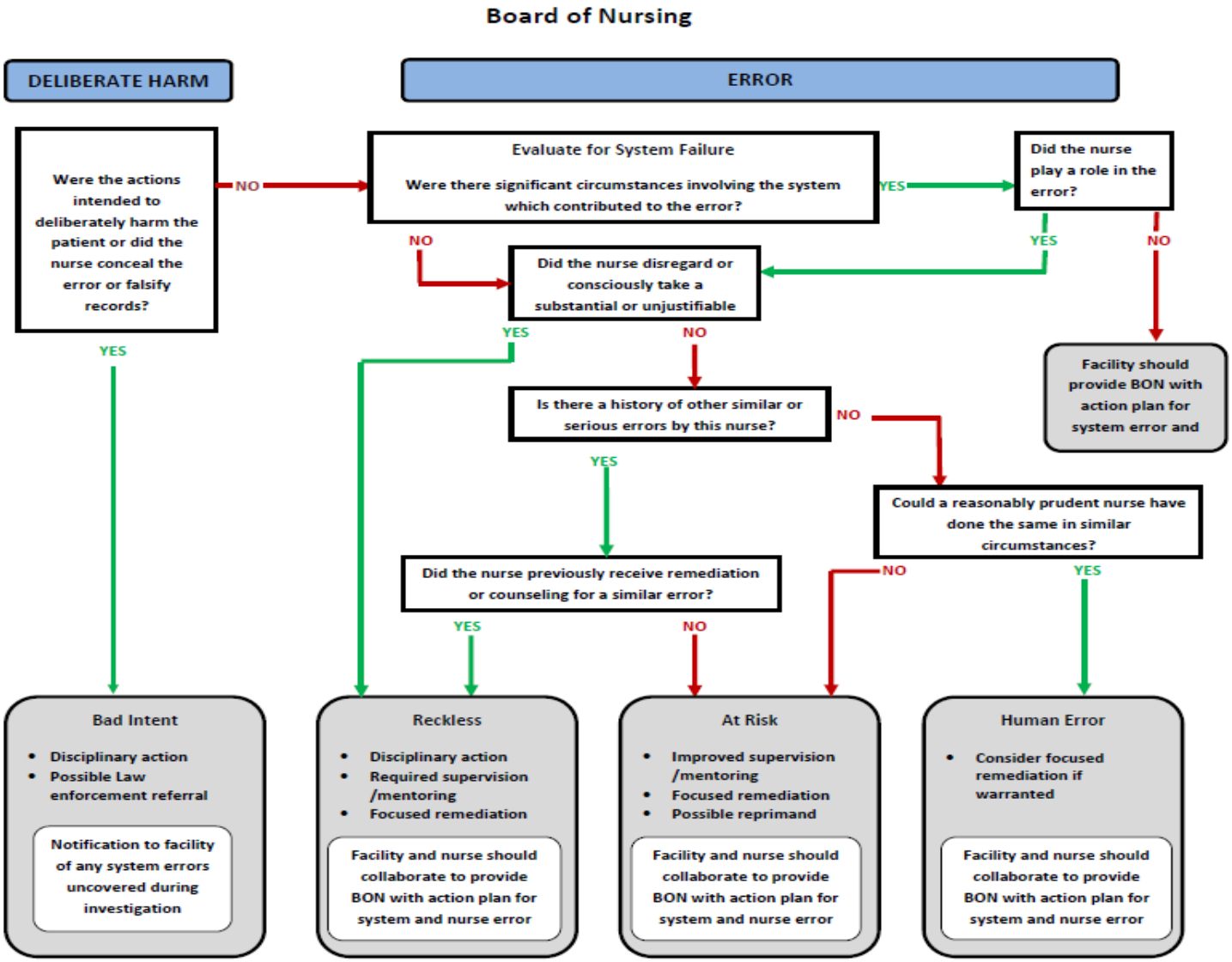
TENNESSEE BOARD OF NURSING POSITION STATEMENT

Discipline
Patient Safety: Culture of Learning, Justice and Accountability
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Board Approved: 8/24/2017

PURPOSE: To set out the Board's philosophy concerning learning, justice and accountability.

POLICY:

A. Given that:	B. The Board will:
1. Medical errors and patient safety are a national concern to all involved in health care delivery. 2. The Board is legally and ethically obligated to hold nurses accountable for their competency and behaviors that impact patient/client care. 3. A punitive environment does not fully take into effect systems issues, and a blame-free environment does not hold nurses appropriately accountable.	1. Strive for a culture that balances the need for a non-punitive learning environment with the equally important need to hold persons accountable for their actions. 2. Judge based on behavior, not the outcome. 3. Distinguish between human error, at-risk behavior, and intentional reckless behavior. 4. Foster a learning environment that encourages the identification and review of all error, near-misses, adverse events, and system weaknesses. 5. Support the prevention of future errors by promoting the use of a wide range of responses to safety-related events including coaching, non-disciplinary counseling, additional education or training, demonstration of competency, additional supervision and oversight and disciplinary action when appropriate to address performance issue. 6. Work to share information across organization to promote continuous improvement and ensure the highest level of patient/client/resident/staff safety. (a) Collaborate in efforts to establish a statewide culture of learning, justice and accountability to provide the safest possible environment of patients/clients. 7. In reviewing complaints filed with the Boards, the consultants and staff will consider the following blameworthy activity that may result in board action: (a) An event or medical error that is a result of a nurse's actions while under the influence of alcohol or drugs. (b) The nurse responsible for the error has blatantly disregarded the facility's policies and procedures or professional standards of practice. (c) The nurse is being purposefully or recklessly unsafe. (d) The nurse commits an intentional and/or criminal act (including abuse, neglect or misappropriation of patient/resident property).



AUTHORITY: T.C.A § 63-7-101. Purpose of chapter. The purpose of this chapter is to safeguard life and health by requiring each person who is practicing or is offering to practice nursing to submit evidence that the person is qualified to practice and to be licensed as provided in this chapter. Such evidence of qualifications shall be submitted to the state board of nursing, which is the regulatory body authorized to enforce the provisions of this chapter.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Discipline
Disciplinary Guidelines
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Last review held: 08/24/2017

PURPOSE: To establish an impartial and consistent process for disciplinary action by the Tennessee Board of Nursing with the understanding that discipline is determined on a case-by-case basis.

POLICY:

DRUG REATED OFFENSES

- The board will require a minimum of two years documented continuous sobriety prior to consideration of licensure. Probation may be considered.
- In a disciplinary action, any applicant/licensee who is referred to TnPAP, and who, based on the findings of the board, is a potential risk to the public, will be placed on suspension pending evaluation by TnPAP. The license will remain suspended until such time as the applicant/licensee provides proof to the Board that an evaluation has been completed and a monitoring agreement has been signed, if recommended. At that time, the suspension will be stayed and the license placed on probation to run concurrent with the TnPAP monitoring agreement. A condition of probation shall include the compliance with any request from TnPAP and compliance with all terms of the TnPAP monitoring agreement.

INAPPROPRIATE PRESCRIBING OF CONTROLLED SUBSTANCES

Prescription drug abuse is a national epidemic that has serious consequences for public safety. According to the CDC, the epidemic is often fueled by inappropriate prescribing. The Board of Nursing seeks to prevent inappropriate prescribing through partnerships with stakeholders to educate licensees, students and the public.

- In order for the suspension, revocation or voluntary surrender of the APRN certificate to be lifted; evidence of successful completion of board-approved continuing education/testing/evaluation and/or monitoring options related to prescribing, professional ethics and professional boundaries, in addition to any other requirements ordered by the board, will be required to be presented in person to the Application Review Committee. Additional evidence to establish the ability to safely practice may be required by the board/ARC.
- The requirements of this section are in addition to requirements in other sections of this policy, e.g. criminal offenses, sexual misconduct, addiction/substance abuse that co-exist with the overprescribing.
- Refer to Prescribing for Oneself and One's Family policy.

TN Department of Health

TENNESSEE BOARD OF NURSING POSITION STATEMENT

GENERAL CRIMINAL OFFENSES
• If an applicant/licensee self-reports a crime, a crime is found on a criminal background check or the applicant's/licensee's license/certificate/privilege to practice has been disciplined for a criminal offense(s), the board will require the person to provide evidence from the court that all sentences and probation requirements have been completed prior to licensure. • Applicants recently cleared from court action may be required to have a minimum of 1 year of no additional arrests/convictions prior to licensing. • Applicants for licensure may be required to appear before the Application Review Committee.
DISCIPLINE OF A LICENSE
• All disciplinary orders, with the exception of a reprimand, continuing education or civil penalty only, shall contain language restricting practice to Tennessee (single state license) and revoking the privilege to practice in all states party to the nurse licensure compact. • The board will not consider a request for licensure for a minimum of one year post discipline. • The board, at its discretion, may recommend in an order that a license/certificate be permanently denied or denied for a certain period of time. • If a nurse/applicant applies for licensure and has a license/certificate which is currently under investigation or discipline in another state or jurisdiction for an offense which would be a violation under Tennessee law, the applicant will not be eligible for licensure or re-licensure in Tennessee until such time as the action in the other state/jurisdiction is clear. Those applicants recently cleared from disciplinary action in another state may be required to provide evidence of a period of time of safe practice (e.g.no significant investigation) prior to licensing. • Agreed Orders and Consent Orders will contain language that provides for revocation/suspension of licensure upon non-compliance with the order.
MONITORING AGREEMENTS
• Alternative to discipline monitoring agreements in other states shall be completed in the state where the discipline occurred prior to licensure in Tennessee. • Tennessee disciplinary orders including a requirement for a monitoring agreement will be completed in Tennessee with the exception of treatment which may be completed outside of Tennessee.
PRIVILEGE TO PRACTICE
• Consistent with the intent of the nurse licensure compact, nurses practicing on the privilege to practice in Tennessee who have been found to have violated the Tennessee Nurse Practice Act will have their privilege to practice in Tennessee revoked.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

AUTHORITY: Tennessee Code Annotated § 63-7-115

(a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:
(A) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
(B) Is guilty of a crime;
(C) Is unfit or incompetent by reason of negligence, habits or other cause;
(D) Is addicted to alcohol or drugs to the degree of interfering with nursing duties;
(E) Is mentally incompetent;
(F) Is guilty of unprofessional conduct; or
(G) Has violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of, or conspired to violate, any provision of this chapter or any lawful order of the board issued pursuant thereto.

1000-01-.17 INTERSTATE NURSE LICENSURE. Pursuant to the Interstate Nurse Licensure Compact, a license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state.

(1) Definitions. As used in this rule, the following terms shall have the following meanings ascribed to them:

(a) “Alternative program” means a voluntary, non-disciplinary monitoring program approved by a nurse licensing board.

(b) “Board” means party state's regulatory body responsible for issuing nurse licenses.

(c) “Coordinated licensure information system” means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of state nurse licensing boards.

(d) “Current significant investigative information” means:

1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

2. Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond. (e) “Home state” means the party state which is the nurse's primary state of residence.

(f) “Information System” means the coordinated licensure information system.

(g) “Interstate Nurse Licensure Compact” means the uniform legislation which is substantially similar to Tennessee’s Public Chapter 538 of the Public Acts of 2002, which, when enacted into law by participating states, establishes multistate licensure privileges for registered nurses and licensed practical nurses.

(h) “Multistate licensure privilege” means current, official authority from a remote state permitting the practice of nursing as a registered nurse in such party state.

(i) “Nurse” means a registered nurse as that term is defined by each party's state practice laws.

(j) “Party state” means any state that has adopted the Interstate Nurse Licensure Compact.

(k) “Primary state of residence” means the state of a person's declared fixed permanent and principal home for legal purposes; domicile.

(l) “Public” means any individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc. (m) “Remote state” means a party state, other than the home state:

1. Where the patient is located at the time nursing care is provided; or

2. In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.
(2) Issuance of License by a Compact Party State – As of July 1, 2005, no applicant for initial licensure may be issued a compact license granting a multi-state privilege to practice unless the applicant first obtains a passing score on the applicable National Council Licensure
Examination (NCLEX) or its predecessor examination used for licensure.
(a) A nurse applying for a license in a home party state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:
1. Driver's license with a home address;
2. Voter registration card displaying a home address; or 3. Federal income tax return declaring the primary state of residence; or
4. Military Form No. 2058 – state of legal residence certificate; or
5. W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.
(b) A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license will be issued by the party state.
(c) A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license.
(d) When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states (i.e. a single state license), the license shall be clearly marked with words indicating that it is valid only in the state of issuance.
(e) A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multistate licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed ninety (90) days.
(f) The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the ninety (90) day period in subparagraph (e) shall be stayed until resolution of the pending investigation.
(g) The former home state license shall no longer be valid upon the issuance of a new home state license.
(h) If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days and the former home state may take action in accordance with that state's laws and rules.
(3) Limitations on Multistate Licensure Privilege – Discipline
(a) Home state boards shall include in all licensure disciplinary orders and/or agreements that limit practice and/or require monitoring the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee's practice to the home state during the pendency of the disciplinary order and/or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state boards.
(b) An individual who had a license which was surrendered, revoked, suspended, or an application denied for cause in a prior state of primary residence, may be issued a single state license in a new primary state of residence until such time as the individual would be eligible for an unrestricted license by the prior state(s) of

adverse action. Once eligible for licensure in the prior state(s), a multistate license may be issued.
(4) Information System
(a) Levels of access
1. The public shall have access to nurse licensure information contained in the Information System limited to:
(i) The nurse's name,
(ii) Jurisdiction(s) of licensure,
(iii) License expiration date(s),
(iv) Licensure classification(s) and status(es),
(v) Public emergency and final disciplinary actions, as defined by contributing state authority; and
(vi) The status of multistate licensure privileges.
2. Non-party state boards shall have access to all Information System data except current significant investigative information and other information as limited by contributing party state authority.
3. Party state boards shall have access to all Information System data contributed by the party states and other information as limited by contributing non-party state authority.
(b) The licensee may request in writing to the home state board to review the data relating to the licensee in the Information System. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The Board shall verify and within ten (10) business days correct inaccurate data to the Information System.
(c) The Board shall report to the Information System within ten (10) business days:
1. Disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority)
2. Dismissal of complaint, and
3. Changes in status of disciplinary action, or licensure encumbrance.
(d) Current significant investigative information shall be deleted from the Information System within ten (10) business days upon report of disciplinary action, agreement or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint.
(e) Changes to licensure information in the Information System shall be completed within ten (10) business days upon notification by a board.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

Discipline
Disciplinary Guidelines for Sexual Boundary Violations
Board position statements do not have the force of law, but are a means for providing guidance on issues of concern to the board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, statutes and rules.
Last review held: 08/24/2017

PURPOSE:
The Tennessee Board of Nursing, consistent with its mission to protect public health, safety, and welfare, finds it essential to take a position regarding the licensure of those who engage in sexual boundary violations and/or sexual misconduct. This position is intended to establish a consistent disciplinary process.

POLICY:
The following applies to licensees and applicants for licensure:

Assumptions

- Patients under the care of a nurse are vulnerable by virtue of illness or injury, and the dependent nature of the nurse-patient relationship. The nurse must not abuse the patient's trust. The nurse shall respect the dignity of the profession and maintain appropriate professional boundaries with respect to patients, patients' families, and the nurse's coworkers. The nurse will not engage in sexual misconduct or violent, threatening or abusive behavior towards patients, patients' families or the nurse's coworkers. The nurse must be aware of the potential imbalance of power in professional relationships with patients, based on their need for care, assistance, guidance and support, and ensure that all aspects of that relationship focus exclusively upon the needs of the patient.
- A patient ceases to be a patient 30 days after receiving the final nursing services.
- Nurses are in the position to have access to privileged information and opportunity to exploit patient vulnerability. Persons who are especially vulnerable include the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised and patients who are disabled or immobilized.
- Nurses are frequently in situations where they provide intimate care to patients.
- There are appropriate boundaries in the nurse-patient relationship that nurses must clearly understand and be trusted not to cross.
- A nurse's duty to maintain boundaries extends beyond a patient's discharge from nursing care, especially when it pertains to confidential medical records.
- Sexual misconduct raises serious questions about the individual's ability to provide safe, competent care.
- Sexual misconduct that occurs outside of the workplace, including conviction or deferred adjudication of or probation for a crime, raises concern as to whether misconduct will recur in nursing practice.
- The work of nursing is inherently personal. Within their professional role, nurses recognize and

maintain appropriate relationship boundaries. Nurse-patient and nurse-colleague relationships have as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering. Nurse-patient relationships are therapeutic in nature but can also test the boundaries of professionalism. Accepting gifts from patients is generally not appropriate; factors to consider include the intent, the value, the nature, and the timing of the gift, as well as the patient's own cultural norms. When a gift is offered, facility policy should be followed. The intimate nature of nursing care and the involvement of nurse in important and sometimes highly stressful life events may contribute to the risk of boundary violations. Dating and sexually intimate relationships are always prohibited.

Boundary violations can also occur in professional colleague relationships. In all communications and actions, nurses are responsible for maintaining professional boundaries. They should seek the assistance of peers or supervisors in managing or removing themselves from difficult situations (American Nurses Association, 2015).

Crimes Related to Sexual Misconduct

Crimes of sexual misconduct that involve abuse of a minor or a vulnerable person or taking advantage of another person are extremely serious grounds for revocation of a license/certificate or denial of any application/reapplication for a license/certificate. The length of time between the conviction and the application is not a mitigating factor due to the high recidivism rate for sex offenders, lack of empirical evidence regarding the success of treatment, and the fact that many victims do not report that a sexual offense has been committed against them.

Sexual Misconduct

Sexual misconduct is never acceptable. Conduct includes but is not limited to sexual relations with a patient, rape, sex disguised as treatment (unnecessary or prolonged pelvic/breast/genital exams or touching intimate body parts when the touch is not necessary for care) and "sneaky sex" (surreptitious touch, voyeurism, or exposing the patient's body when not necessary) are grounds for limitation, denial, or revocation of licensure.

Nurses should never engage in conduct with a patient that is sexual or may reasonably be interpreted as sexual or in any behavior that is seductive or sexually demeaning to a patient, or engaging in sexual exploitation of a patient or former patient. Even if a patient initiates the sexual contact, a sexual relationship is still considered sexual misconduct for the nurse. The nurse should never use the patient to satisfy the nurse's need for personal amusement, gratification, power, control, sexual stimulation or satisfaction. It is always the responsibility of the nurse to establish appropriate boundaries with present and former patients.

Other sexual misconduct such as sexual harassment of a patient, verbal interaction of a sexual nature, or a romantic-like relationship with a patient are unacceptable but not necessarily a disqualification from licensure.

Determination of Severity of Sexual Misconduct

A forensic psychological evaluation with a sexual predator component – such as the sex MMPI, as well as a polygraph, may be necessary for the board to determine the severity of the violation. The evaluation will be performed by a Board approved psychologist or psychiatrist with forensic credentials who has expertise in evaluating sexual offenders.

TENNESSEE BOARD OF NURSING POSITION STATEMENT

(Policy adapted from the Oregon Board of Nursing Policy, 1999, Texas Board of Nursing policy, 2016 and Idaho Board of Nursing rules 2015).

AUTHORITY: Tennessee Code Annotated § 63-7-115
(a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:
(A) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
(B) Is guilty of a crime;
(C) Is unfit or incompetent by reason of negligence, habits or other cause;
(D) Is addicted to alcohol or drugs to the degree of interfering with nursing duties;
(E) Is mentally incompetent;
(F) Is guilty of unprofessional conduct; or
(G) Has violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of, or conspired to violate, any provision of this chapter or any lawful order of the board issued pursuant thereto.

References

American Nurses Association. (2015). Provision 2, Interpretive Statement 2.4. In *Code of Ethics for Nurses with Interpretive Statements* (p. 7). Silver Spring, Maryland: Nursebooks.org.