LEGAL REGULATIONS & Professional Standards for Ohio Nurses
Legal Regulations and Professional Standards for Ohio Nurses

Edition 6

A Publication of the Ohio Nurses Association

The Recognized Leader and Advocate for Professional Nursing in Ohio
Since 1904
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Welcome to the 6th edition of Legal Regulations & Professional Standards for Ohio Nurses. The Ohio Nurses Association hopes that this new, updated edition will enable students and registered nurses alike to become more familiar with the law, rule, and professional standards that define nursing practice.

_Kathleen Morris, Director of Nursing Practice, Ohio Nurses Association_

**Introduction**

As a licensed nurse in Ohio, you have certain rights and responsibilities and are held accountable for your actions on the job. That's why this book was written -- to help you exercise those rights and responsibilities, and to maintain the necessary standards.

**Why You Need This Book**

No matter where you work, your years in the profession, or what your nursing specialty, you share with other nurses the consistent goal of promoting the well-being of the people you serve. According to *Nursing's Social Policy Statement* (ANA, 2003), the authority for the practice of nursing is based on a social contract that acknowledges professional rights and responsibilities as well as mechanisms for public accountability. The bottom line? You are accountable, and you have rights.

**The Purpose of This Book**

This book is carefully organized to define as clearly as possible all of the following:

The regulation of nursing practice in Ohio:

- How the system of public regulation of nursing is administered in Ohio, especially concentrating on the structure and responsibility of the Ohio Board of Nursing, including an explanation of the enforcement of its rules.

- The standards that professional organizations such as the American Nurses Association and the Ohio Nurses Association have established for care-giving, professional performance, and roles and responsibilities for Ohio nurses.

- The "do's and don'ts" of delegation to unlicensed nurse aides, orderlies, and other patient care assistants, including the "five basic rights" of delegation.

- How to best protect your patients -- and your license -- and how to report your concerns about quality and safety of patient care.

- What certification involves and who to contact for more information.

Plus, case studies based on real-life situations help to further illustrate the guidelines presented in this book.
The health care field is in a constant state of flux. Ohio hospitals are merging, changing the design of care delivery and opening new areas for service. Acute patients who were once treated in hospitals are now in long-term care facilities or maybe even their own homes. Public and private schools continue to mainstream students with significant health care needs. These and so many other changes affect us all, and will continue to do so for years to come.

We believe that this book will help you prepare for the future as you live and work in the present. For no matter how much health care changes, the guiding principles will not change, and will serve to help you in your profession. Please know that we at ONA are here to serve and stand with you as you promote the well-being of Ohioans near and far.
Nursing Regulation Defined

The regulation of nursing practice is essential to the protection of public health and welfare. There are two types of regulation for nursing in Ohio—public (or legal regulation) and private (professional regulation). (See Figure 1 showing the difference between our professional association and the Ohio Board of Nursing.)

The American Nurses Association (1990) sets forth the following principles for understanding regulation of nursing practice:

1. The primary purpose of a licensing law for the regulation of the practice of nursing is to protect the public health and welfare by establishing legal qualifications for the practice of nursing. Such legal standards are recognized as the minimum standards determined as adequate to provide safe and effective nursing practice.

2. All persons practicing or offering to practice nursing should be licensed. Protection of the public is accomplished only if all who practice or offer to practice nursing are licensed. The public should not be expected to differentiate between competent and incompetent practitioners.

3. Candidates for licensure should complete an educational program approved by the state board of nursing and pass the licensing examination before a license to practice is granted.

4. It is the function of the professional association to establish the scope and desirable qualifications required for specialized areas of practice, and to certify individuals as competent to engage in specific areas of nursing practice. This allows the field of nursing to expand commensurate with research findings and demands from the practice environment.

Public or legal regulation for licensed nurses is conducted through a governmental body, generally a board of nursing or similar entity. Licensure is the process whereby the state government grants permission to an individual to engage in a given profession, upon finding that the applicant has attained the minimum competencies needed to ensure that the public health, safety, and welfare will be reasonably well protected. Licensure is the regulatory approach used when the practice of a profession could cause harm if performed by an unqualified or incompetent person. Thus, licensure for nurses is based on the authority of the state to protect its citizens under the police power vested in the state by the U.S. Constitution (ANA, 1996). When the regulation of nursing is vested in a governmental body, it is public and mandatory. Such regulation grants nurses the right to practice and gives society the right to sanction nurses who violate the legal standards of the profession by acting in a manner that threatens public safety (ANA, 2010).

According to the National Council of State Boards of Nursing (NCSBN), licensure benefits both the public and the profession. The public is protected because minimum qualifications for nursing practice are identified, and inquiry is made as to whether or not an
individual meets those qualifications, and an objective forum is provided for review of concerns regarding a nurse's practice. It benefits nursing through the clear authorization for the practice of the profession, through promotion of the profession, and through the protection for the scope of nursing practice.

On the other hand, private or professional regulation gives the profession responsibility for ensuring that its members act in the public interest in the course of providing the unique service society has entrusted to them (ANA, 2010). Professional regulation of practice is voluntary and occurs within the profession. Members of the profession use informal networks to define the essence of nursing. Such regulation arises through the desire of members of the profession to set standards, values, and safe practices. The ANA Code of Ethics for Nurses, national standards for nursing practice, and ONA's practice statements are examples of professional regulations for nurses in Ohio. The profession must constantly strive to upgrade practice above the minimum standards set by law (ANA, 1990).
Regulation of Nursing Practice

Society

Ohio Nurses Association
Professional Regulations

Ohio Board of Nursing
Legal Regulations

State’s Statute on the
Legal Boundaries of
Nursing Practices
(Nurse Practice Act)

State Board of Nursing
Rules and Regulations

Profession's Definition of
the Nature and Scope of Nursing

Professional Standards of Practice

Promote Quality Nursing Care in the Interest of Public Protection

Public Protection

Client

FIGURE 1: Adapted from ANA: The Scope of Nursing Practice, 1987
The System of Public Regulation of Nursing

The public regulation of nursing practice in Ohio is administered through the Ohio Board of Nursing, which was established and is governed by the Ohio Nurse Practice Act. The Nurse Practice Act, as the law regulating nursing practice is sometimes called, is found in Chapter 4723 of the Ohio Revised Code (ORC). The Ohio Revised Code consists of over 50 volumes and includes all the laws for the State of Ohio. (See the summary of the important dates in the history of the Ohio Board of Nursing.)

History of the Ohio Board of Nursing

1915 The first Nurse Practice Act was enacted creating a Nurses' Examining Committee under the State Medical Board composed of three nurses.

1941 Nurse Practice Act was revised to create an autonomous State Nurses Board, composed of five registered nurses. The essay examination for licensure gave way to a 100 point objective examination in nine subjects.

1948 Seven Ohio nursing schools admitted blacks and a few were willing to admit men on a coeducational basis.

1956 First LPNs were appointed to the Board and practical nurse licenses were issued.

1964 Board approved Cuyahoga Community College application for Associate Degree in Nursing program, the first in Ohio.

1973 Board published first nurse inventory in Ohio.

1979 Board met with all members of the State Medical Board to discuss the role of nurse practitioners.

1986 Board established computerized licensure database, which generates all examination, endorsement, and licensure renewal documents.

1987 Nurse Practice Act was revised to update the definition of nursing, to strengthen the Board's disciplinary authority, and to change the composition of the Board to eight registered and four licensed practical nurses and, for the first time, a consumer member.
1992  Rules were implemented requiring the completion of continuing nursing education (CNE) for licensure renewal.

1994  Computerized adaptive testing was adopted for nurses taking licensure exam. The exam takes a maximum of 5 hours and replaces the two-day pen and paper NCLEX exam.

1995  Legislation passed to establish the Alternative Program for Chemical Dependency.

          Board developed rules on standards and delegation.

1996  Legislation was passed to recognize certified nurse-midwives, clinical nurse specialists, certified nurse practitioners, and certified registered nurse anesthetists.

2000  Legislation passed affording qualified advanced practice nurses prescriptive authority.

2001  Practice Intervention and Improvement Program, an alternative to discipline, instituted for practice deficiencies amenable to correction through education and supervised practice.

2001  Legislation passed outlining training and certification requirements for dialysis technicians to be regulated by the Board of Nursing.

2002-3  Criminal background checks required for applicants for licensure by endorsement or examination.

2003  Legislation passed outlining training and certification requirements for community health workers to be regulated by the Board of Nursing.

2005  Legislation passed outlining training and certification requirements for medication aides in long-term care and assisted living to be regulated by the Board of Nursing.

2009  Online licensure verification begins. Paper facsimiles are no longer issued.

2012  Legislation passed to modify certain APRN’s authority to prescribe Schedule II controlled substances.

2013  Legislation passed that extends a nurse practitioner’s scope of practice (primary and preventative care) to include acute care services.

          Advanced practice nurses formally become “advanced practice registered nurses” or APRNS.

2013  Nurse practitioners, clinical nurse specialists, and registered nurses may pronounce death in certain specific circumstances.
In its mission to protect the public, the Ohio Board of Nursing must fulfill the a number of functions that are delineated in the Nurse Practice Act, and that are further defined in the rules which are part of the Ohio Administrative Code (OAC). Among other functions, the Ohio Board of Nursing:

- Establishes minimum standards for prelicensure nursing education programs, approves programs, and periodically surveys the programs to determine compliance with rules of the Board;
- Develops criteria that an applicant must meet to be eligible to sit for the examination for licensure to practice as a registered nurse or licensed practical nurse;
- Issues and renews licenses to practice nursing as registered nurses and as licensed practical nurses;
- Issues and renews certificates of authority to practice nursing as a CRNA, CNS, NP, or CNM;
- Issues and renews certificates to dialysis technicians, community health workers and medication aides;
- Issues and renews certificates to prescribe;
- Makes an annual edition of the prescriptive formulary;
- Establishes minimum standards for continuing nursing education (CNE) to meet licensure renewal requirements;
- Establishes minimum regulatory standards defining acceptable standards of safe nursing care for registered nurses and licensed practical nurses;
- Establishes a program for monitoring chemical dependency;
- Investigates alleged violations of the Nurse Practice Act;
- May deny, revoke, suspend, or place restrictions on any license issued by the Board; reprimand or otherwise discipline a holder of a license; or impose a fine.

The Board has been authorized by the legislature to promulgate rules to carry out the provisions of the Nurse Practice Act. Rules of the Board must be adopted (promulgated) in accordance with a prescribed statutory procedure that assures public notice and input in the
rulemaking process. These rules hearings, as well as all meetings of the Board, are open to the public.

The rules are found in Chapter 4723-1 to 4723-27 of the Ohio Administrative Code (OAC) and describe how the Board will "administer" the Nurse Practice Act. Just as all laws for the State of Ohio are found in the Ohio Revised Code (ORC), all rules for the State of Ohio are found in the Ohio Administrative Code (OAC). Rules have the force and effect of law and are just as important as the law in establishing minimal standards for safe nursing practice. The Ohio Board of Nursing is charged with conducting adjudicatory hearings to decide if a nurse has violated the law or rules and will be disciplined. Therefore, it is essential that practicing nurses know the provisions in the Nurse Practice Act and rules that authorize their practice. In summary, the Nurse Practice Act defines nursing practice and contains provisions nurses must know to provide safe nursing care to the public and to practice legally in Ohio. (See the boxed summary of the Ohio Nurse Practice Act.)

Structure of the Board of Nursing (ORC 4723.01)

The Nurse Practice Act sets the requirements for the structure and functions of the Ohio Board of Nursing. The Ohio Board of Nursing has thirteen members: eight RNs (one of whom must hold a certificate of authority as an advanced practice nurse), four LPNs, and one consumer. Nurse members must have been active in nursing for five years immediately preceding their appointment to the Board. RN and LPN board members alike may hold office and vote on all issues brought before the Board. Members are appointed to the Board by the Governor with consent of the Ohio Senate.

The Board meets at least once every two months to set policy and carry out its functions as mandated by law. These meetings are open to anyone who wishes to attend. Open meetings of public entities in Ohio are required by the "Sunshine Law". The Board can meet in executive session (closed session) only to discuss pending legal matters, sale of property, and personnel matters.

The Board employs a full-time executive director who is a registered nurse and who, in turn, employs consultants in nursing education, nursing practice, compliance matters, and other areas mandated by the law. The executive director also employs a support staff to assist in implementing the various functions of the Board.

Definition of Scopes of Practice in the Nurse Practice Act

The Nurse Practice Act defines "registered nurse" and "licensed practical nurse." These definitions set forth the legal scope for the practice of nursing as either a registered nurse or a licensed practical nurse. The following definitions are taken directly from the Nurse Practice Act.
"Registered Nurse" means an individual who holds a current, valid license under this chapter which authorizes the practice of nursing as a registered nurse (Section 4723.01(A), ORC).

"Practice of nursing as a registered nurse" means providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences. Such nursing care includes:

1. Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen;
2. Executing a nursing regimen through the selection, performance, management, and evaluation of nursing actions;
3. Assessing health status for the purpose of providing nursing care;
4. Providing health counseling and health teaching;
5. Administering medication, treatments, and executing regimens authorized by an individual who is authorized to practice in this state and is acting within the course of the individual’s professional practice;
6. Teaching, administering, supervising, delegating, and evaluating nursing practice. (Section 4723.01(B) ORC)

"Nursing regimen" may include preventative, restorative, and health promotion activities. (Section 4723.01(C) ORC)

"Assessing health status" means the collection of data through nursing assessment techniques which may include interviews, observation, and physical evaluations for the purpose of providing nursing care (Section 4723.01(D) ORC).

"Licensed Practical Nurse" means an individual who holds a current, valid license issued under this chapter to practice nursing as a licensed practical nurse (Section 4723.01(E) ORC).

"Practice of nursing as a licensed practical nurse" means providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of a licensed physician, dentist, podiatrist, optometrist, chiropractor, or registered nurse.

Such nursing care includes:

1. Observation, patient teaching, and care in a diversity of health care settings.
2. Contributions to the planning, implementation, and evaluation of nursing.
3. Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice, except that administration of intravenous
therapy shall be performed only in accordance with section 4723.17 or 4723.171 of the Revised Code. Medications may be administered by a licensed practical nurse upon proof of completion of a course in medication administration approved by the Board of Nursing.

4. Administration to an adult of intravenous therapy authorized by an individual who is authorized to practice in this state and is acting within the course of the individual’s professional practice, on the condition that the licensed practical nurse is authorized under section 4723.17 or 4723.171 of the Revised Code to perform intravenous therapy and performs intravenous therapy only in accordance with those sections.

5. Delegation of nursing tasks as directed by a registered nurse.

6. Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse.

One of the distinctions between the scope of practice of the RN and the scope of practice of the LPN in the Nurse Practice Act is that the RN has a largely independent scope of practice; only the provision requiring authorization from a licensed prescriber in the state is dependent on the act of another health care provider.

The LPN scope of practice is entirely dependent, requiring direction, defined as communication of a plan of care, from one or more of the designated health care provider.

Sanctions for Violating the Nurse Practice Act

The Ohio Board of Nursing has authority and responsibility to discipline nurses who violate the provisions of the Nurse Practice Act. The board can immediately (or summarily) suspend a nurse’s license if the Board determines there is clear and convincing evidence that continued practice by the nurse will present a danger of immediate and serious harm to the public. When an immediate suspension is warranted, a hearing must be conducted within 15 days in order to protect the nurse's right to be heard. Typically, no disciplinary action will be taken by the Board against a nurse’s license without first affording the nurse notice and an opportunity to be heard (Section 4723.281, ORC). If a nurse is faced with disciplinary proceedings by the Ohio Board of Nursing, the Ohio Nurses Association recommends that the nurse immediately seek attorney representation. Professional malpractice insurance often includes a provision for representation in conjunction with administrative hearings. See Appendix A for more information about Board sanctions and the disciplinary process used by the Board of Nursing.

Rules Regulating the Practice of Nursing

As noted previously, the Nurse Practice Act grants the Ohio Board of Nursing authority to adopt rules that implement the law. Administrative rules/regulations are used to clarify or
define further provisions in the Nurse Practice Act. The rules must be consistent with the statute (Nurse Practice Act), cannot go beyond the law, and cannot conflict with other laws. Once enacted, however, the rules carry the force and effect of law.

The process of putting forth or promulgating administrative rules is very elaborate in Ohio. The public has the opportunity to comment on the rules before they are enacted. Nurses, students, and the public who may be affected by the rules can participate in the process of developing the rules by submitting written comments or participating in the public hearings conducted by the Board. The rules, found in Chapters 4723-1 through 4723-27 of the Ohio Administrative Code (OAC), address a variety of topics, including but not limited to:

- Board Organization
- Standards of Safe Nursing Practice for Registered Nurses and Licensed Practical Nurses
- Nursing Education Programs
- Licensure of Nurses
- Alternative Program for Chemically Dependent Nurses
- Practice Intervention and Improvement Program
- Continuing Nursing Education
- Role of Licensed Practical Nurses in Intravenous Therapy
- Issuance of a Certificate of Authority for certified nurse-midwives, clinical nurse specialists, certified nurse practitioners, and certified registered nurse anesthetists
- Requirements for Prescriptive Authority
- Adjudication Processes
- Prevention of Disease Transmission
- Delegation by Licensed Nurses
- Dialysis Technicians
- Nurse Education Grant Program
- Community Health Workers
- Medication Aides

### Scopes of Practice for Advanced Practice Registered Nurses

In 1996, definitions and scopes of practice for "certified registered nurse anesthetist," "clinical nurse specialist," "certified nurse-midwife," and "certified nurse practitioner" were added to the Nurse Practice Act. According to the Nurse Practice Act, a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may provide to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience (4723.43 ORC).

A nurse authorized to practice as a **certified nurse-midwife**, in collaboration with physicians, may provide management of preventive services and those primary care services necessary to provide health care to women antepartally, intrapartally, postpartally, and
gynecologically, consistent with the nurse's education and certification, and in accordance with rules adopted by the Board.

No certified nurse-midwife may perform version, deliver breech or face presentation, use forceps, do any obstetric operation, or treat any other abnormal condition, except in emergencies. This section does not prohibit a certified nurse-midwife from performing episiotomies or normal vaginal deliveries, or repairing vaginal tears. A certified nurse midwife who holds a certificate to prescribe issued under section 4723.48 of the Revised Code may, in collaboration with one or more physicians, prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

A nurse authorized to practice as a certified registered nurse anesthetist, with the supervision and in the immediate presence of a physician, podiatrist, or dentist, may administer anesthesia and perform anesthesia induction, maintenance, and emergence, and may perform with supervision preanesthesia preparation and evaluation, postanesthesia care, and clinical support functions, consistent with the nurse's education and certification, and in accordance with rules adopted by the Board. A certified registered nurse anesthetist is not required to obtain a certificate to prescribe in order to provide the anesthesia care described in this division.

The physician, podiatrist, or dentist supervising a certified registered nurse anesthetist must be actively engaged in practice in this state. When a certified registered nurse anesthetist is supervised by a podiatrist, the nurse’s scope of practice is limited to the anesthesia procedures that the podiatrist has the authority under section 4731.51 of the Revised Code to perform. A certified registered nurse anesthetist may not administer general anesthesia under the supervision of a podiatrist in a podiatrist's office. When a certified registered nurse anesthetist is supervised by a dentist, the nurse’s scope of practice is limited to the anesthesia procedures that the dentist has the authority under Chapter 4715. of the Revised Code to perform.

A nurse authorized to practice as a certified nurse practitioner, in collaboration with physicians or podiatrists, may provide preventive, primary, and acute care services and evaluate and promote patient wellness within the nurse’s education and certification, and in accordance with rules adopted by the Board. A certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code may, in collaboration with one or more physicians or podiatrists, prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

A nurse authorized to practice as a clinical nurse specialist, in collaboration with physicians or podiatrists, may provide and manage the care of individuals and groups with complex health problems and provide health care services that promote, improve, and manage health care within the nurse’s nursing specialty, consistent with the nurse’s education and in accordance with rules adopted by the Board. A clinical nurse specialist who holds a certificate to prescribe issued under section 4723.48 of the Revised Code may, in collaboration with one or more physicians or podiatrists, prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

When a clinical nurse specialist is collaborating with a podiatrist, the nurse’s scope of practice is limited to the procedures that a podiatrist has the authority under section 4731.51 of the Revised Code to perform.

Section 4723.151 of the Revised Code prohibits medical diagnosis, prescription of medical measures, and the practice of medicine or surgery or any of its branches by a nurse. However,
this general prohibition neither prohibits an advanced practice nurse or APRN (defined as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, Section 4723.01 (O) ORC) from practicing in accordance with the scope of practice set forth in Section 4723.43 of the Revised Code, nor does it apply to the APN’s prescriptive authority if the APRN holds the requisite Certificate to Prescribe issued by the Board of Nursing.

Rules Regarding Standards for Licensed Nurses

One important set of rules promulgated by the Ohio Board of Nursing are the rules addressing standards of safe practice. In July, 1994, the Nurse Practice Act was amended to allow the Ohio Board of Nursing authority to discipline nurses for exceeding their scope of practice and/or not adhering to acceptable and prevailing standards of safe nursing practice. Since the law did not specify the exact standards nurses would be expected to uphold, rules were developed to provide a framework for enforcing that provision of the law. The purpose of the standards rules (Chapter 4723-4 OAC) is to establish minimal acceptable levels of safe and effective nursing practice and to establish criteria to evaluate safe and effective nursing practice. The rules first became effective December 1, 1995.

These rules require all registered nurses and licensed practical nurses, as members of the health care team to:

• Demonstrate knowledge and understanding of the laws and rules governing nursing by functioning within the legal boundaries for the practice of nursing as an RN or LPN;

• Demonstrate individual competence and accountability in all areas of practice in which the nurse is engaged;

• Verify an order prescribed for a patient by a licensed prescriber in this state, including that the order is appropriate, properly authorized, and not contraindicated by other documented information;

• Question an order, and if necessary to ensure the safety of the patient or client, refuse to implement the order;

• Implement the orders of a licensed prescriber in this state that are within the scope of practice of the RN or LPN;

• Implement the nursing regimen as appropriate;
• Recognize, refer or consult, and intervene when a complication arises;

• Accept responsibility for individual nursing actions and nursing judgments;

• Maintain confidentiality of patient or client information unless obligated by law or rule to disclose the information;

• Display and identify (on a pin, identification badge, or similar item) the licensure title of RN or LPN at all times while having direct client or patient contact as an RN or LPN; or, when engaged in telecommunication, the nurse shall identify to each client or health care provider on behalf of the client, the nurse’s title or initials;

• Provide direction (communication of a plan of care) only in accordance with the rules of the Board that address direction of the LPN;

• Delegate nursing tasks only in accordance with the rules of the Board that specifically address delegation;

• Report and document in a complete, accurate, and timely manner nursing assessments or observations, the care provided, and the client or patient responses to the care;

• Implement measures to promote a safe environment for the patient;

• When functioning in an administrative role, shall verify that each nurse, dialysis technician, or medication aide has a current valid license to practice nursing in Ohio or a current valid certificate to practice as a dialysis technician or medication aide in Ohio;

• Assure that supervision and evaluation of the practice of nursing be performed by RNs only;

• Maintain appropriate professional boundaries with clients and not engage in sexual misconduct;

• Shall not make, submit, or cause to be submitted any false, misleading, or deceptive statements, or documentation to the Board or any representative of the Board, current or prospective employers, other members of the health care team, facilities for whom the nurse is employed as a temporary or agency worker, or law enforcement personnel.
The Board has a number of interpretive guidelines that address specific areas of nursing practice which have been problematic for nurses. The guidelines, while not Ohio nursing law or rule, provide the Board’s perspective on the competencies a nurse should possess, applicable statements from professional associations, and Ohio law and rule pertinent to a specific area of nursing practice. The guidelines can be found on the Board’s website at www.nursing.ohio.gov/Practice.

Standards for Implementing the Nursing Process

The Board’s rules on standards also address implementation of the nursing process by both RNs and LPNs.

In essence, RNs are expected to utilize critical-thinking and decision-making skills based on their specialized knowledge, judgment, and ability when implementing each step of the nursing process. This process includes:

- Conducting, documenting, and modifying, as needed, nursing assessments of the health status of individuals and groups of individuals in an accurate and timely manner;

- Analyzing assessment data and establishing or modifying a nursing diagnosis to be used as a basis for nursing interventions;

- Developing, maintaining, or modifying and communicating in an accurate and timely manner the nursing component of the plan of care, which is individualized and may vary depending upon the practice setting;

- Implementing the nursing plan of care in accordance with the RN's scope of practice and the knowledge, skills, and abilities of the RN. Additionally, performing specific functions or procedures that are beyond the basic preparation for an RN, provided the RN can demonstrate and has documentation of the knowledge, skills, and abilities required to perform the function or procedure. The function or procedure must not be prohibited by another law or rule; and

- Evaluating and documenting in an accurate and timely manner the responses of individuals and groups of individuals to nursing interventions.

Confusion exists regarding the LPN role in assessment. The LPN is expected to collect objective and subjective assessment data. However, only the RN possesses the authority to analyze assessment data, develop a nursing care plan, or alter an existing nursing care plan, based on that data (Rule 4723-4-07 OAC).
LPNs are expected to act in accordance with their knowledge, abilities, and skills when functioning at the direction of a registered nurse, licensed physician, dentist, optometrist, podiatrist, or chiropractor. This includes:

- Contributing to the nursing assessment of individuals and groups of individuals by collecting, reporting, and documenting objective and subjective data in an accurate and timely manner;

- Participating in the development of the nursing component of the plan of care at the direction of an RN;

- Implementing the nursing plan of care in accordance with the LPN's scope of practice. Additionally, at the direction of an RN, a licensed physician, dentist, optometrist, podiatrist, or chiropractor the LPN may perform specific functions or procedures which are beyond the basic preparation for an LPN, provided that they are directed to do so by an RN and that the LPN can demonstrate and has documentation of the knowledge, skills, and abilities required to perform the function or procedure. The function or procedure also must not be prohibited by any law or rule; and

- Contributing to the evaluation in an accurate and timely manner and documenting and communicating the evaluation data of the client's responses to appropriate members of the health care team.

**Enforcement of the OBN Rules**

The Ohio Board of Nursing follows a specific procedure when a possible violation of the rules or law is reported. When the Board receives a complaint that a nurse may have failed to practice in accordance with acceptable and prevailing standards of safe nursing care, the Board will consider whether a violation of the standards rules has occurred by first conducting a thorough investigation of the practice situation and its outcomes. Expert witnesses, nursing literature, and practice statements of nursing organizations may be used by the Board to determine prevailing and acceptable standards of nursing practice for particular specialties or settings.

A single nonadherence to a standard, which is done intentionally or irresponsibly, may be a violation; however, a violation more likely will result from a pattern, or course of conduct, that does not meet the standards. Once a violation has been determined, the Board may consider mitigating circumstances, such as intent of the act and other factors that may have contributed to the nurse's action or inaction. In accordance with due process as established by Ohio law, which includes notice to the nurse and an opportunity for a hearing, the Board may take one or more of the following actions: deny; revoke; suspend or place restrictions on the license; reprimand, fine, or otherwise discipline the nurse; or take no action. (See Appendix A for further information about the disciplinary process of the Board of Nursing.)
Some violations of the standards of safe nursing practice are amenable to remediation through participation in the Practice Intervention and Improvement Program, or PIIP (Chapter 4723-18 OAC), in lieu of discipline. The Board will consider whether a practice deficiency can be corrected through participation in PIIP, as opposed to formal disciplinary action. Criteria used to make this determination include:

- Adequate protection of the public,
- Whether or not the violation resulted in harm to the patient,
- The likelihood that the practice deficiency can be corrected through remediation,
- The extent of the licensee’s cooperation with the Board during the investigation,
- Whether the practice deficiency represented an intentional or willful commission or omission by the licensee,
- The frequency of the occurrence of the identified practice deficiency,
- The adverse impact of the practice deficiency on others,
- Whether the practice deficiency affected a particularly vulnerable patient
- Where the licensee has a mental or physical impairment that contributed to the practice deficiency,
- Whether the licensee is eligible for participation in PIIP in accordance with rule 4723-18-03 OAC.

PIIP participants must sign and meet the conditions of a participatory agreement. If a nurse is accepted into PIIP, the violation is not public information and the nurse is considered not to have been the subject of disciplinary action by the Board. However, failure to sign the agreement or meet the conditions of the agreement will make the licensee subject to disciplinary action.

The Ohio Board of Nursing also has an alternative program for nurses with chemical dependency (drugs and/or alcohol) which is also available as an alternative to discipline in some, but not all, cases. Like the PIIP program, the nurse must meet the conditions of the participatory agreement or may become subject to discipline.

Photocopying Board of Nursing Documents

Rules of the Ohio Board of Nursing prohibit the reproduction or duplication of documents issued by the Board. The only exception to this prohibition is that these documents may be photocopied by the nurse to whom the document was issued. If photocopied, the nurse must immediately write the word "copy" boldly across the front side of the photocopied version of the document with a black permanent ink marker and place his/her initials after the word "copy."

As of February 1, 2009, the Board will not issue a paper facsimile of a license or certificate. Verification of current licensure or certification issued by the Ohio Board of Nursing may be accomplished electronically via the Board of Nursing website.
Mandatory Continuing Education

Nurses in Ohio renew their license every two years. Continuing education is necessary for that licensure renewal.

To renew a license, a nurse must have completed 24 hours of approved continuing nursing education, one hour of which must address Ohio nursing law and/or rule (Category A: Chapter 4723). As of February 1, 2009, Category A continuing education must be approved by a Board approver, or be offered by a Board approved provider that is headquartered in the state of Ohio. This means that independent study mailings or other offerings obtained from out-of-state providers of continuing education may no longer be acceptable in meeting the requirement for Category A continuing education relative to Chapter 4723. To verify that the offering will meet the continuing education requirement for Category A, go the Board website and click on the “Education” link. A list of OBN approvers is located under “Continuing Education.” If you have further questions, you may call or email the Board.

Caution: Category A continuing education refers to nursing law or rule. The study of malpractice, medical, pharmaceutical, or other categories of law may not meet the requirement for Category A: Chapter 4723 unless so approved by a Board approver or a Board approved provider.

Continuing nursing education is a planned learning experience that builds on the education gained in his/her initial program of nursing education. Nursing continuing education credits are measured and recorded as contact hours. Each educational activity chosen must be approved and must meet his/her own learning needs as a nurse. Nurses who fail to comply with this requirement will not be allowed to renew their license to practice. Practice on a lapsed license is a violation of the Nurse Practice Act.

Licensed nurses are accorded a one-time only waiver of the continuing education requirements for relicensure during the tenure of licensure within the state.

Certificates of continuing education should be maintained for at least six years. Copies of continuing education certificates may be requested by the Board as part of a random audit or to verify compliance with this requirement for nurses who are seeking a change in their licensure status, seeking a license by endorsement, or who have failed to meet this requirement in the past.

A nurse who has allowed his/her license to lapse or who has asked to be placed on inactive status for 5 or more years must complete 24 hours of continuing education covering specific topic areas in order to be eligible for re-licensure. The continuing education requirements include:

- 2 contact hours covering scopes of practice for RNs and LPNs, standards of practice and delegation;
- 6 contact hours on the nursing process, critical thinking, clinical reasoning, or nursing judgment related to patient care;
- 6 contact hours of pharmacology including but not limited to drug classification, medication errors, and patient safety;
• 2 contact hours related to clinical or organizational ethical principles in health care; and
• 8 contact hours related to the nurse’s area of practice (Rule 4723-14-03 OAC).

The one-time continuing education waiver may not be used to satisfy this requirement.

Nurses, dialysis technicians, certified community health workers, or medication aides who have been called to active military duty may receive an extension of the continuing education reporting period equal to the amount of time spent in active duty during the relevant reporting period. Consult with the Board of Nursing or visit the website to obtain information and the necessary application to complete this process (Rule 4723-14-02 OAC).

Additional continuing education is required for advanced practice registered nurses to renew a certificate to prescribe.

A clinical nurse specialist who does not hold nationally recognized certification also must obtain additional continuing nurse education to renew their certificate of authority.

Nurses are not alone in the mandate that continuing education must be completed for relicensure or recertification. Other individuals regulated by the board must also complete continuing education. Dialysis technicians, medication aides, and community health workers are required to complete 15 hours of continuing education during each certificate renewal period.

**Name or Address Changes**

If you change your address, move, or have a name change, you must notify the Ohio Board of Nursing within 30 days of the change. A change of name must be accompanied by a certified copy of one of the following types of documentation:

• Marriage certificate/abstract
• Divorce decree
• Court record indicating change of name
• Documentation from another state/foreign country consistent with the laws of that Jurisdiction

Forms for name/address changes can be found on the Board of Nursing website at [www.nursing.ohio.gov](http://www.nursing.ohio.gov).

Allow 7-10 days for a name or address change to be processed.

**Mandatory Reporting Requirement for Registered Nurses**
In the State of Ohio, nurses are required to alert governmental officials if they have knowledge of certain health care issues or potentially dangerous situations. These reporting requirements generally arise when

- The nurse is acting in a professional capacity, and
- Knows or has reasonable cause to suspect based on facts that would cause a reasonable person in a similar position to suspect that a child, a person with mental retardation or a developmental disability, or an adult age 60 or older who is handicapped by the infirmities of aging, has suffered or faces the threat of suffering abuse or neglect.

Various sections of the Revised Code specifically address the reporting requirements and identify the individual or entity to which reports are to be made, as well as the process for doing so. See, for example, sections 2151.421, 5123.61, or 5101.61 of the Revised Code.

In addition to situations involving neglect or abuse, nurses are required to report gonorrheal ophthalmia (inflammation of the eyes of a newborn) and gunshot wounds.

Institutions should develop policies about how these reports are to be handled. For more information on how to report suspected problems, you may ask your supervisor or risk manager.

The RN’s role in reporting blood and alcohol test results should also follow the institution’s policy before any confidential information is released. According to Ohio law, if criminal action or proceedings are commenced, the law enforcement officer requesting blood or alcohol test results must submit a “Written Statement Requesting the Release of Records.” Hospital policy should address this requirement as well as the overall issue of confidentiality of identifiable patient information.

The practice standards for nurses adopted by the Board of Nursing require nurses to maintain the confidentiality of patient information obtained in the course of practice. Appropriate client information is to be communicated to other members of the health care team for health care purposes only. To the maximum extent feasible, identifiable client health care information should not be disclosed unless the patient has consented through a properly executed release to the disclosure. Reporting without written consent should occur only in limited circumstances in accordance with relevant laws and regulations (Rule 4723-4-03 OAC).

HIPAA – The Health Insurance Portability and Accountability Act has added additional layers of complexity to the issue of confidentiality of identifiable health care information. Each institution must have in place policies and procedures to meet the privacy safeguard standards required under HIPAA. Hospitals are required to train their employees in their privacy procedures and to designate a privacy officer.

**Other Regulatory Standards**
Though most states do require hospitals to have a license and to comply with certain requirements to maintain that license, hospitals in Ohio are not licensed. Hospitals in Ohio, instead, are required to be accredited. Most are accredited by the Joint Commission, which is not a state or federal agency. The Joint Commission does require that health care organizations meet specific standards for accreditation.

Long-term care facilities, assisted living facilities, home health agencies, community mental health agencies, maternity/perinatal units, freestanding birthing centers, public schools, and other organizations must meet standards defined by Ohio and federal laws and regulations. Appendix C gives phone numbers and addresses for state agencies that survey facilities for compliance with applicable regulations. Some of these legal standards are directly applicable to nurses and the delivery of nursing care. For instance, long-term care facilities have specific regulations about the use of restraints, staff treatment of residents, resident rights, and sufficient staff. For more information about these regulatory standards, contact the appropriate state agency or ONA.
Professional Regulation of Nursing Practice

Professional Nursing Standards

Nursing standards are authoritative statements that reflect the values and priorities of the nursing profession. Standards provide direction for professional nursing practice and a framework for the evaluation of practice. They are written in measurable terms and define the nursing profession’s accountability to the public as well as the client outcomes for which nurses are responsible (ANA, 2010). The target audience for professional nursing standards includes not only nurses but other health care providers, regulatory agencies, consumers, and health care financiers. These standards are frequently looked to by courts of law to define community standards of practice for malpractice actions.

The newest edition of this publication, entitled Nursing: Scope & Standards of Practice (ANA, 2010) addresses the care that is provided to all clients. They are generic in nature and apply to all registered nurses engaged in nursing practice, regardless of clinical specialty, practice setting, or educational preparation. ANA reviews and revises, if necessary, the standards approximately every six years. Nursing: Scope & Standards of Practice consists of three parts: scope of practice, standards of care, and standards of professional performance.

ANA Definition and Scope of Nursing Practice

Nursing’s Social Policy Statement: The Essence of the Profession (ANA, 2010) defines nursing as “…the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human responses, and advocacy in the care of individuals, families, communities, and populations.”

A discussion of the breadth or scope of nursing practice follows this definition.

ANA Standards of Clinical Nursing Practice

Standards of Care

Assessment - Collects comprehensive data pertinent to the patient’s health or the situation.

Diagnosis - analyzes the assessment data to determine the diagnoses or issues.
Outcome Identification - Identifies expected outcomes for a plan individualized to the patient or the situation.

Planning - Develops a plan that prescribes strategies and alternatives to attain expected outcomes.
Implementation - Implements the identified plan, including:
- Coordination of care
- Health teaching and health promotion
- Consultation
- Prescriptive authority and treatment

Evaluation - Evaluates progress towards attainment of outcomes.

Standards of Professional Performance

Quality of Practice - Systematically enhances the quality and effectiveness of nursing practice.

Professional Practice Evaluation - Evaluates one’s own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Education - Attains knowledge and competency that reflect current nursing practice.

Collegiality - Interacts with and contributes to the professional development of peers and colleagues.

Ethics - Integrates ethical provisions in all areas of practice.

Collaboration - Collaborates with patient, family, and others in the conduct of nursing practice.

Research - Integrates research findings into practice.

Resource Allocation - Considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.

Leadership - Provides leadership in the professional practice setting and the profession.

Standards of Care

“Standards of Care” describe a competent level of nursing care as demonstrated by the nursing process. The standards of care include assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The nursing process forms the foundation of the RN’s practice and encompasses all significant actions taken by nurses in providing care to clients, including clinical decision making. Subsumed within these standards are additional nursing responsibilities for all clients – providing culturally and ethically relevant care, maintaining a safe environment,
educating clients about their illness, treatment, health promotion or self-care activities, and planning for continuity of care.

Standards of Professional Performance

“Standards of Professional Performance” describe a competent level of behavior in the professional role. Included as professional components of nursing practice are activities related to quality of care, practice evaluation, education, collegiality, ethics, collaboration, research, resource utilization, and leadership within the profession. All nurses are held to these professional components dependent upon their education, position, and practice setting.

Although all nurses are held accountable for these professional activities, many other responsibilities comprise the hallmarks of the profession. These other responsibilities are desirable ways to enhance the professional role and may include self-direction, seeking necessary knowledge and skills to enhance career goals, membership in a professional nursing organization, certification in specialty or advanced practice and further academic education.

The Code of Ethics for Nurses

The American Nurses Association initially developed the Code for Nurses in 1950. The Code serves to inform both the nurse and society of the profession’s expectations and requirements in ethical matters and to make explicit the primary goals and values of our profession (ANA, 2008). Requirements for nurses in the Code of Ethics for Nurses may often exceed those of the law, as the tenets of the Code speak to ethical and professional standards, which the law generally does not address.

When individuals become nurses, they make a moral commitment to uphold the values and special moral obligations expressed in the Code. The Code of Ethics for Nurses is based on a belief about the nature of individuals, nursing, health, and society. Nursing encompasses the protection, promotion, and restoration of health; the prevention of illness; and the alleviation of suffering in the care of clients, including individuals, families, groups, and communities. In the context of these functions, nursing is defined as the diagnosis and treatment of human responses to actual or potential health problems.

The Code of Ethics for Nurses is not open to negotiation in employment settings nor is it permissible for individuals or groups or nurses to adapt or change the language of this Code.

In brief, the statements of the Code and their interpretation provide guidance for conduct and relationships in carrying out nursing responsibilities consistent with the ethical obligations of the profession and with high quality.

The Code of Ethics for Nurses consists of the following provisions:
1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

For a complete copy of the Code of Ethics for Nurses with Interpretive Statements (ANA, 2008), visit the American Nurses Association website at www.nursingworld.org.

**ONA’s Nursing Practice Statements**

The Ohio Nurses Association has developed nursing practice statements that are designed to guide nurses in reaching standards of safe practice. The statements reference the Ohio Nurse Practice Act and other professional standards and define appropriate nursing roles and responsibilities for nurses practicing in Ohio. (See Appendix D for a list of statements.)
Professional Specialty Standards

Specialty nursing organizations have developed a variety of standards and statements, as well, that deal with specific issues in a specialty area of practice. As an example, the Association of Critical Care Nurses has developed positions on nurses’ roles in working with unlicensed technicians in critical care units. Their positions have set specific guidelines to address nurses’ responsibilities in the specialty of critical care.

Using the basic framework of the ANA Nursing: Scope and Standards of Practice, many specialty nursing groups have developed specialty-specific standards of practice. The American Nurses Association, in conjunction with specialty nursing groups, has also developed many specialty standards. For a list of ANA specialty standards publications, see Appendix E.

Policies and Procedures

Policies and procedures set standards for the delivery of services for a particular institution. Health care organizations develop policies as a set of general principles to manage their affairs by addressing responsibilities and operational concerns. Procedures describe specific step-by-step instructions on tasks. Procedures generally identify the expected limits of nursing action and practice, offer guidelines for handling emergencies, and show the steps to be taken before and after arriving at nursing care decisions. As mentioned above, professional nursing standards are an essential reference when writing policies and procedures. In addition, policies and procedures must be consistent with the Ohio Nurse Practice Act.

Using Professional Nursing Standards

Registered nurses should use professional nursing standards in their practice to protect their patients and ensure the highest degree of professional practice. Ideally, professional nursing standards serve as the basis for many different health care activities. For instance, since professional standards set the measurement criteria for clinical and professional nursing practice, standards should form the basis for peer review, job descriptions, and performance appraisals, and for the development and evaluation of nursing service delivery systems and organizational structures. In addition, professional standards serve as the basis for quality improvement systems; development of databases; health care reimbursement and financing methodologies; agency policies, procedures, and protocols; and educational offerings.

Since professional nursing standards set the criteria for nursing care, they are used as a yardstick for measuring nursing performance. Professional standards establish what any prudent,
ordinary nurse would do in a similar situation. Therefore, failure to conform to accepted standards of care is evidence that the nurse may have breached the legal duty owed to the patient by the nurse. For these reasons, professional nursing standards may be used in malpractice proceedings.

Additionally, the Ohio Board of Nursing will reference professional standards in disciplinary proceedings to determine prevailing and acceptable standards of nursing practice for particular specialties or settings. ONA’s nursing practice statements and other professional standards are used by the Ohio Board of Nursing when considering whether a particular nurse’s actions/inactions constitute failure to practice in accordance with prevailing standards of safe practice. Ignorance of professional standards diminishes the credibility of the nurse and may jeopardize the nurse’s license.
Historically, registered nurses have relied on delegation to nurse aides, orderlies, and other assistants to provide complete patient care. Today, the delivery of patient care increasingly involves the integration of individuals with different knowledge levels and capabilities. New models of care delivery and economic forces charge us to reexamine our staff structure and delineate the most appropriate method of nursing using all levels of personnel.

Nursing has taken the lead in developing standards and guidelines for the appropriate use of assistive personnel. The American Nurses Association, the Ohio Nurses Association, and many specialty organizations have developed position statements that are helpful in answering questions about assistive personnel and delegation of tasks. The American Nurses Association has recognized that the fundamental principles for appropriate use of assistive personnel in nursing include the following concepts:

- The nursing profession determines the scope of nursing practice;
- The nursing profession defines the roles of assistive personnel involved in providing direct patient care;
- The nursing profession defines the education, training and utilization for any unlicensed assistive roles;
- The RN is responsible and accountable for the provision of nursing practice;
- The RN supervises and determines the appropriate utilization of any unlicensed assistant;
- The purpose of unlicensed assistive personnel is to enable the professional nurse to provide nursing care for the patient.

Delegation has been defined as “the transfer of responsibility for the performance of an activity from one person to another while retaining accountability for the outcome” (ANA, 2005). The Ohio Board of Nursing's legal definition for delegation is “transfer of responsibility for the performance of a selected nursing task from a licensed nurse authorized to perform the task to someone who does not otherwise have the authority to perform the task” (Rule 4723-13-01(B))
The National Council of State Boards of Nursing (NCSBN) (1995) has summarized the five rights of delegation which are found in the accompanying box.

### FIVE RIGHTS OF DELEGATION

1. **Right Task:** One that is delegable for a specific patient.
2. **Right Circumstances:** Appropriate patient setting, available resources, and consideration of other relevant factors.
3. **Right Person:** The right person is delegating the right task to the right person to be performed on the right person.
4. **Right Direction/Communication:** Clear, concise description of the task including objectives, limits, and expectations.
5. **Right Supervision:** Appropriate monitoring, evaluation, intervention, and as needed, feedback.

### Regulatory Guidelines for Delegation

The Ohio Board of Nursing developed regulatory guidelines for the delegation of tasks to assistive personnel that have been in effect since December 1, 1995. These rules were developed from professional standards and literature and are consistent with the Nurse Practice Act. The Ohio Board of Nursing regulations governing delegation are legally binding on nurses licensed in Ohio. A thorough understanding of these rules is essential. Not only must nurses protect their own licenses by knowing what is expected of them, but by knowing the law, they can also protect their patients from unsafe practice.

The three guiding concepts set forth in the Ohio Board of Nursing’s rules on delegation (Chapter 4723-13 OAC) include:

1. A registered nurse must assess the situation or circumstances involved when delegation is being considered.
2. The unlicensed person must have the current ability to perform the task safely.
3. The delegating nurse or other licensed nurse must supervise the performance of the task.

### Delegation Principles

The Ohio Board of Nursing’s rules on the standards for delegation include the following principles (OBN, 1996):
1. Delegation is unnecessary if the particular activity or task is already within the legally recognized scope of practice of the individual who is to perform the activity or task.

2. If the activity or task is not within a nurse’s scope of practice, it cannot be delegated by a nurse. You cannot delegate what you do not have.

3. Once the activity or task has been delegated, only the individual given the authority to act may perform the activity or task. There can be no “sub delegation.”

4. A particular activity or task may not be delegated if a specific law or rule says otherwise.

Thus, it is fundamentally important for each nurse to be familiar with the delegation principles and which tasks the law deems as non-delegable so she or he can avoid discipline at work, by the Board of Nursing, or in court. These concepts will be discussed below.

**Delegation Prerequisites**

Before delegating, the Ohio Board of Nursing rules identify that the following criteria must be considered by the nurse in determining whether or not a specific task can be delegated:

- The task requires no judgment based on nursing knowledge and expertise on the part of the unlicensed person who will perform the task.

- The results of the task are reasonably predictable.

- The task can be performed according to exact unchanging directions, with no need to alter the standard procedures for performing the task.

- The performance of the task does not require complex observations or critical decisions to be made with respect to the task.

- The task does not require repeated performance of nursing assessments.

- The consequences of performing the task improperly are minimal and not life threatening (Rule 4723-13-05 OAC).
Delegation Assessment

When delegating, the RN is required by the Ohio Board of Nursing rules to do an assessment of the entire situation which includes:

- The client who needs nursing care;
- The types of nursing care the client requires;
- The complexity and frequency of the nursing care needed;
- The stability of the individual(s) who need(s) nursing care;
- A review of the evaluations performed by other licensed health care professionals;
- The training, abilities, and skills of the person who will be performing the delegated nursing activity;
- The nature of the nursing activity being delegated; and
- The availability of and accessibility of resources.

Tasks That May Be Delegated

Not every nursing task can be delegated nor is a particular task always delegable.

When a task is considered appropriate for delegation, the registered nurse must then assess the nursing care needs of the patient or client, and the skill level of the unlicensed person, and must consider any other factors that may or may not make delegation in a particular situation appropriate.

Supervision Expectations

When a nurse delegates a nursing task to an unlicensed person, the nurse must provide appropriate supervision. Supervision is defined as initial and ongoing direction, procedural guidance, and evaluation of the performance of the unlicensed person. It may also include direct observation of the performance of the task. The nurse should evaluate the performance of the task, the need for further instruction, and the need to withdraw the delegation.

Supervision may be indirect if the substantial purpose of the setting where the task is being performed is not the provision of health care. Otherwise, on-site direct supervision by the nurse is required. If indirect supervision is allowed, the nurse must first assess:

- The number of individuals requiring nursing care and the health status of the individuals;
- The type and number of nursing tasks to be delegated;
• The continuity, dependability, and reliability of the unlicensed person performing the task;

• The availability of emergency aid should the nurse be too far from the setting to arrive in a timely manner;

• If the nurse is responsible for more than one setting, the distance between the settings, the accessibility of each setting, any unusual problems that be encountered in reaching the setting.

The nurse must always be accessible through some form of telecommunication (Rule 4723-13-07 OAC).

**Limits on Delegation**

The Ohio Board of Nursing rules include limits or restrictions for the safe delegation of a nursing task, including:

• An unlicensed person may not perform a nursing task unless that task has been delegated in accordance with Board rules.

• Employing or permitting an unlicensed person to perform nursing tasks without delegation by a licensed nurse is prohibited.

• Once the activity or task has been delegated, only the individual given the authority to act may perform the activity or task. In other words, the assistant given the authority to perform the task cannot delegate it to another.

A licensed nurse may delegate to an unlicensed person the administration of only the following medications: over-the-counter topical medications to be applied to intact skin for the purpose of improving skin condition or providing a barrier and over-the-counter eye, ear drop, and suppository medications, foot soak treatments, and enemas (Rule 4723-13-05 OAC).

Although nursing rules limit the delegation of medication administration, specific regulatory language does allow for delegation or designation of medication administration in DODD facilities, and long-term care/assisted living facilities. The training requirements for the delegating nurse and unlicensed person differ in each of these settings. For example, education law and rule allow for the designation of a person who will be responsible for administering medications in the school setting, but does not require that this person be a nurse. DODD law and rules require training of both the licensed nurse delegating medication administration and the unlicensed person who will actually administer the medications to clients. Nursing law and rules define the training and
certification requirements for medication aides in long-term care and assisted living facilities. Each setting has different training requirements and different limits on what medications can be delegated. Registered nurses in these settings are required to follow both the delegation rules of the Board (Chapter 4723-13 OAC) and the delegation rules specific to each setting.

Please note that although statutes may authorize unlicensed persons to administer medications in certain settings without nursing delegation, other nursing tasks do require delegation following the requirements of Chapter 4723-13 OAC.

**Assistance with Self-Administration of Medications**

An unlicensed person may be permitted to be involved with medication administration, however, when it is solely for the purpose of assisting a person with self-administration. Assistance with self-administration of medications is not the practice of nursing in a setting where the substantial purpose of the setting is to provide services other than health care. Such settings may include schools, correctional facilities, the home, child care centers, adult day care facilities, and residential care facilities.

Assistance with self-administration of medication includes:

- Reminding an individual when to take the medication and ensuring that the individual follows the directions on the medication container;
- Taking the medication in its container from the area where it is stored;
- Handing the medication, in its container to the individual;
- Opening the container for an individual who is physically unable to do so;
- Upon the request or with the consent of a physically impaired but mentally alert individual, assisting in removing oral or topical medications from the container and assisting the individual in the taking or applying of the medication; and
- If the individual is physically unable to place a dose of medication in his/her mouth without spilling or dropping it, placing the dose in another container and placing the container to the mouth of the individual.
- Assisting an individual with self-administration does not mean that an unlicensed person can administer medication to an individual, whether orally, by injection, or by any other route.
The Role of the LPN in Delegation

Until recently, the role of the LPN with respect to delegation was unclear. Changes to the LPN scope of practice in 2006 now clearly authorize the LPN to delegate nursing tasks as directed by a registered nurse. (Note: Although LPNs can be directed by a physician, dentist, optometrist, podiatrist, or chiropractor, for the purposes of delegation only a registered nurse can direct the LPN.)

LPNs are also authorized by law to teach the nursing task to an unlicensed person for purposes of delegation…again, as directed only by the registered nurse.

Training for the Unlicensed Person

When training an unlicensed person to perform a nursing task, a licensed nurse must present at least the following to the unlicensed person:

• Information about infection control and universal precautions related to the delegable task, unless the unlicensed person has already been given the instruction on these topics;

• Information and directions regarding the concepts underlying each step of the task and how to perform the task in accordance with current standards of practice. Written step-by-step directions must be readily available to be used by the unlicensed person when performing the task;

• A demonstration of the task; and

• Observation of a satisfactory return demonstration of the task by the unlicensed person.

A delegable task may be taught by a licensed nurse one-on-one or may be taught to a group. The amount of time required to teach a task to an unlicensed person is determined on a case-by-case basis. Once learned, a task need not be re-taught, provided the unlicensed person's knowledge and skills are maintained and are current.

Ideally, documentation of the training and satisfactory return demonstration of the task should be retained by the unlicensed person and the facility employing the unlicensed person. The procedure for documenting this training may vary with the practice setting.

Delegable Tasks: ONA's Views
Although there is no specific list of nursing tasks that may be delegated to every assistive person for every patient, ONA developed the following list of competencies. It may not be appropriate for a registered nurse to delegate any of these tasks given the framework of the rules. However, the tasks listed may be helpful as a guide in developing curriculums, policies, and other written information. Written policies or job descriptions of unlicensed assistive personnel must always refer to the regulatory requirement of RN assessment and supervision of performance of delegated tasks. After appropriate assessment, the RN may choose to select the following tasks to delegate to the competent assistive person:

1. Providing basic client care:
   a. Measuring and recording height and weight.
   b. Measuring and recording vital signs, including blood pressure.
   c. Caring for the client environment.
   d. Caring for the client when death is imminent.
   e. Measuring and recording food and fluid intake and output.
   f. Using client protective devices.
   g. Maintaining safety standards.
   h. Initiating emergency procedures.

2. Providing personal care services:
   a. Bathing including bed bath, tub or shower, perineal care.
   b. Grooming, including sink, tub, or bed shampoo, oral hygiene, and basic nail care.
   c. Dressing.
   d. Toileting.
   e. Assisting with eating and hydration, including proper feeding technique.
   f. Providing basic skin care.

3. Providing basic restorative services:
   a. Performing range of motion exercises.
   b. Using assistive devices in ambulation, eating, and dressing.
   c. Turning and repositioning properly.
   d. Transferring and ambulating.
   e. Assisting in bowel and bladder training.
   f. Using and caring for prosthetic devices.
   g. Positioning of therapeutic devices.

4. Providing mental health and psychosocial services:
   a. Using basic skills that support the client in age-appropriate behavior and self-care.
   b. Applying basic principles of behavior management in response to the client’s behavior.
   c. Recognizing the client’s spiritual needs.

Principles inherent in all delegation include the following:
a. Accepting delegation, instruction, and supervision from the delegating nurse.

b. Accepting responsibility for actions.

c. Following the client care plan to guide delegated aspects of client care.

d. Organizing work by prioritizing assignments.

e. Informing the delegating nurse about ability or inability to perform tasks.

f. Observing, reporting, and recording, in a timely manner, any changes in the client condition.

g. Participating with other members of the health team to provide optimum client care.

h. Reporting unsafe, neglectful, or abusive client care.

i. Conducting assigned tasks without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, disability, or disease.

j. Protecting the dignity and rights of clients regardless of social or economic status, personal attributes, or nature of health problems.

k. Protecting the client's right to privacy and the maintenance of confidentiality.

l. Protecting the property of the client, family and significant others, and the employer.

m. Providing care which maintains the client free from abuse and/or client neglect.

The Importance of Good Nursing Judgment in Delegation
Inappropriate delegation of tasks to the nursing assistant can become a liability issue for the nurse delegator. The most critical legal issue in the process of delegation remains nursing judgment. When the nurse delegates tasks within the scope of the law and professional standards, and in consideration of the competencies of the nursing assistant, the nurse has a good defense. However, if the nurse assumes that a nursing assistant knows how to do a task or what to report, and does not assure that the nursing assistant is qualified, the nurse may be legally liable for the improper delegation. Nurses are always accountable for the overall outcomes of patient care as well.

Good communication is an essential component of delegation. If the nurse does not identify his/her expectations with respect to the task, the resulting performance of the task by the unlicensed person may put the nurse at risk. For example, if a nurse delegates a glucometer check, but fails to specify the time frame in which to complete the task, if the unlicensed person fails to “get around to it” until much later than the nurse intended, the nurse will be accountable, and possibly liable, for any untoward outcomes.

Delegation of tasks to the assistive person by the nurse can become a liability issue for the delegator should the nurse fail to adhere to acceptable standards for delegation. According to Kreplick (1995), nurses place their professional responsibilities at risk for delegation in these four situations.

1. Delegation to an individual who is not qualified through education and/or experience to perform the task
2. Delegation that does not follow the guidelines in regulatory standards
3. Delegation that poses a substantial risk or hazard to the patient
4. Inadequate nursing supervision of the unlicensed person who will be doing the nursing task.

Registered nurses are accountable for the nursing process including assessment, analysis, planning, implementation, and evaluation. In delegation, although the RN bears the ultimate responsibility when the delegatee accepts the delegation, the delegatee also accepts the responsibility for knowing her or his ability limits, and the policies of the practice setting.

If RNs do not believe the unlicensed person is competent to accept delegation, the RN has the responsibility to document deficient behaviors of the assistive person and facilitate increased training and education when necessary. Making supervisors aware of problems and documenting that the supervisor was notified may substantially assist the RN if disciplinary or malpractice issues arise.

Institutions that provide health care services also bear responsibility for assuring that the delegation process is followed accordingly. Under Ohio law, institutions may be strictly liable for the negligent acts of their employees, including supervisors, nurses, and assistive personnel. They may also be liable for negligent hiring or retention of incompetent staff. Institutions have the ultimate legal duty to the patients they serve and risk vicarious liability and/or corporate negligence for the acts of improper delegation (Kreplick, 1995). Indeed, the Joint Commission’s
hospital standards also require that hospitals provide an adequate number of staff who have appropriate qualifications to take care of the specific needs of the patients served in that facility. These standards further require that hospitals screen their employees to assure that they have the appropriate licensure, certification, and qualifications to meet the needs of the clients served in the institution (Kreplick, 1995). Institutions have the responsibility to develop policies and procedures or provide an ethics committee as a forum to address perceived or actual unsafe staffing concerns. Nursing practice committees within institutions can also be a forum for discussion and resolution of inappropriate situations related to delegation.

The right to delegate may place the nurse in situations where there is conflict between the wishes of the employer and the expectations of the law. Unfortunately, in increasingly more cases, the registered nurse may be required by the employer to delegate inappropriately. If the registered nurse is considering refusal to delegate, even though the registered nurse’s license supports that right to refuse, it is important to understand that the employer could discipline, or even fire, the registered nurse. In general, labor and employment laws will not protect employees who have been insubordinate. However, when a collective bargaining agreement is in place, the job may be protected under specific terms of the contract.

In practical terms, a nurse with a collective bargaining agreement has the most protection against being forced to violate the law. However, nonunion nurses may have protection, as well, for a wrongful discharge that is against public policy, because Ohio courts have increasingly recognized that an employer cannot fire a nurse for refusing to violate the Nurse Practice Act and correlative rules. In either the union or nonunion setting, it must be recognized, however, that a refusal to follow orders of the employer is risky and should be used only as a last resort with full awareness of the possible consequences.

Other options do exist for registered nurses required to delegate inappropriately. Registered nurses can complete Assignment Despite Objections forms (ADOs), available from the Ohio Nurses Association or ANA. The form documents concerns about the potentially unsafe conditions that may arise from the decision. Although the nurse is not refusing to delegate, documentation of professional concerns exists and these forms can be collected by the practice committee, local union, quality improvement committees, and/or ONA to provide data on patient safety issues.

Prior to using an ADO form, you must notify your supervisor by phone or in person of your practice concerns. Then document who you notified on the ADO form. Do remember that nursing management may discipline a nurse for protesting an assignment. Assuming that the employer has a grievance procedure, a nurse who has been disciplined for protesting and assignment should file a grievance against the employer for discipline without just cause.

In addition, registered nurses can file a complaint with the Ohio Board of Nursing, the Ohio Department of Health, Attorney General, or another state agency that protects the safety of consumers. Nurses can also contact the Ohio Nurses Association Practice Department to discuss the situation. (See Appendix C for addresses and phone numbers.)
Protect Your Patients, Protect Your License

How to report patient care quality and safety concerns.

Changes in health care have left many institutions, and especially registered nurses, with unanswered questions about appropriate staffing, cross-training of workers, and concerns about quality. Hospital mergers and acquisitions, downsizing, and restructuring were occurring everywhere in Ohio in the 1990s, mostly to reduce costs.

Eventually, the negative consequences of these changes for safe patient care began to emerge. However, the persistent shortage of health care workers, particularly nurses, along with ever present financial challenges have made it difficult to assure appropriate staffing in acute care as well as in long-term care and community settings.

In the face of such health care changes, organizations must realize that registered nurses have a broad perspective on patient care that is essential in the evaluation of workplace redesign and patient care. It is the registered nurse who has a thorough educational foundation in health and illness as well as the accountability of being a direct provider of care for patients, 24-hours-a-day, seven days a week. Regrettably, nurses are not often asked to be a part of the evaluation and may be so overwhelmed with institutional changes that there is little time to give the evaluation serious attention. The ANA Code of Ethics for Nurses, nevertheless, charges nurses to act as patient advocates and act on questionable practices. The nurse's role as a patient advocate is essential in the challenges faced in bringing quality services to consumers in a cost-conscious delivery system.

Accordingly, the American Nurses Association (5/95) has developed a framework to use when safety and quality concerns occur in the workplace. The framework is based on the steps of the nursing process and provides guidance for nurses in maintaining their fundamental role as patient advocates. The steps include:

Assess the situation. What is the impact on patient safety and quality of care? Gather objective data about what is going on. Be able to state your concern so someone else will understand how it affects patient safety.

Diagnose the concern. What is the cause of the concern—inadequate numbers of staff, inappropriate skill mix, and/or insufficient or inappropriate training of staff?

Plan/Implement a course of action.
• Notify your supervisor immediately and outline what is needed to remedy the problem. If assistance is not offered, notify the next person in the chain of command until the concern is addressed. Review contract language, where applicable, and notify your local bargaining unit representative.

• Consult with staff at the Ohio Nurses Association.

• Document the concern by utilizing an Assignment Despite Objection form (may be obtained from ONA) or an Incident Report. Include information such as the number and distribution of nurses and staff on duty, the acuity of patients, and the education/training of staff.

• Report the concern to a nursing practice committee, quality assurance committee, risk manager, vice president for nursing, and/or board of directors.

**Evaluate the course of action.** Determine if the concern has been addressed. If not, continue working through the appropriate workplace channels and/or consider reporting the concern to an outside agency. If you have concerns that are not addressed through the workplace channels, please contact ONA for assistance in reporting your concerns to outside agencies.

Although over half of all registered nurses work in hospitals, changes in the health care scene have created a variety of opportunities for registered nurses to work in many different settings. Often these alternative delivery sites are not familiar with the unique services RNs can deliver. Nurses, regardless of the employment setting, can use this framework for addressing safety and quality concerns in their practice.

Be aware that reporting quality and safety issues may result in reprisals by an employer. But remember—you are hired because you are an expert in providing patient care and you have a duty to maintain your role as a patient advocate. Your input into the process is valued and essential to the maintenance of patient safety. If you have a valid concern that affects patient safety, the concern may go unnoticed if you do nothing about it. Bad outcomes will not be prevented unless nurses stand together and fulfill their ethical obligations as patient advocates.

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**Whistleblower Law**

The nurse practice act expressly affords nurses protection under Ohio’s whistleblower law, but nurses must recognize the limits of the protection (Section 4723.33 ORC).

A nurse who in **good faith** makes a report regarding a violation of the Ohio Revised Code or who participates in any investigation, administrative proceeding, or judicial proceeding resulting from
the report is protected against retaliatory action. However, to assure the protection nurses must adhere to the provisions in the whistleblower statute (Sections 4113.51 to 4113.53 ORC). That means:

1. The nurse who becomes aware, in the course of employment, of a violation of any state or federal statute or any ordinance or regulation that the employer has the authority to correct, and
2. The nurse reasonably believes the violation is a criminal offense that is likely to cause an imminent risk of physical harm to persons, or a hazard to public health or safety, then
3. The nurse must orally notify his/her supervisor or other responsible officer of the employer of the violation, and
4. Subsequently must file a written report with that supervisor or officer that provides sufficient detail to identify and describe the violation.

If the employer does not correct the violation or make a reasonable and good faith effort to do so within 24 hours after the oral notification or receipt of the report (whichever is earlier), the nurse may file a detailed written report with the prosecuting authority where the violation occurred, or with any other appropriate public official or agency having regulatory authority over the employer, and the industry, trade, or business in which the employer is engaged.

When the employee notifies the employer as specified above, the employer has 24 hours to notify the employee, in writing, of any effort by the employer to correct the violation or hazard.

The employer is prohibited by statute from taking any disciplinary or retaliatory action against an employee for making a report. Retaliation includes:

- Removal or suspension from employment,
- Withholding salary increases or benefits to which the employee is otherwise entitled,
- Transferring or reassigning the employee,
- Denying the employee a promotion that otherwise would have been received, or
- Reduction of pay or position.

Note: The law does not address other, more subtle, forms of retaliation.

If the employee does not make a reasonable and good faith effort to determine the accuracy of the information reported, the employee may be subject to disciplinary action.

If the employer does retaliate or discipline a whistleblower, the employee may bring a civil action for injunctive relief. The court may order reinstatement and also award payment of back wages, reinstatement of fringe benefits and seniority rights, as well as awarding attorney fees and other court costs.

For a list of important Ohio contacts for safety and quality concerns, see Appendix C.
Certification

Certification shows specialization in nursing. It is reserved for those nurses who have met requirements for clinical or functional practice in a specialized field, pursued education beyond basic nursing preparation, and received the endorsement of their peers. After meeting these criteria, nurses take certification examinations based on nationally recognized standards of nursing practice to demonstrate their special knowledge and skills that surpass those required for licensure. Certification gives you a professional credential and validates your commitment to your nursing career and to the nursing profession. It may also mean a broader range of job opportunities; professional prestige/status; and eligibility for third-party reimbursement.

According to Ohio law, certification is required for registered nurses practicing as certified nurse-midwives, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. Unless you have been granted a specialty certification title in nursing by a national certifying organization, you cannot use any title or initials implying or representing specialty certification. Once certified, you agree to accept the standards of the specialty. Registered nurses who become certified must be familiar with the standards of their specialty as they will be held accountable for them in their practice. The American Nurses Association established the American Nurses Credentialing Center (ANCC) to provide credentialing programs. The ANCC offers certification in the following areas:

**Generalist Specialties**
- Ambulatory Care Nursing
- Cardiac Rehabilitation Nursing
- Cardiac-Vascular Nursing
- Certified Vascular Nurse
- College Health Nursing
- Community Health Nursing
- Diabetes Management-Advanced
- General Nursing Practice
- Gerontological Nursing
- High-Risk Perinatal Nursing
- Home Health Nursing
- Informatics Nursing
- Medical-Surgical Nursing
- Nurse Executive
- Nurse Executive, Advanced
- Nursing Case Management
- Nursing Professional Development
- Pain Management Nursing
- Pediatric Nursing
- Perinatal Nursing
- Psychiatric & Mental Health Nursing
Public Health Nursing-Advanced
School Nursing

**Nurse Practitioner**
- Adult–Gerontology Acute Care Nurse Practitioner (as of 1/31/2013)
- Adult-Gerontology Primary Care Nurse Practitioner (as of 1/31/2013)
- Psychiatric & Mental Health Nurse Practitioner (as of 8/31/2013)
- Pediatric Primary Care Nurse Practitioner (as of 8/31/2013)

**Clinical Nurse Specialist**
- Adult-Gerontology Clinical Nurse Specialist (as of 4/30/2014)
- Pediatric Clinical Nurse Specialist

**Other Advanced-Level Exams**
For other specialty nursing certification exams, you may wish to contact one of the associations listed below. If you do not see your specialty represented, please contact the Ohio Nurses Association for further assistance.

**American Association of Critical-Care Nurses**
101 Columbia; Aliso Viejo, CA  92656-4109
800-899-2216
www.aacn.org

**American Nephrology Nurses' Association**
East Holly Ave.; Box 56; Pitman, NJ 08071-0056
856-256-2320
www.annanurse.org

**American Society of PeriAnesthesia Nurses**
90 Frontage Rd. Cherry Hill, NJ 08034-1424
877-737-9696
www.aspan.org

**Association of periOperative Registered Nurses**
2170 S. Parker Rd., Suite 400; Denver, CO  80231-5711
800-755-2676
www.aorn.org

**Association of Women’s Health, Obstetric & Neonatal Nursing**
2000 L St NW, Suite 740, Washington, D.C.  20036
800-673-8499
www.awhonn.org

**Emergency Nurses Association**
915 Lee St.; Des Plaines, IL  60016-6569
800-900-9659
www.ena.org

**Intravenous Nurses Society**
315 Norwood Park S, Norwood MA 02062
781-440-9408
www.ins1.org
National Association of School Nurses
8484 Georgia Ave, Suite 420, Silver Springs, MD 20910
240-821-1130
www.nasn.org

Oncology Nursing Society
125 Enterprise Dr.; Pittsburgh, PA 15275
866-257-4667
www.ons.org

Society of Gastroenterology Nurses and Associates, Inc.
401 N. Michigan Avenue; Chicago, IL 60611-4267
800-245-7462
www.sgna.org
Liability Insurance

Many nurses have questions about their liability when providing nursing care. Those questions include: "Am I covered through my employer's policies?" "Am I covered if I volunteer as a nurse?" "Am I covered when I'm not working as a nurse, but I help out with an accident or other emergency?"

The best way to protect yourself from a lawsuit is to keep your skills current, be educated about the regulatory and professional standards in Ohio, and follow these standards in your practice. However, liability insurance may be a cost-effective way to help you if legal assistance is needed. Some defense attorneys do not recommend that nurses carry their own malpractice insurance. Their recommendation comes from the perspective that if a plaintiff knows that a nurse has liability insurance; the plaintiff may believe that the nurse has "deep pockets" and the plaintiff has access to an additional source of revenue if the nurse is named in the suit. If a nurse has substantial assets, however, liability insurance is a cost effective way to protect those assets.

The Ohio Nurses Association strongly recommends that all practicing registered nurses carry their own professional liability insurance coverage even if the nurse is covered by an employer group policy. If a nurse is sued and does not have insurance, the nurse risks relying on the hospital or institution’s chosen attorney. Additionally the nurse risks a legal monetary judgment against personal assets, and may have to file a personal bankruptcy if she or he cannot pay the judgment. In that case, the injured party will not have full payment and the nurse will lose all nonexempt property. Also, a registered nurse can be sued for actions other than those performed while employed. Most likely, your employer’s coverage does not include health care actions off the job, so you would not be covered in emergencies or in volunteer activities. Therefore, the benefits of carrying professional liability insurance appear to outweigh the risks.

Professional liability insurance should also provide for legal representation in disciplinary hearings before the Board of Nursing.

Types of Policies

There are two types of insurance policies: a "claims-made" insurance policy and an "occurrence-based" insurance policy.

"Claims made" insurance provides coverage for claims made and reported during the current policy period. As long as the policy renewal is uninterrupted, coverage is usually provided back to the beginning date of the first policy. Additional coverage, known as "tail coverage," can be purchased to protect you after the original policy period has ended.
An "occurrence based" policy provides insurance that covers incidents or injuries resulting from treatments rendered during the policy period even if claims are made against you after the policy period has ended.

Liability insurance is not costly. For example, it is recommended that you carry the highest amount of coverage for your specialty. When choosing a professional liability insurance carrier, assess the exclusions in the policy, what acts are covered, legal fees, and settlement clauses. Remember, all policies are different. You should carefully analyze the fine print before purchasing the policy. You should also inquire about the company's history in dealing with insured nurses, the company's rating, and whether defense costs are included.

Before you decide about your personal coverage, first determine what coverage your employer has. When assessing your employer's coverage, investigate the nature of the policy protecting you, including the amount of coverage, whether it is a claims-made or occurrence-based policy, and whether it includes professional liability or only malpractice coverage. If the coverage provided by your employer is a claims-made policy, it will not cover any suit brought against you after you have left the facility for an action that took place while you were there.
Case Studies

Situation 1: Direction of the LPN

Millie Brown, LPN, is in charge on Unit A on the 11-7 shift at Quinby Hills Nursing Home. Another LPN has responsibility for Unit B. There are no other licensed nurses on duty on the shift. At 2:30 a.m., Kelson Smith, a resident who has never had problems breathing, becomes dyspneic with respirations of 28, BP 164/94, apical pulse 78 and regular, T 99°. Mr. Smith's attending physician has made it perfectly clear to Ms. Brown on previous occasions that he does not want to be called until after 7:00 a.m., unless an extreme emergency exists. The Director of Nursing, a registered nurse, has also indicated that she doesn't want to be "bothered" at home. Ms. Brown decides that she will apply O₂ at 2 L/min per the nursing home's standing orders and "watch" Mr. Smith until 7:00 a.m. She will then call the attending physician.

Questions
2. Has there been a deviation from the standard of practice in this situation?

Discussion
Ms. Brown observed a deviation in the subjective and objective findings for the resident in this nursing center. The vital signs and physical symptoms are not within normal limits for this resident. The OBN law and rules regarding standards state that a licensed practical nurse is prepared to provide basic nursing care and contributes to the assessment of the client by collecting, reporting, and recording objective and subjective data and observations about the client's condition. Given that the client had deviations in the observed symptoms, it is questionable whether Ms. Brown appropriately decided not to report the symptoms to the director of nursing or the physician. Institutional policies should be developed to address the LPN's reporting unusual observations of residents. Unwritten policies are not appropriate, including indications not to phone a physician or bother a director of nursing. The registered nurse is responsible and accountable legally and professionally for assessing changes in the client's condition and should be notified when an LPN's observations indicate unusual findings. The RN, in this case, the Director of Nursing, is also legally and professionally responsible for analyzing the assessment data and modifying the nursing diagnosis to be used as a basis for nursing interventions. Therefore, it is questionable if it was appropriate for the LPN to independently alter the treatment plan in this situation without reporting to the physician or registered nurse.

Note: Preprinted orders must be patient specific; they may not apply to a group of patients. The physician must see the patient prior to completing preprinted orders.
The Pharmacy Board rule on protocols (4729-5-01(K) and (L)(1)(2) OAC) permits reliance on protocols in only 3 situations:
1. Emergencies,
2. Administration of biologicals for the purpose of preventing diseases, and
3. Administration of vaccines for the purpose of preventing diseases.

Consult the Joint Regulatory Statement Regarding the Use of Protocols to Initiate or Adjust Medications (January 2010) at the Ohio Board of Nursing web site.

**Situation 2: LPN IV Therapy**

Expert Care Nursing Agency provides nursing personal care services to clients in their homes over a three-county area. When the Ohio Board of Nursing approved rules granting specified licensed practical nurses a limited role in intravenous administration, the agency did not adopt a policy for their licensed practical nurses to have a role in intravenous therapy. Brian Green, RN, is assigned to an extremely heavy caseload today, and because most of the cases are in the same senior citizen high-rise apartment building, Joani Sharp, LPN, will be going with him. Ms. Sharp recently joined Expert Care Nursing Agency after working eight years in the local medical center where she did intravenous therapy over the last 2 1/2 years. Knowing this, Mr. Green asks Ms. Sharp to start an IV of D5W on a 78-year-old client while he prepares the IV antibiotic for administration.

**Question**

Comment on Mr. Green's decisions regarding direction (communication of a plan of care) to the LPN.

**Discussion**

It appears as if Mr. Green understands most of the concepts of direction. Mr. Green has assessed the client, the type of nursing care required, the stability of the client, the training, ability, and skill of the licensed practical nurse, the nature of the nursing activity, and the availability and accessibility of resources. The RN has directed the LPN to provide a therapy within the law related to the LPN's role in the provision of IV therapy (Section 4723.17 of the Ohio Revised Code) and within that LPN's scope of practice.

**Situation 3: Identification**

Sunnyland Nursing Home is a pleasant place. It is decorated with various shades of green and maroon and the staff seems friendly and helpful for the residents. Mrs. Blosser, the nursing home administrator, has provided each staff member with an informal brass-colored name badge
that includes only the worker's first name. She feels that including only the first name fosters a family-like environment and eliminates potential conflicts and hierarchy among workers.

**Question**

Has there been a deviation in the standard of practice?

**Discussion**

According to the Rules on Standards (Chapter 4723-4 OAC), LPNs and RNs must display and identify licensure at all times while having direct client contact as an RN or LPN. Therefore, the name badges for the RN and LPN should include the appropriate licensure credentials. In addition, the LPN and RN should introduce themselves by the licensure credentials. In some practice situations in which a uniform is not required or easily recognizable as designating a professional nurse, a pin or badge including credentials is necessary to inform the client of the qualifications of their health care provider.

Note: The nurse is accountable for displaying appropriate licensure status, not the employer.

**Situation 4: School Nursing and Delegation to Unlicensed Personnel**

Nancy Green, certified school nurse, is planning for the new school year. She covers two different schools in her school district and in both schools there are more than 500 students. Sally Brown is a new student in the school system and is a 7-year-old in first grade this year. She has spina bifida and requires urinary catheterization several times during the day. Her family moved to central Ohio from Georgia. In her school in Georgia last year, Sally had a "health aide" provide urinary catheterizations and other personal care needs.

**Question**

How should the school nurse plan for this student's health needs during this school year?

**Discussion**

There are several references for Nurse Green to consult when planning Sally’s health care needs. The Ohio Board of Nursing law and rules and professional standards regarding delegation should be the first reference point (See Delegation of Nursing Tasks to Unlicensed Assistive Personnel, and Appendix F, Delegation Decision Tree).

Catheterization is a part of this student’s activities of daily living. When the school nurse is planning for Sally’s care she needs to first meet with Sally and her parents to review how this procedure was done at home and how it was previously done at school. Whenever possible, parents should be involved in the planning of their child’s care at school. A written doctor’s order for the procedure and written permission from the parents should be obtained.

While doing the initial assessment, several questions should be answered, including: Is Sally’s urinary status stable? Has she had frequent infections? Are there alterations in Sally’s anatomy?
that make catheterizing her unique (Example: stoma)? Is her intake of fluids adequate and relational to her output? What problems could arise?

Planning should include: How will the school insure privacy? Where will the procedure be done? Who will be trained to do this procedure and what will the training involve? (Demonstration and return demonstration helps the RN assess the competence of the person who will be performing the procedure and is required per the rules regarding delegation found in Chapter 4723-13 OAC.)

Is there adequate RN supervision? Is there a backup individual in the building that could be trained in the absence of the first? Are the parents available to help?

What things need to be documented? Are written guidelines available or should these be written out or amended? How often will the school nurse supervise and evaluate the care given during this procedure? What criteria result in an immediate call to the school nurse? Is this child capable and ready to learn to self-catheterize? Are the parents ready? Is this the goal?

**Situation 5: Non-Nursing Professional Evaluating Nursing Care**

At Clintonville Mental Health Center, the director of the agency is a counselor, Mr. Rogers. He is very knowledgeable about mental health regulation. Staff in this facility include two certified psychiatric mental health registered nurses two other counselors, social workers, secretaries, and other ancillary staff. Mr. Rogers provides the yearly evaluation of all the staff. He is not familiar with the regulations that licensed nurses must follow in the State of Ohio.

**Questions**

1. Comment on Mr. Roger's qualifications to evaluate the psychiatric mental health registered nurses. Has there been a deviation in the standard of practice?
2. What other considerations can be made?

**Discussion**

The rules promulgated by the Ohio Board of Nursing on Standards for Nurses as members of the health care team (Chapter 4723-4 OAC) mandate that the evaluation of the practice of nursing be performed by RNs only. Therefore, it is not appropriate for the director of the agency, who is a counselor, to evaluate the RN's nursing care. The director has the authority to evaluate the registered nurses for complying with employment matters such as attendance, dress code, and other personnel issues. However, Mr. Rogers does not have the scope of practice or legal authority to evaluate the RNs on nursing issues and/or adherence to nursing standards.

It is essential, although not required by law, for nurses to have their nursing care evaluated. Evaluation from a peer is very helpful for professional growth and improved client
care. In this situation, the two registered nurses should develop a peer review process that will professionally affirm the quality of nursing care delivered in this community mental health agency. Documentation of nursing peer review should be included in the RN's employment file.

**Situation 6: Medical Assistant Role**

Janet Rait RN, works in a physicians' office. In addition to Janet, the office practice also includes 10 internal medicine physicians, 3 licensed practical nurses, 6 medical assistants, and an office manager. The practice has considered providing IV chemotherapy treatments in the office. The office manager has suggested that one of the medical assistants could be taught to administer the chemotherapy as directed by the registered nurse.

**Question**

Comment on the appropriateness of this suggestion.

**Discussion**

According to the rules regulating delegation, the registered nurse cannot delegate the administration of medications in this setting. In addition, Chapter 4723-17 OAC addresses the limited role of LPNs and IV therapy. According to those rules, it would be inappropriate for LPNs to administer intravenous chemotherapeutic agents, thus the RN would be prohibited from delegating the administration of intravenous chemotherapeutic agents. The physician, or any other employer, cannot change the scope of practice for the licensed nurse.

However, the Nurse Practice Act does exempt from the nursing licensing requirement the rendering of medical assistance to a licensed physician, licensed dentist, or licensed podiatrist by a person under the direction, supervision, and control of such licensed physician, dentist or podiatrist. Therefore, the physician may have the legal authority to delegate some procedures to the medical assistant if the physician was willing to take all responsibility for that delegation and to assure that the patients would be protected and safe.

Note: Ohio law does not address requirements for the certification, training, or other qualifications of medical assistants.

The medical board has promulgated rules regarding physician delegation and the Ohio Revised Code sets out the following limits on that delegation in 4731.053, ORC:

- A physician cannot transfer responsibility for supervising the unlicensed person to anyone other than another physician,
- A physician cannot delegate the administration of anesthesia, controlled substances, or intravenous medications, and
- Sub-delegation is prohibited.
For purposes of this situation, it would appear that the physician may not delegate the administration of IV chemotherapy to a medical assistant.

**Situation 7: Assignment Despite Objection**

Julie Hargove, RN, is scheduled to work the 3 p.m. - 11 p.m. shift on a busy medical unit at a large urban hospital. She arrives on her unit at 2:40 p.m. to find that she has an assignment of 8 patients, all with acute medical diagnoses. One patient is being weaned from the ventilator. All 8 patients require extensive nursing interventions. Julie has been a registered nurse for only 6 months. No assistive personnel are available on the unit during this shift.

**Question**
What are Julie's options?

**Discussion**
This assignment seems extensive and may be inappropriate for Ms. Hargove. A registered nurse receiving an assignment that in her/his professional judgment places patients or RNs at risk has an obligation to take action. Acting in the interest of patients, the nurse should promptly notify her/his supervisor that the quality of care and that the safety of patients and nurses may be jeopardized.

The Ohio Nurse Practice Act and the ANA *Code for Nurses* hold the nurse responsible and accountable to her/his patients for the nursing care provided. However, responsibility and accountability for the level of care also resides with the hospital, including both hospital and nursing administrative staff.

If the supervisor does not amend the assignment to accommodate Julie's concerns for patient safety, Julie may decide to complete an Assignment Despite Objection form that is used to document an assignment that is potentially unsafe for the patients or staff. This form should also be used to document concerns about potentially unsafe conditions that may arise when a nurse may be required to delegate inappropriately to unlicensed personnel. This will not exonerate Ms. Hargrove from liability or responsibility, but it will shift a great deal of the burden onto the shoulders of the hospital. If Ms. Hargrove did not have access to or knowledge of an Assignment Despite Objection form, she may choose to complete an incident report form and keep documentation of the incident for later use.

**What to Do When Concerns Arise Regarding an Assignment:**

- Do notify your supervisor for help as soon as you realize there is a problem. Provide the staffing numbers to the supervisor that indicate the problems as well as other data showing concerns related to proper and safe nursing care.
- Do state that you will do the best you can with the assignment if help is denied, but that patients have the right to receive safe professional nursing care.
• Do complete an Assignment Despite Objection form or an incident report form and send it to your supervisor within a reasonable period of time. Retain a copy for your records.
• Do notify ONA of your concerns. Add additional documentation, if necessary.
• Do remember that nursing management may discipline a nurse for protesting an assignment. Assuming that the employer has a grievance procedure, the nurse who has been disciplined for protesting an assignment should file a grievance against the employer for discipline without just cause.
• Do not complain if you have adequate help.
• Do not use an Assignment Despite Objection form or document on an incident from if you have failed to notify your supervisor in person or by phone of your practice concerns.

See Appendix B for information on Ohio’s Safe Staffing Law.

Note: Both the American Nurses Association (www.nursingworld.org) and the American Organization of Nurse Executives (www.aone.org) have published documents on nurse staffing. The emphasis of both documents is on nursing staffing and safe patient care.
Situation 8: Patient Abandonment

Misty Harner, RN, has just completed her scheduled night shift. She has worked the previous 5 days and is exhausted. The patients on the busy surgical unit have required extensive nursing care. Unfortunately, many staff members have been sick due to community viruses and 3 registered nurses are unable to report for the day shift due to illness. Liza Major, RN, is the day shift supervisor. She really needs Ms. Harner to stay and work the day shift. Ms. Major has threatened that if Ms. Harner does not stay, she will report her to the Ohio Board of Nursing for abandoning her patients.

**Question**

Is this a valid threat?

**Discussion**

Abandonment of patients is a serious charge. The Ohio Board of Nursing can discipline nurses for a variety of reasons, including assaulting or causing harm to a patient or depriving a patient of the means to summon assistance, failing to practice in accordance with acceptable and prevailing standards of safe nursing care, and engaging in activities that exceed the practice of nursing as a registered nurse.

Nurses have an ethical and professional duty to provide nursing care to patients. *The Code for Nurses* (ANA, 2008), *Nursing: Scope and Standards of Practice* (ANA, 2010), and *Nursing’s Social Policy Statement* (ANA, 2010) all reflect nurses’ contract with society to provide nursing care to clients. As patient advocates, nurses must adhere to these standards. When nurses are asked to stay over and work additional shifts when they are physically unable, is this a failure to meet those standards? Can nurses be disciplined by the Board of Nursing? Are accusations of "abandoning your patients" valid in these situations?

The Ohio Board of Nursing will determine whether any disciplinary measures should be imposed on the nurse, nursing supervisor, or any other person regulated by the Board. With the Board's legal authority comes the assurance that nurses will receive due process in an investigation. This means that the Board will thoroughly investigate any accusations and give nurses an opportunity to present their positions relative to the accusations. Potential discipline of nurses will occur only after the nurses have had the opportunity to present their case.

Generally, nurses who choose not to accept overtime working assignments from their employers are not in violation of the Nurse Practice Act, provided the situation does not deprive the patient of the means to summon assistance. Therefore, the Board has no legal authority to discipline nurses who choose not to accept overtime working assignments. All licensed nurses have the right to make their own decisions about accepting overtime work without threat of losing their license to practice nursing in Ohio. However, a nurse who refuses to work overtime may be subject to discipline or discharge by the employer.

When you make a decision about working overtime, it is essential to evaluate what is in the best interest of the patients. If you are unable to provide safe nursing care, you should not accept the overtime assignment.
Note: The American Nurses Association (www.nursingworld.org) has published two statements relative to nurse fatigue and patient safety—one concerning the nurse’s responsibility and one regarding employer responsibility.

When nurses volunteer to work overtime, they must recognize that they will be held to the standards of safe practice regardless of the number of hours worked. Working while fatigued could impair judgment and result in errors that could place the nurse at risk for licensure action by the Board of Nursing and/or malpractice liability.

**Situation 9: Delegation**

Joan Marshall, RN, works in an ICU. She is currently working with a patient, Mr. Cox, with third degree burns over 20 percent of his body. Mr. Cox is mechanically ventilated and is alert. His vital signs are stable, but he is in a lot of pain. Mrs. Marshall has not worked with Mr. Cox previously, and she is somewhat unfamiliar with his care. His care plan was written very well; however, it is only his second day in the unit so no one has had in depth experience working with him. Angela Harline is a patient care assistant working in the unit during Mrs. Marshall's shift. Miss Harline has been through the hospital's training for PCAs and has been checked off for all items on the PCA competency checklist.

**Question**
Should Mrs. Marshall delegate a.m. care to Miss Harline?

**Discussion**

Assistive personnel are usually provided training to provide basic personal care. However, Mr. Cox is a critically ill patient with alterations in skin integrity that will affect the delegation of personal care by the RN. When she considers the requirements for safe delegation, Mrs. Marshall realizes that she is not yet familiar with what is required for Mr. Cox. A bed bath for Mr. Cox is not routine and may require her judgment as an RN for assessing appropriate skin care and what is needed for the a.m. care.

Although the results of most bed baths are fairly predictable, in Mr. Cox’s case, his pathophysiological changes may affect the predictability of outcomes for any nursing intervention. Since Mr. Cox has been in the unit a short time, no plan has yet been established for his routine care; therefore, no exact, unchanging directions exist for his individualized needs.

When providing care for this critically ill patient, ongoing nursing assessments and complex observations are needed. When providing personal hygiene, Mrs. Marshall will assess Mr. Cox for a variety of physical and psychological signs, including signs of infection, extent of burns, changes in vital signs, presence of contracture/deformities, pain tolerance during nursing interventions, skin turgor, fluid status, and other signs. She will want to promote the best possible personal hygiene for Mr. Cox to prevent complications of infection.

However, after she has provided the initial personal care for Mr. Cox, her decisions to delegate may change. Her assessment of the patient, the assistant, and the degree to which she can supervise are essential in making an informed decision to delegate the provision of personal care. This situation provides an example of circumstances where delegation of even basic personal care to an unlicensed individual may be inappropriate.
Situation 10: Delegation

Jack Shotz, RN works on a busy surgical unit. During a recent evening shift, his assignment included nursing care for 7 patients. A nursing assistant, Hazel Macintosh, has been assigned to help Jack and to assist Linda Clermont, RN, who had an assignment of 6 patients. Ms Macintosh was pulled to the floor from another unit. The two RNs decided that they would ask Ms. Macintosh to take the routine 4 p.m. and 8 p.m. vital signs, pass out water, provide p.m. care and collect and record intakes and outputs for the 14 patients. Together, they discussed this with her before their shift report. After the shift report, Mr. Shotz found Ms. Macintosh and alerted her that he would provide the p.m. care for two of the patients who required complex nursing interventions.

Near the end of the shift and before going into shift report, Mr. Shotz checked the vital signs that Mrs. Macintosh had taken and saw blood pressure elevations for 2 of the patients. Their blood pressure elevations should have been reported to him previously. These elevations seemed unusual based on his other assessments. After shift report when finishing his documentation, he noticed that many of the I&Os were not recorded for the patients under his care.

Questions

1. Did Mr. Shotz delegate appropriately?
2. Was there a deviation in the standard of care?
3. How should Mr. Shotz address this situation?

Discussion

When evaluating this situation, let us look at the five rights of delegation.

Right task. The two RNs selected what may have appeared appropriate tasks to delegate to an unlicensed person. Taking vital signs, providing personal care, and collecting and recording intakes and outputs (for select patients) are generally appropriate tasks to delegate to the properly trained unlicensed person. None of the patients were unstable at the time. However, Mr. Shotz noted that the blood pressure reports were not consistent with what he assessed would be normal for the clients he cared for. Were the blood pressure readings that Ms. Macintosh reported accurate?

Right circumstances. An RN would assume that the assignment of the tasks to the nursing assistant were appropriate for a surgical unit. However, since there were problems with the care provided during this shift, it would be essential to determine whether Ms. Macintosh felt rushed in completing her tasks. Did the patients need additional time during p.m. care? Was Hazel held up in her care by patients, visitors, or others? Did she have reliable equipment to use? Did other circumstances prevent the successful completion of the tasks?
**Right Person.** Mr. Shotz, RN, was the appropriate person to delegate tasks to the nursing assistant for his assigned patients. A nursing assistant pulled from another unit may not have been the right person to whom to delegate the tasks he had selected. Neither RN was familiar with the nursing assistant’s skills and abilities and neither of them took the time prior to the shift to assess her competencies by finding out what she usually did on the other unit. Had she received training to obtain blood pressure readings? Was this part of her usual tasks on the other unit? Did she use the right size blood pressure cuffs, or did she use a regular sized cuff on an obese patient? Had she been checked to see if her skills in this area continued to be current? Was the mechanism for documentation of the I&Os similar to or different from what she was used to on the other floor?

**Right direction/communication.** Mr. Shotz did assign Ms. Macintosh certain tasks and notified her of that prior to shift report. He addressed her again after shift report to revise the p.m. care assignment. Although he assumed that she would report abnormal vital signs to him, he did not expressly ask her to do that. In addition, he did not tell her that she should come to him if she was getting behind. Communication fosters teamwork and also makes the delegation process go smoothly. Good communication allows everyone to understand the plan for the shift.

**Right supervision.** Mr. Shotz was lax in his supervision of patient care. He should have reviewed the vital signs prior to the end of the shift, especially since he was not familiar with Ms. Macintosh and her level of competence. In addition, he should have checked with her periodically to assess how she was getting along during the shift. Interventions he should take at this point would be to notify his supervisor of the situation and evaluate the situation. He may suggest that her competencies be evaluated to determine if additional training is needed. In addition, he might want to suggest that a simple checklist be put together as a brief orientation for anyone who might be floating to his unit. He should also check on the patients to determine whether the vital signs reported by Ms. Macintosh are consistent with their current status and whether further interventions are warranted.

Also, Mr. Shotz, RN, may suggest that all nursing assistants maintain and carry documentation of their competencies so the delegating nurse can make a better assessment of the assistant prior to delegation.

**Situation 11: Category A Continuing Education**

Ohio licensed nurse Nancy Green received a continuing education publication in the mail from ABC Nursing Education, an approved provider of the New Yonkers Board of Nursing. ABC is offering 24 contact hours of independent study for only fifty dollars! Nancy notes that one contact hour of Category A: Ohio Nursing Law & Rule that is required for renewing her Ohio license is included in the publication. The title of the study is “Prescribing or Administering? Pharmacy Law in Ohio.”

**Question**
Should Nancy take advantage of this continuing education offering?
Several things need to be considered when evaluating this educational offering. While the bulk of the independent studies offered in this package may meet the requirements of the Ohio Board of Nursing (OBN) for renewal of Nancy’s license, the Category A study may not. Category A continuing education must be approved by an OBN approver or offered by an OBN approved provider unit that is headquartered in Ohio.

The publication should include a statement naming the approver or approved provider. If the Ohio Nurses Association (ONA) approved the activity, the statement should read:

“This continuing nursing education activity was approved by the (Name of Approved Provider and OBN approver number), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

If the activity was approved by a different OBN approver, the statement might read:

“This offering has been approved by the Ohio Board of Nursing for ___ contact hours of continuing education (___ contact hours of which are Category A) through the OBN Approver Unit located at (Approver unit name)(OVN-###-###).”

The OBN offers a list of OBN approvers under the “Education” link of its web site at www.nursing.ohio.gov.

The statement from an approved provider headquartered in the state of Ohio, if ONA, should read:

“The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.”

The statement will be different if approved by another OBN approver.

The offering should also state that the activity is a Category A activity or meets the Ohio Board of Nursing requirement for one hour of nursing law or rules on their advertising.

The title of this presentation also is suspect. Category A nursing continuing education must deal with Section 4723 of the Ohio Revised Code and/or Ohio Administrative Code, to qualify for the Category A continuing education necessary for renewal of an Ohio nursing license. Consult the objectives of the course to determine what sections of the law or rules will be covered in the program and that a total of sixty minutes is spent discussing Section 4723.

When in doubt about the approver unit, the location of the provider unit, or the Category A status of an activity, the nurse should contact the provider of the activity or the Ohio Board of Nursing for further guidance.

Generally, if the main topic of a program is any Ohio law or rule other than Section 4723, the program, while useful, may not meet the requirements for Category A. Criminal, malpractice, medical, or pharmacy law would likely meet the requirements for general continuing nursing education, while not fulfilling the strictures of Category A.
Situation 12: Precepting a Nursing Student

Nan Nurse RN is a newly licensed nurse who has been practicing on a medical floor of Local Citizen’s Hospital for just over one year. The patient population consists of clients with chronic disease, such as diabetes. The floor is frequently used by the community college as a clinical practice site for student nurses. The clinical instructor asks Nan to serve as a preceptor for one of her nursing students.

**Question**

How will Nancy determine if she should accept or reject this request? What standards or issues should she consider?

**Discussion**

Nan remembers having preceptors during her clinical practice as a student, but she is unsure of the responsibilities of a preceptor. Chapter 5 of the Ohio Administrative Code (OAC), Section 4723 outlines the responsibilities of the various levels of nursing educators.

OAC 4723-5-20 speaks specifically to the responsibilities of faculty and instructional personnel in a clinical setting. Nan finds that the faculty member is accountable for the overall planning and evaluation of the student’s clinical experience, including communication of the expected clinical objectives and outcomes, both to the student and the preceptor. Nan may help design the student’s clinical experience and provide input in the evaluation process. Nan also finds that she may supervise no more than two students at a time.

So far, so good. Nan knows that she should possess competency in her area of practice. After more than a year’s experience, Nan feels able to handle most procedures or practice issues that come her way.

The faculty member next discusses the qualifications necessary to act as a preceptor as found in the OAC 4723-5-10. A preceptor must have completed an approved registered nurse education program, possess a current, valid license as a RN in Ohio, and have at least two years of practice as a registered nurse with demonstrated competence in the area of clinical practice.

When the faculty member asks Nan how long she has been practicing, both realize that Nan will need nearly another year of experience before she can act as a preceptor for nursing students.

Situation 13: Social Media

Nursing student Nancy B. and her fellow students are celebrating the successful completion of their anatomy class. The classmates decide to film humorous video using the skeletons and cadavers in their classroom. Nancy posts the film on the web to share with other students at the university.
Nancy also decides to post pictures from her spring break trip to Mexico. The pictures show Nancy and some of her friends drinking alcohol and suffering from hangovers.

**Question**

What repercussions might Nancy and her fellow students experience as a result of the web postings?

**Discussion**

The film containing skeletons and cadavers from the anatomy lab may violate the university’s social media policy and ethical code as well as those of the school of nursing. More and more schools of higher education, as well as businesses, are developing policies regarding appropriate use of social media in order to protect their image and reputation within the community. Unauthorized use of the name, logo, or other identifying material associated with an institution may be a serious violation of social media policy which can result in discipline, including dismissal or termination. Likewise, criticism directed at the school or an instructor may be violations of social media policies.

The unauthorized and inappropriate use of the anatomy lab, skeletons, and cadavers may also lead to serious consequences for the students via violation of property standards or violation of ethical obligations the university extends to donors. Generally, the recipient of monies or materials has an obligation to use those materials in ways that are considered respectful and appropriate to the furthering of mission and vision of the institution. Distasteful use of donated materials may contribute to a loss of standing within the community for the university, as well as discourage future donations.

Pictures which show nudity, consumption of alcohol or drugs, are sexually explicit, demeaning, or discriminatory should not be posted on the internet, no matter how innocent or lighthearted the intention. Public postings of this nature may result in discipline or termination for employees, or lack on employment offers for applicants.

At this time, employers and educational institutions are free to decide if internet postings reflect poorly on the employer, employee, applicant, or business and to make employment/discipline decisions accordingly. While some may see social media and/or employment policies as violations of the right to freedom of expression, until such time as the judiciary system clarifies these issues, it would be prudent to avoid publishing materials which may lead to conflicts with schools or employers.

**Situation 14: Social Media**

Melissa Friendly, RN enjoys bedside care and conversation with her patients. She often shares information about her personal life as she goes about her work. In the evening, Melissa sits down to update her social networking page. A patient that Melissa has cared for is requesting “friend” status on Melissa’s social networking site. The patient would also like to be able to ask Melissa for health care advice from time to time.

**Question**
Should Melissa “friend” the patient?

**Discussion**

The decision to “friend” or “not to friend” a patient is a difficult one. Even when the patient is no longer in your care, the former patient may have expectations of you as a health care professional that do not align with a casual friendship, especially if there is an expectation that you will provide health care advice.

When you provide health care advice, whether to your neighbor or via an email or social networking site, you are establishing a professional relationship in which you are expected, by virtue of your state licensure, to act according to the law and rules of the state, also known as the Nurse Practice Act. The giving of health care advice, even in what seems a personal communication, may be considered that creation of a contract between you and the health care consumer, thus opening you to liability if the communication is inaccurate, incomplete, or results in untoward outcomes.

Patient privacy regarding health care issues may also be of concern if the online communication is also accessible to other persons.

In the case of some patients, particularly those that are mentally fragile or dependent, the “friending” of the patient or former patient may constitute a violation of professional boundaries. If the friendship does not meet the patient’s expectations and a complaint is filed, the regulatory board may decide to take disciplinary action against the licensee.

Some health professionals keep separate email accounts, protected social networks, and blogs to enable patients to maintain professional contact with a provider or to read and research about health care concerns…but that also restrict access to personal, private information and limit communication to professional channels.

At this time, it seems prudent limit the personal information about yourself on social networking sites and to “friend” only those who truly are your friends. In lieu of “friending” a patient, direct them to sites that offer information about their health care concerns and/or those that allow them to communicate with others having similar interests.

**Situation 15: Professional Boundaries**

Mary RN works in an outpatient facility for mental health patients. She often helps with group therapy sessions for patients with co-existing chemical dependency problems. Mary has developed a real love for her work and is very fond of her patients.

Mr. Scot, a patient in one of Mary’s therapy sessions, is very proud of the process he has made and has been very verbal in his praise of Mary, in particular. Mr. Scot wants to attend several holiday parties where he knows that he will be exposed to alcohol; privately, he asks Mary to accompany him to the parties so that he can resist temptation.
Mary is a little uncertain about this proposal, but thinks that if it helps her patient, it must be okay. Besides, it’s not like Mr. Scot is a hospital patient…Mary doesn’t give him medications or treatments…just counseling. And he asked Mary, not the reverse.

**Question**
Should Mary attend the party with Mr. Scot? Is this situation a professional boundary issue?

**Discussion**
Professional boundaries exist to maintain a therapeutic relationship with a patient, a relationship in which the patient is seeking care in order to improve their health status. In this relationship, the patient is always considered the supplicant because he or she is dependent on the caregiver to provide appropriate interventions and treatments to improve their condition. Incursions into the patient’s private family, financial, or personal relationships are considered a violation of the trust a patient confers on the health care provider…even if the patient initiates a breach to the patient-professional partnership.

In very rare instances, it might be appropriate to accompany a patient to events outside the traditional care giving setting in order to maintain a particular therapy or medication administration regimen that a patient or his family members cannot perform alone. However, this would be a planned extension of patient care to another setting of which all appropriate caregivers were aware, not a clandestine event. The fact that Mr. Scot asked Mary to accompany him privately may indicate that he is at least somewhat aware that his request may be inappropriate.

Additionally, Mr. Scot is attending therapy sessions to obtain the tools necessary to function happily and successfully in society without resorting to alcohol use. He is receiving treatment via professional counseling, even though that treatment takes place in an outpatient setting. Therefore, a professional relationship exists between Mr. Scot and his caregivers.

Mary should refuse Mr. Scot’s request. Mr. Scot and his caregivers can explore whether or not it is helpful for Mr. Scot to attend the parties at this time in his care as well as other support systems.

Finally, it should be noted that patient’s with mental health or dependency issues often require long-term treatment beyond that that is provided in acute care settings. Developing a personal relationship with a patient undergoing this kind of long-term care should be avoided for at least one or two years beyond the termination of treatment to avoid possible violations of the therapeutic relationship.
APPENDIX A
Ohio Board of Nursing: Disciplinary Process and Nursing Sanctions

Step 1: Complaint
The Board receives a complaint by phone, email, or in writing. The Board generally cannot proceed without a written complaint. The complaint form is available on the Ohio Board of Nursing website at www.nursing.ohio.gov.

Sources of complaints may include employers, coworkers, patients or patient’s families, law enforcement, other state agencies, or spouse/significant others. All complaints are confidential.

Step II: Investigation
To maintain confidentiality and to ensure that every complaint brought to the Board’s attention is reviewed, each complaint is assigned a case number. The complaint is then reviewed by a Compliance Section staff member to determine whether the Board has the legal authority/jurisdiction to act on the complaint. The Board only has the legal authority to investigate cases that indicate that there has been a violation of the law or rules governing nursing practice (Chapter 4723 of the Ohio Revised Code or Chapters 4723-1 to 4723-27 of the Ohio Administrative Code.)

Although all complaints are evaluated, many complaints do not result in formal disciplinary action being imposed by the Board. After the initial review of the case, if it is determined that the Board does not have jurisdiction, the case will be closed or, under certain circumstances, referred to an agency that does have jurisdiction.

If the Board does have jurisdiction, then the determination will be made as to whether further investigation is needed prior to review by the Board’s Supervising Member for Disciplinary Matters. If no investigation is required, the complaint will be presented to the Board’s Supervising Member for Disciplinary Matters for a disciplinary recommendation. If further investigation is required, then the case will be assigned to a compliance agent.

Note: The Board’s Supervising Member for Disciplinary Matters is elected annually by fellow Board members. The supervising member abstains from all formal votes on the disposition of the cases considered by the Board.

The Board’s compliance agents work throughout the state. They are trained investigators whose job is to gather all relevant information, so that the Board

Supervising Member can assess the case. Outside experts may also be retained in investigating a complaint.
The Board, in the course of an investigation, may obtain records or seek information through interviews with the complainant, licensee, and/or other individuals relevant to the complaint. In addition, hospitals, pharmacies, and other health care facilities or providers of care, may also be contacted, in accordance with Board policies and depending on the nature of the complaint. The Board has subpoena power and will utilize this power when warranted. A nurse can and should seek personal legal representation and cooperate with the investigation through this legal representative.

Once an investigation is completed, the case is presented to the Board’s Supervising Member for Disciplinary Matters who then makes a disciplinary recommendation. The Supervising Member may decide to close the case, recommend placement in one of the Board’s alternative programs, or recommend that the full Board consider issuing a Notice of Opportunity.

**Step III: Board Action**

The board is presented with the facts of the case; however, nurses are not identified. The Board determines whether the nurse should be charged.

If charged, a Notice of Opportunity for a Hearing is sent to the nurse. The nurse may then (1) request a hearing, (2) seek settlement through a Consent Agreement, or (3) take no action.

If a hearing is request, one is scheduled before a Hearing Officer or Board Committee. A Board Committee consists of three members of the Board appointed to conduct hearings in lieu of a Hearing Officer. The Board Committee members who heard a case do not vote on the ultimate disposition of the case when it is presented to the full Board.

If no request is made, the Board considers the evidence as gathered during the investigation and decides the sanction on the basis of that evidence.

*Derived from the Guide to the Ohio Board of Nursing’s Complaint and Investigation Process (www.nursing.ohio.gov).*

**When Can Sanctions Be Imposed on a License or Certificate Holder?**

The Ohio Revised Code, Section 4723.28 specifies the actions that can lead to sanctions by the Board of Nursing (Effective 4/1/07). They are:

- The commission of fraud in passing an examination required to obtain the license, certificate of authority, or other certification or committing fraud, misrepresentation, or deception in applying for or securing any nursing license, certificate of authority, or other certification;

- Denial, revocation, suspension, or restriction of authority to practice a health care occupation for any reason other than failure to renew in Ohio or elsewhere;
• Engaging in the practice of nursing, having failed to renew a nursing license, or while a license is under suspension;

• Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor committed in the course of practice;

• Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for, any felony or of any crime involving gross immorality or moral turpitude;

• Selling, giving away, or administering drugs or therapeutic devices for other than legal and legitimate therapeutic purposes; or conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for, violating any municipal, state, county, or federal drug law;

• Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for, an act in another jurisdiction that would constitute a felony or crime of moral turpitude in Ohio;

• Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for, an act in the course of practice in another jurisdiction that would constitute a misdemeanor in Ohio;

• Self-administering or otherwise taking into the body any dangerous drug, as defined in section 4729.01 of the Revised Code, in any way not in accordance with a legal, valid prescription issued for that individual;

• Habitual indulgence in the use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs ability to practice;

• Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of habitual or excessive use of drugs, alcohol, or other chemical substances that impair the ability to practice;

• Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of physical or mental disability;
• Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance;

• Obtaining or attempting to obtain money or anything of value by intentional misrepresentation or material deception in the course of practice;

• Adjudication by a probate court of being mentally ill or mentally incompetent. The Board may restore the person’s license or certificate upon adjudication by a probate court of the person’s restoration to competency or upon submission to the board of other proof of competency;

• The suspension or termination of employment by the Department of Defense or the Veterans Administration of the United States for any act that violates or would violate this chapter;

• Violation of this chapter or any rules adopted under it;

• Violation of any restrictions placed on a license or certificate by the Board;

• Failure to use universal blood and body fluid precautions established by rules adopted under section 4723.07 of the Revised Code;

• Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;

• Engaging in activities that exceed the scope of practice or permitted activities as set forth in the Revised Code;

• Aiding or abetting a person in that person’s practice without a license or certificate issued under this chapter;

• Failure to comply with the terms and conditions of participation in the chemical dependency monitoring program;

• Failure to comply with the terms and conditions required under the practice intervention and improvement program;

• Prescribing a drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;
• Failure to establish and maintain professional boundaries with a patient;

• Regardless of whether the contact or verbal behavior was consensual, engaging with a patient other than the spouse in any of the following: sexual contact or verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as sexually demeaning;

• Assisting suicide.

**Specific to Advance Practice Nurses**

• Waiving the payment of all or any part of a deductible or co-payment that a patient would otherwise be required to pay if the waiver is used as an enticement of a patient or group of patients to receive health care services from that provider;

• Advertising that the nurse will waive the payment or any part of the deductible or co-payment that a patient would otherwise be required to pay;

• Engaging in activities that exceed those permitted for the nurse’s nursing specialty;

• Failure to meet the quality assurance standards;

• Failure to maintain a standard care arrangement or fail to practice in accordance with the standard care arrangement;

• In the case of a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe, failure to prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

**Alternative Programs**

The Board has two programs that it may offer nurses who have substance abuse problems or whose practice fails to meet acceptable standards of safe nursing care. Both the Alternative Program for Chemical Dependency and the Practice Intervention and Improvement Program (PIIP) are alternatives to discipline. A nurse’s participation in either program is not public information.

Specific eligibility criteria are set out in Board rules (Chapter 4723-6, OAC for chemical dependency and Chapter 4723-18 OAC for PIIP), as well as criteria for participation and successful completion of the programs. If a nurse fails to meet the terms of the program’s participation agreement, he/she will be subject to disciplinary action.
APPENDIX B

Ohio’s Safe Staffing Law

Ohio’s Safe Staffing Law was enacted in September of 2008. The law affects only acute inpatient care units in which nursing care is provided to patients.

Under this law, each Ohio hospital is required to establish an evidence-based staffing plan and a Nursing Care Committee. The Committee, 50% of which must be composed of direct care registered nurses, is responsible for developing the staffing plan. All though not all registered nurse employees are members of the Nursing Care Committee, the Chief Nursing Officer (CNO) is required to develop and use a method for gathering the input of all nursing staff. The Nursing Care Committee should also include representatives from a diverse types of nursing services offered in the hospital.

The function of Committee members is to provide input on staffing needs and to participate in the overall development of a staffing plan. The plan should address all the following:

- Selection, implementation, and evaluation of minimum staffing levels for all inpatient units that ensure that the hospital has a staff of competent nurses with the specialized skills needed to meet patient needs
- The complexity of complete care: assessment on patient admissions, volume of patient admissions, discharges and transfers, evaluation of the progress of a patient’s problems, the amount of time needed for patient education, ongoing physical assessments, planning for a patient’s discharge, assessment after a change in patient condition, and assessment of the need for patient referrals.
- Patient acuity and the number of patients for whom care is being provided
- The need for ongoing assessments of a unit’s patients and its nursing staff levels
- The hospital’s policy for identifying additional nurses who can provide direct patient care when patients’ unexpected needs exceed the planned workload for direct care staff

The hospital is responsible for distribution of the completed staffing plan to all nursing staff. A notice concerning the staffing plan must also be posted in a conspicuous place advising the public on how to obtain a copy of the plan.

The plan must be reviewed at least annually.
APPENDIX C

Assault Against Healthcare Professionals

Amended Substitute House Bill Number 62 was passed during the lame duck session of the 129th General Assembly. This bill increases the penalties for assault against a healthcare professional, healthcare worker, or security officer in the hospital setting. Additionally, the attacker must know that the victim of the assault is a healthcare worker engaged in the performance of their duties, and the hospital must have a de-escalation or crisis intervention policy in place.

A de-escalation or crisis intervention policy is defined as training for hospital healthcare professionals, workers, and security officers to facilitate interaction with patients, families, and visitors, including those with mental impairments.

The first instance of an assault against a healthcare worker given the above circumstances is a first degree misdemeanor for which the individual may be fined up to $5,000.00. Community sanctions or jail time may be imposed in certain circumstances.

A second or further instance of assault against a healthcare worker is a felony of the fifth degree. Fines, community sanctions and jail time may be imposed in certain circumstances.

Any hospital may post a notice in conspicuous locations which shall include, at a minimum, the following statements:

- We will not tolerate any form of aggressive behavior toward our staff.
- Assaults against our staff might result in felony conviction.
- All staff have the right to carry out their work without fearing for their safety.

Consult sections 2903.13, 2929.13, and 3727.18 of the Revised Code for further detail.
APPENDIX D

Determination and Pronouncement of Death

Amended Substitute House Bill 284 was enacted during the 129th General Assembly.

This law, effective March 22, 2013, authorizes nurse practitioners (NP), clinical nurse specialists (CNS), and registered nurses to determine and pronounce death if certain circumstances:

NP/CNS

- The patient’s respiratory and circulatory functions are not being artificially sustained.
- The patient is receiving care at a nursing home, residential care facility, home for the aging, a county home or district home, or a residential facility licensed by the Department of Developmental Disabilities.
- The NP or CNS is providing or supervising the patient’s care through a licensed hospice program or any other entity that provides palliative care.
- Report determination and pronouncement of death to the attending physician with a reasonable amount of time but no later than 24 hours after the death has been determined and pronounced.

RNs

- The patient’s respiratory and circulatory functions are not being artificially sustained.
- The RN is providing or supervising the patient’s care through a licensed hospice program or any other entity that provides palliative care.
- Report determination and pronouncement of death to the attending physician with a reasonable amount of time but no later than 24 hours after the death has been determined and pronounced.

The NP, CNS, or RN is prohibited from completing any part of the patient’s death certificate.
APPENDIX E
Ohio State Regulatory Agencies and Other Contacts

STATE AGENCIES

Aging, Ohio Department of
Ninth Floor
50 West Broad Street, 9th Floor
Columbus, Ohio 43215
www.aging.ohio.gov
Area Agency on Aging 866-243-5678
Office of Long-Term Care Ombudsman 800-282-1206

Attorney General
17th Floor
State Office Tower
30 East Broad Street, 14th Floor
Columbus, Ohio 43215
www.ohioattorneygeneral.gov
Help Center 800-282-0515

Education, Ohio Department of
25 South Front Street
Columbus, Ohio 43215
www.ode.state.oh.us
Toll Free 877-644-6338

Governor's Office
30th Floor, Riffe Center
77 South High Street
Columbus, Ohio 43215
www.governor.ohio.gov
General Information 614-466-3555

Ohio Department of Health
246 North High Street, P.O. Box 118
Columbus, Ohio 43215
www.odh.ohio.gov
General Information 614-466-3543
Complaints 800-342-0553
Licensure 614-466-7713
Nurse Aide Training 614-752-8285
Nurse Aide Registry 800-582-5908

Insurance, Ohio Department of
3rd Floor
50 W. Town St. Suite 300
Columbus, Ohio 43215
www.insurance.ohio.gov
General Information 614-644-2658
Consumer Hotline 800-686-1526
Fraud Hotline 800-686-1527
OSHIIP Hotline 800-686-1578

Job and Family Services, Ohio Department of
32nd Floor
30 East Broad Street
Columbus, Ohio 43215-3414
http://jfs.ohio.gov
Phone 877-852-0010
614-466-2100

Joint Committee on Agency Rule Review (JCARR)
Concourse Level
77 South High Street
Columbus, Ohio 43215
www.jcarr.state.oh.us
General Information 614-466-4086
Register of Ohio:
www.registerofohio.state.oh.us
(Electronic access to rules filed with JCARR)

Medical Board of Ohio
3rd Floor
30 East Broad Street
Columbus, Ohio 43215-6127
www.med.ohio.gov
General Information 614-466-3934
Mental Health, Ohio Department of
8th Floor
30 East Broad Street
Columbus, Ohio 43215
www.mh.state.oh.us
General Information  877-275-6364

Developmental Disabilities, Ohio Department of
13th Floor
30 East Broad Street
Columbus, Ohio 43215
www.dodd.ohio.gov
General Information  800-617-6733

Nursing, Ohio Board of
4th Floor
17 South High Street
Columbus, Ohio 43215
www.nursing.ohio.gov
General Information  614-466-3947

Ohio General Assembly
www.legislature.state.oh.us

Ohio House of Representatives
77 South High Street
Columbus, Ohio 43266
www.house.state.oh.us
800-282-0253
Legislative Service  614-466-3615
Commission

Ohio Senate
Senate Office Building
Columbus, Ohio 43215
www.ohio.senate.gov
800-282-0253
Legislative Service  614-466-3615
Commission

Pharmacy, Ohio Board of
Room 1702
77 South High Street
Columbus, Ohio 43215
www.pharmacy.ohio.gov
General Information  614-466-4143

Regents, Ohio Board of
36th Floor
30 East Broad Street
Columbus, Ohio 43215
www.ohiohighered.org
General Information  614-566-6000
OTHER ORGANIZATIONS AND RESOURCES FOR STANDARDS

American Nurses Association
8515 Georgia Avenue
Suite 400
Silver Spring, Maryland 20910-3492
www.nursingworld.org
General Information 301-628-5000
Fax 301-628-5001

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
One Renaissance Blvd.
Oakbrook Terrace, Illinois 60181
www.jointcommission.org
General Information 630-792-5000

International Council of Nurses
3, Place Jean Marteau
1201-Geneva, Switzerland
www.icn.ch
General Information 41-22-908-01-00

National Council of State Boards of Nursing
111 East Wacker Dr., Suite 2900
Chicago, Illinois 60601
www.ncsbn.org
General Information 362-525-3600
Fax 362-279-1032

Ohio Nurses Association
4000 East Main Street
Columbus, Ohio 43213-2983
www.ohnurses.org
General Information 614-237-5414
Fax 614-237-6074
APPENDIX F

Ohio Nurses Association Nursing Practice Statements/OBN Interpretive Guidelines

NP-04 Guidelines for Position Descriptions and Performance Appraisal
NP-05 Statement of the Nurse’s Role in Administering Immunizations
NP-13 Registered Nurse’s Responsibility for Acceptance & Implementation of Prescribed Therapies
NP-18 Guidelines for the Registered Nurses in Directing Licensed Practical Nurses
NP-19 Guidelines for Registered Nurses in Delegating Tasks to Unlicensed Assistive Personnel
NP-21 The Role of the RN as Charge Nurse
NP-23 Your Rights to Nursing Care
NP-24 The Practice of Nursing in Relation to the Physician Assistant
NP-26 School Health Nursing
NP-29 Position on Mandatory Overtime
NP-31 Role of the Physician-Employed Nurse
NP-33 The Administration of IV Antineoplastic and Biotherapy Agents
NP-35 Use of Life-Maintenance Procedures
NP-36 Temporary Work Reassignment for Registered Nurses
NP-45 Restraint Use
NP-56 Advanced Practice in Nursing
NP-61 Ethical Implications of the Nurse-Client Relationship
NP-63 Position on Nursing Students Employed as Unlicensed Assistive Personnel
NP-64 Scope of Practice of the Registered Nurse in Light-Based (Laser) Therapies
NP-66 The Role of the Registered Nurse in the Insertion of Peripherally Inserted Central Catheters (P.I.C.C.)
NP-67 The Role of the Registered Nurse in Relation to the Emergency Medical Technician
NP-69 The Role of the Registered Nurse in the Out-of-Hospital Emergency Setting
NP-70 Position on the Administration of Medications by Routes (or Purposes) Not Approved by the FDA
NP-72 Position on the Registered Nurse’s Role in Foot and Nail Care
NP-73 Delegation of Medication Administration
NP-78 Guidelines for Registered Nurses in Delegation
NP-79 Role of the Registered Nurse in Providing Informed Consent for Health Care
NP-80 Guidelines for the Registered Nurse in Decision-Making Related to Scope of Practice
NP-81 The Nurse as a Volunteer
NP-82 The Role of the Registered Nurse Working with Specialty Practice Personnel
NP-83 Position on Workplace Violence
NP-84 Discharge Planning
NP-85 Social Media: Implications for Nursing

To access a current list of ONA’s Nursing Practice Statements and order form, go to http://www.ohnurses.org/practice/

Ohio Board of Nursing Interpretive Guidelines
Introduction: Utilizing Interpretive Guidelines
Guidelines for Registered Nurse Filling and Unfilling a Client’s Gastric Band
Guidelines for Conservative Sharp Wound Debridement
Guidelines for Intrapartum Monitoring of Obstetrical Patients Receiving Epidural Infusions
Guidelines for Monitoring and Management of Epidural Infusions
Guidelines for Administration of Medications, and Monitoring of Patients Receiving Intravenous Moderate Sedation for Medical/Surgical Procedures
Guidelines for Care of Patients Receiving Intramuscular, Subdermal, or Subcutaneously Injected Medications for Cosmetic/Aesthetic Treatment
Guidelines for a Registered Nurse’s Role in Emergent Intubation Performed by a Physician
Guidelines for Registered Nurse Performance of a History and Physical Examination for Purposes of Providing Nursing Care
Guidelines for Registered Nurse Use of Devices for PICC Tip Placement Confirmation in Adults

To access a guideline, go to http://www.nursing.ohio.gov/Practice.htm.
APPENDIX G

American Nurses Association Specialty Nursing Standards

- Cardiovascular Nursing
- Corrections Nursing
- Faith Community Nursing
- Forensic Nursing
- Gerontological Nursing Practice
- Holistic Nursing
- Home Health Nursing
- Hospice and Palliative Nursing Practice
- Nurse Administration
- Nursing Informatics
- Nursing: Scope and Standards of Practice, 2nd Ed.
- Pediatric Nursing Practice
- Nursing Professional Development
- Psychiatric-Mental Health Nursing Practice
- School Nursing
- Transplant Nursing
APPENDIX H

Delegation Decision Tree

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is RN assessment of patient's nursing care needs completed?</td>
<td>Do assessment, then proceed with a consideration of delegation.</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>Is task within a licensed nurse's scope of practice?</td>
<td>No</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>Is the unlicensed person identified and properly trained?</td>
<td>No</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>Can the task be performed without requiring judgment based on nursing knowledge?</td>
<td>No</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>Are the results of the task reasonably predictable?</td>
<td>No</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>Can the task be performed without a need for complex observations or critical decisions?</td>
<td>No</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>Can the task be performed without repeated nursing assessments?</td>
<td>No</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>Can the task be performed improperly without life-threatening consequences?</td>
<td>No</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>Is appropriate supervision available?</td>
<td>No</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td>Are there specific laws or rules prohibiting the delegation?</td>
<td>Yes</td>
<td>Do not delegate.</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Task is delegable</td>
</tr>
</tbody>
</table>
APPENDIX I

American Nurses Association Bill of Rights for Registered Nurses

Registered Nurses promote and restore health, prevent illness and protect the people entrusted to their care. They work to alleviate the suffering experienced by individuals, families, groups and communities. In so doing, nurses provide services that maintain respect for human dignity and embrace the uniqueness of each patient and the nature of his or her health problems, without restriction with regard to social or economic status.

To maximize the contributions nurses make to society, it is necessary to protect the dignity and autonomy of nurses in the workplace. To that end, the following rights must be afforded.

- Nurses have the right to practice in a manner that fulfills their obligations to society and to those who received nursing care.
- Nurses have the right to practice in environments that allow them to act in accordance with professional standards and legally authorized scopes of practice.
- Nurses have the right to a work environment that supports and facilitates ethical practice, in accordance with the Code of Ethics for Nurses and its interpretive statements.
- Nurses have the right to freely and openly advocate for themselves and their patients, without fear of retribution.
- Nurses have the right to fair compensation for their work, consistent with their knowledge, experience and professional responsibilities.
- Nurses have the right to a work environment that is safe for themselves and their patients.
- Nurses have the right to negotiate the conditions of their employment, either as individuals or collectively, in all practice settings.

Disclaimer: The American Nurses Association (ANA) is a national professional association. ANA policies reflect the thinking of the nursing profession on various issue and should be reviewed in conjunction with state board of nursing policies and practices. State law, rules and regulations govern the practice of nursing. The ANA's "Bill of Rights for Registered Nurses" contains policy statements and does not necessarily reflect rights embodied in state and federal law. ANA policies may be used by the state to interpret or provide guidance on the profession's position on nursing.
APPENDIX J

Scope of Practice Decision Making Model

**Define/Describe the activity or task**

Is the activity or task within the scope of practice of the nurse and NOT prohibited or precluded by any other law or rule?

- **The Nurse Practice Act (the law):**
  - §4723.01 (B) ORC: practice as an RN
  - §4723.01 (B) ORC: practice as an LPN
  - §4723.45: practice as a COA holder
  - [www.nursing.ohio.gov/law_and_rule.htm](http://www.nursing.ohio.gov/law_and_rule.htm)

- **The Rules:**
  - Chapters 4723-1 to 4723-23 OAC
  - [www.nursing.ohio.gov/law_and_rule.htm](http://www.nursing.ohio.gov/law_and_rule.htm)

Examples of Other Laws and Rules:

- Pharmacy Practice Act: Chapter 4729, ORC
  - [www.pharmacy.ohio.gov/lawsrules.htm](http://www.pharmacy.ohio.gov/lawsrules.htm)

- Medical Practice Act: Chapter 4731, ORC
  - [www3.med.ohio.gov/govstat.htm](http://www3.med.ohio.gov/govstat.htm)

**YES**

**NO**

**Activity/task NOT within scope and/or prohibited by law or rule.**

---

**Legality**

**Competency**

Can the nurse perform the activity or task and meet the standards of safe nursing practice as defined in Chapter 4723-4 of the Administrative Code?

- [www.nursing.ohio.gov/law_and_rule.htm](http://www.nursing.ohio.gov/law_and_rule.htm)

Can the nurse demonstrate and document current knowledge, skills, and abilities?

**YES**

**NO**

**Safety**

Is this activity or task safe and appropriate to perform with this patient/client at this time?

**YES**

**NO**

**Accountability**

The nurse may perform the activity/task according to acceptable and prevailing standards of safe nursing care and prepare to accept accountability for the nursing actions.

**STOP**

DO NOT perform the activity or task.
APPENDIX K
OBN: A Decision-Making Guide for Determining Individual APN Scope of Practice

The Board is committed to provide guidance to APNs in determining their individual scope of practice. APNs must understand their scope of practice and make decisions to ensure that their practice falls within their individual scope.

First ask: Is the procedure/activity prohibited by any section of the Ohio Revised Code or the Ohio Administrative Code? If yes, do not proceed.

<table>
<thead>
<tr>
<th>Self-Inquiry Scope of Practice Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the procedure/activity consistent with the Ohio Nurse Practice Act, rules regarding the practice of nursing, practice statements of the Board, and the CTP Formulary?</td>
</tr>
<tr>
<td>If NO: STOP</td>
</tr>
<tr>
<td>If YES, ask:</td>
</tr>
<tr>
<td>Do practice guidelines of a national specialty or advanced practice organization support inclusion of this procedure/activity in your particular practice?</td>
</tr>
<tr>
<td>If NO: STOP</td>
</tr>
<tr>
<td>If YES, ask:</td>
</tr>
<tr>
<td>Do you possess the depth and breadth of knowledge and breadth of current skills and clinical competence to perform this procedure/activity safely? AND</td>
</tr>
<tr>
<td>Do you possess the depth and breadth of knowledge and breadth of current skills and clinical competence to respond appropriately to complications or untoward effects of the procedure/activity?</td>
</tr>
</tbody>
</table>

At this step of the decision-making process:
You must be able to provide documentation, upon request of the Board, to show evidence of your knowledge and skills and abilities to perform the procedure/activity. Such knowledge is generally obtained through education emanating from a recognized body of knowledge relative to the care to be provided. Documentation could include:
- APN educational programs;
- Preceptorship, fellowship, or internship;
- Other formally organized educational experience; and/or
- Return demonstration or skills check-off

| If NO: STOP |
| If YES, ask: |
| Is this an accepted standard of care? Would a reasonable, prudent APN perform this activity in this setting and under these circumstances? Will you assume accountability for providing safe care in performing the procedure/activity? |
| If NO: STOP |
| If YES, you have concluded that the procedure/activity is within your scope of practice. Proceed to agency/institutional education, competency, credentialing – privileging criteria and other considerations. |

Other Considerations
Although the procedure/activity may be within your APN scope of practice, you should be familiar with other state or federal statutes or regulations that may affect the ability of an APN to perform the procedure/activity, including, for example, laws and rules of the State Medical Board or Board of Pharmacy, laws and rules of the Ohio Department of Health or the Ohio Department of Job and Family Services (including Medicaid); or Federal Medicare regulations.
APPENDIX L
Medication Administration: School Nurse Scope of Practice
References


Joint Commission Resources. [www.jcrinc.com](http://www.jcrinc.com).

Joint Regulatory Statement Regarding the Use of Protocols to Initiate or Adjust Medications (January 2010) [http://www.nursing.ohio.gov/PDFS/JOINT%20REGULATORY%20STATEMENT%202010.pdf](http://www.nursing.ohio.gov/PDFS/JOINT%20REGULATORY%20STATEMENT%202010.pdf)


Ohio Nurses Association. (3/07). *Guidelines for Registered Nurse in Delegating Tasks to Nursing Assistants* (NP19). Columbus, OH.
Ohio Nurses Association. (3/07) *Guide for Registered Nurse in Directing Licensed Practical Nurses* (NP18). Columbus, OH.

Ohio Nurses Association. (Undated). *Protesting of Assignment—Documentation of Practice Situation* (Assignment Despite Objection form). Columbus, OH.