GEORGIA BOARD OF NURSING

SYNOPSIS OF PROPOSED CHANGES TO RULES CHAPTER 410-10 STANDARDS OF PRACTICE AND UNPROFESSIONAL CONDUCT

Purpose/Main Feature: The purpose of the rule amendment is to update the definition of unprofessional conduct and renumber Board rules as part of the combination of the Georgia Board of Nursing and the Georgia Board of Examiners of Licensed Practical Nurses.

410-10-.01 Fees.
(1) All fees for applications for registered nurse licensure by examination (first time or repeat writers), licensure by endorsement, initial advanced practice registered nurse (APRN) authorizations, registered nurse reinstatements, advanced practice registered nurse (APRN) reinstatements, biennial renewal of the RN licenses and APRN authorizations, and all other fees which may be authorized by law shall be established by the Board periodically as set forth on a fee schedule and may be obtained from the Board office. Application fees are non-refundable and an application or request is not complete unless the required fee has been received by the Board. Fees must be paid in U.S. funds.
(2) Fees for the NCLEX-RN examination shall be determined by and paid directly to the National Council of State Boards of Nursing (NCSBN).
(3) Fees for any national examination for certification as a nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist/psychiatric mental health shall be determined by and paid directly to that respective certifying organization. The examination must be administered by a national certification organization approved by the Board.
(4) The Board will determine fees for biennial license renewal.
(5) Reinstatement of a licensure as a registered professional nurse and/or authorization as a nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist/psychiatric mental health is at the discretion of the Board after all requirements, as determined by the Board, have been met. The required fee is not refundable.
(6) Fees and applications for initial licensure, initial authorization, or reinstatement that are received, approved, or authorized within ninety (90) days before a biennial licensure expiration date shall be issued a license or authorization for the next successive licensure period.

410-10-.01 Standards of Practice for Registered Professional Nurses
(1) The Georgia Board of Nursing defines the minimal standards of acceptable and prevailing nursing practice as including, but not limited to the following enumerated standards of competent practice.
(2) The Board recognizes that assessment, nursing diagnosis, planning, intervention, evaluation, teaching, and supervision are the major responsibilities of the registered nurse in the practice of nursing. The Standards of Practice for Registered Professional Nurses delineate the quality of nursing care which a patient/client should receive regardless of whether it is provided solely by a
The Standards are based on the premise that the registered nurse is responsible for and accountable to the patient/client for the quality of nursing care rendered. The Standards of Practice for Registered Professional Nurses shall establish a baseline for quality nursing care; be derived from the Georgia Nurse Practice Act; apply to the registered nurse practicing in any setting; and, govern the practice of the licensee at all levels of competency.

(a) Standards related to the registered nurse's responsibility to apply the nursing process (adapted from American Nurses' Association Code for Nurses and Standards of Practice). The registered nurse shall:
1. Assess the patient/client in a systematic, organized manner;
2. Formulate a nursing diagnosis based on accessible, communicable and recorded data (which is collected in a systematic and continuous manner);
3. Plan care which includes goals and prioritized nursing approaches or measures derived from the nursing diagnoses;
4. Implement strategies to provide for patient/client participation in health promotion, maintenance and restoration;
5. Initiate nursing actions to assist the patient/client to maximize her/his health capabilities;
6. Evaluate with the patient/client the status of goal achievement as a basis for reassessment, reordering of priorities, new goal-setting and revision of the plan of nursing care;
7. Seek educational resources and create learning experiences to enhance and maintain current knowledge and skills appropriate to her/his area of practice.

(b) Standards related to the registered nurse's responsibilities as a member of the nursing profession. The registered nurse shall:
1. Function within the legal boundaries of nursing practice based upon knowledge of statutes and regulations governing nursing;
2. Accept responsibility for individual nursing actions and continued competence;
3. Communicate, collaborate and function with other members of the health team to provide optimum care;
4. Seek education and supervision as necessary when implementing nursing practice techniques;
5. Respect the dignity and rights of the patient/client regardless of socioeconomic status, personal attributes or nature of health problems;
6. Maintain each patient/client's right to privacy by protecting confidential information unless obligated, by law, to disclose the information;
7. Provide nursing care without discrimination on the basis of diagnosis, age, sex, race, creed or color;
8. Assign and supervise only those nursing measures which the nurse knows, or should know, that another person is prepared, qualified, or licensed to perform;
9. Retain professional accountability for nursing care when delegating nursing intervention;
10. Respect and safeguard the property of clients, family, significant others and the employer;
11. Notify the appropriate party of any unprofessional conduct which may jeopardize patient/client safety;
12. Participate in the periodic review and evaluation of the quality and appropriateness of nursing care.

(c) Standards related to the registered nurse's responsibilities in assignment of patient activities to unlicensed assistive personnel (UAP). The registered nurse shall:
1. Determine that the care and/or activity to be performed would be based upon orders or
directions of a licensed physician, licensed dentist, licensed podiatrist or person licensed to practice nursing as a registered professional nurse.

2. Assign only care and activities that do not require the skills and knowledge of a person practicing nursing as a registered professional nurse or licensure of another health care professional. The care and activities to be assigned must meet all of the following criteria:
   a. The care and/or activities do not require complex observations or critical decisions.
   b. The care and/or activities can be safely performed according to exact, unchanging directions.
   c. The outcome and/or results of the activities are reasonably predictable.

3. Verify that the UAP has the necessary knowledge and skills to accept the assignment.

4. Periodically evaluate and review the quality and appropriateness of the care provided by the UAP.

5. Not assign activities which require licensure to an unlicensed assistive personnel.

Authority: O.C.G.A. §§ 43-1-25, 43-26-2, 43-26-3, 43-26-5, 43-26-10, and 43-26-12

410-10-.02 Standards of Practice for Licensed Practical Nurses

(1) The practice of licensed practical nursing means the provision of care for compensation, under the supervision of a physician practicing medicine, a dentist practicing dentistry, a podiatrist practicing podiatry, or a registered nurse practicing nursing in accordance with applicable provisions of law. Such care shall relate to the promotion of health, the prevention of illness and injury, and the restoration and maintenance of physical and mental health through acts authorized by the board, which shall include, but not be limited to the following:
   (a) Participating in patient assessment activities and the planning, implementation, and evaluation of the delivery of health care services and other specialized tasks when appropriately educated and consistent with board rules and regulations;
   (b) Providing direct personal patient observation, care, and assistance in hospitals, clinics, nursing homes, or emergency treatment facilities, or other health care facilities in areas of practice including, but not limited to: coronary care, intensive care, emergency treatment, surgical care and recovery, obstetrics, pediatrics, outpatient services, dialysis, specialty labs, home health care, or other such areas of practice;
   (c) Performing comfort and safety measures;
   (d) Administering treatments and medications by various routes;
   (e) Participating in the management and supervision of unlicensed personnel in the delivery of patient care; and
   (f) Performing other specialized tasks as appropriately educated.

(2) Responsibility: Each individual is responsible for personal acts of negligence under the law. Licensed practical nurses are liable if they perform functions for which they are not prepared by education and experience and for which supervision is not provided.

Authority: O.C.G.A. §§ 43-1-25, 43-26-2, 43-26-3, 43-26-5, 43-26-32, and 43-26-42

410-10-.03 Definition of Unprofessional Conduct

(1) Nursing conduct failing to meet the minimal standards of acceptable and prevailing nursing practice, which could jeopardize the health, safety, and welfare of the public, shall constitute
unprofessional conduct. This conduct shall include, but not be limited to, the following:

(2) **Practice**
   
   (a) Using inappropriate or unsafe judgment, technical skill or interpersonal behaviors in providing nursing care;
   
   (b) Performing any nursing technique or procedure for which the nurse is unprepared by education or experience;
   
   (c) Disregarding a patient/client's dignity, right to privacy or right to confidentiality;
   
   (d) Failing to provide nursing care because of diagnosis, age, gender, race, creed, color or sexual orientation;
   
   (e) Abandoning or knowingly neglecting patients/clients requiring nursing care;
   
   (f) Continuing to practice after the expiration date of the license;
   
   (g) Failing to take appropriate action to safeguard a patient's welfare;
   
   (h) Failing to take action in a health care setting to protect a patient whose safety or welfare is at risk from incompetent health care practice, or to report the incompetent health care practice to employment or licensing authorities;
   
   (i) Failing to report to the Board a licensed nurse whose work history includes conduct, or a pattern of conduct, that leads to or may lead to an adverse patient outcome;
   
   (j) Assuming patient care responsibilities that the nurse lacks the education to perform, for which the nurse has failed to maintain nursing competence, or that are outside the scope of practice of the nurse;
   
   (k) Accepting the assignment of nursing functions or a prescribed health function when the acceptance of the assignment could be reasonably expected to result in unsafe or ineffective client care;
   
   (l) Failure of a clinical nursing instructor to adequately supervise or to assure adequate supervision of student experiences.
   
   (m) Failure to practice within a modified scope of practice or with the required accommodations, as specified by the Board in granting a limited license or any agreement with the Board.
   
   (n) Causing or permitting physical, emotional, sexual or verbal abuse or injury or neglect to the client, or failing to report same to the employer, appropriate legal authority and/or the Board;
   
   (o) Providing information which was false, deceptive, or misleading in connection with the practice of nursing;
   
   (p) Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of practical, registered or advanced practice nursing;
   
   (q) Violating an order of the Board, or carelessly or repetitively violating a state or federal law relating to the practice of practical, registered or advanced practice nursing, or violating a state or federal narcotics or controlled substance law;
   
   (r) Knowingly aiding, assisting, advising, or allowing a nurse under Board Order to violate the conditions set forth in the Order;
   
   (s) Failing to report violations of the Nursing Practice Act and/or the Board's rules and regulations.

(3) **Documentation**

   (a) Failing to maintain a patient record that accurately reflects the nursing assessment, care, treatment, and other nursing services provided to the patient;
   
   (b) Falsifying, omitting or making a materially incorrect, inconsistent, or unintelligible entry in any record:
   
   1. Regarding a patient at a health care facility, school, institution, or other work place location; or
2. Pertaining to obtaining, possessing, administering, wasting or returning any controlled substance as defined in the federal Uniform Controlled Substances Act, 21 U.S.C. 801 et seq., or Georgia's Controlled Substances Act;
(c) Falsifying reports, client documentation, agency records or other documents; or
(d) Falsifying, omitting or destroying documentation of nursing actions on the official patient/client record.

(4) Investigations
(a) Failing to timely respond to an investigative subpoena issued by the Board;
(b) Failing to cooperate with a lawful investigation conducted by the Board; or
(c) Making a written false or inaccurate statement to the Board or the Board's designee in the course of an investigation

(5) Delegation
(a) Failing to supervise a person to whom nursing functions are delegated;
(b) Delegating services that require nursing judgment to an unauthorized person;
(c) Delegating or assigning nursing functions or a prescribed health function when the delegation or assignment could reasonably be expected to result in unsafe or ineffective client care; or
(d) Delegating nursing care, functions, tasks or responsibility to others when the nurse knows or should know that such delegation is to the detriment of patient safety;

(6) Drugs
(a) Removing, without authorization, a narcotic, drug, controlled substance, supply, equipment, or medical record from any health care facility, school, institution, or other workplace location;
(b) Obtaining, possessing, administering, or using any narcotic, controlled substance, or illegal drug in violation of any federal or state criminal law, or in violation of the policy of any health care facility, school, institution, or other work location at which the nurse practices;
(c) Providing or administering any controlled substance or prescription-only drug for other than accepted therapeutic or research purposes;
(d) Failing to follow the policy and procedure in place for the wastage of medications at the facility where the nurse was employed or working at the time of the incident(s);
(e) A positive drug screen for which there is no lawful prescription;
(f) Obtaining or attempting to obtain or deliver medication(s) through means of misrepresentation, fraud, forgery, deception and/or subterfuge;
(g) Failing to practice nursing in accordance with prevailing nursing standards due to physical, psychological or chemical impairment; or
(h) Failing to report to the Board within 30 days of becoming unable to practice nursing with reasonable skill and safety by result of mental or physical condition or use of alcohol, drugs, narcotics, chemicals, or any other type of material.

(7) Boundaries
(a) Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any family member of a patient or resident;
(b) Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, employer, co-worker, or member of the public;
(c) Violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional or financial exploitation of the client or the client's significant other(s);
(d) Engaging in sexual conduct with a client, touching a client in a sexual manner, requesting or
offering sexual favors, or language or behavior suggestive of the same;
(e) Threatening or violent behavior in the workplace; or
(f) Misappropriating, in connection with the practice of nursing, anything of value or benefit, including but not limited to, any property, real or personal of the client, employer, or any other person or entity, or failing to take precautions to prevent such misappropriation.

(8) Fraud
(a) Engaging in fraud, misrepresentation, or deceit in taking a licensing examination or on an initial or renewal application for a license or certificate;
(b) Impersonating a nurse licensed under this O.C.G.A. §43-26;
(c) Advertising the practice of nursing with untruthful or misleading statements;
(d) Practicing nursing without a current license or while the license is suspended;
(e) Providing one's license/temporary permit to another individual for any reason; or
(f) Providing false or misleading documents related to applications, renewals or continuing competency requirements.

(9) Employment
(a) Making a false or misleading statement on a nursing or health care related employment or credential application concerning previous employment, employment experience, education, or credentials;
(b) Failing to answer specific questions or providing false or misleading answers that would have affected the decision to license, employ, certify or otherwise utilize a nurse; or
(c) Providing a false, deceptive or misleading statement(s) as a nursing expert.

(10) Arrests and Convictions
(a) Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction. The nurse or applicant shall include the following in the notification:
   1. Name, address, telephone number, email address, social security number, and license number, if applicable;
   2. Date of the conviction; and
   3. Nature of the offense.


410-10-.04 Use of Nurse Protocols Authorized by O.C.G.A. § 43-34-26.1
(Influenza Vaccine Protocol Agreements) by Registered Nurses in Specific Settings
(1) The general purpose of this rule is to protect and safeguard the public by regulating the practice of registered nurses ("RNs") who use protocols in specific settings as authorized by O.C.G.A. § 43-34-26.1.
(2) A registered nurse who uses a nurse protocol in specific settings as authorized by O.C.G.A. § 43-34-26.1 shall:
(a) Hold a current license to practice as a registered nurse in Georgia;
(b) Adhere to a nurse protocol which is a written document mutually agreed upon and signed by the nurse and licensed physician which delegates to the nurse the authority to perform specified medical acts and provides for immediate consultation with the delegating physician or a
physician designated in the absence of the delegating physician;
(c) Document preparation and performance specific to each medical act authorized under
O.C.G.A. § 43-34-26.1, including ordering dangerous drugs, medical treatments, or
diagnostic studies and the dispensing of dangerous drugs in accordance with dispensing
procedure and under the authority of a physician’s order.
(3) The nurse protocol used by a RN pursuant to the provisions of O.C.G.A. § 43-34-26.1 shall
comply with the following criteria:
(a) Shall bear a current review date, be available upon request; and specify parameters under
which delegated medical acts may be performed;
(b) Shall include a schedule for periodic review of patient records by the delegating physician;
(c) Shall be reviewed, revised or updated annually;
(d) Shall include a provision for immediate consultation with the delegating physician designated
in the absence of the delegating physician;
(e) Shall comply with provisions for ordering or dispensing drugs under subsection (b) of Code
Section 26-4-130 and the rules and regulations established pursuant thereto by the State Board of
Pharmacy and adhere to a written dispensing procedure when dispensing dangerous drugs as
required by O.C.G.A. § 43-34-26.1(a)(5).
(4) A registered nurse may practice under protocol pursuant to the provisions of O.C.G.A. § 43-
34-26.1 as an agent or employee of the following:
(a) The Georgia Department of Public Health;
(b) Any county board of health;
(c) Any organization:
1. Which is exempt from federal taxes pursuant to Section 501(c)(3) of the Internal Revenue
Code as defined in Code Section 48-1-2, other than an organization which is a hospital, preferred
provider organization, health maintenance organization, or similar organization; or
2. Established under the authority of or receiving funds pursuant to 42 U.S.C. Section 254b or
254c of the United States Public Health Service Act.
3. Which organization provides that those medical services and dangerous drugs which are
ordered or dispensed by its nurses will be provided at no cost to patient or at a cost based solely
upon the patient’s ability to pay.
(d) An outpatient clinic:
1. Which is owned or operated by a licensed hospital;
2. Which provides such drugs, treatments, or studies free or at a charge to the patient based
solely upon the patient’s ability to pay; provided, however, such charge shall not exceed the
actual cost to the outpatient clinic; and
3. Whose services are primarily provided to the medically disadvantaged.

Authority: O.C.G.A. §§ 43-1-25, 43-26-2, and 43-26-5