

(III) the nature of the task being delegated, including the complexity, irreversibility, predictability of outcome, and potential for harm inherent in the task;

(IV) the proximity and availability to the delegatee of the delegator or other qualified nurse during the time(s) when the task will be performed; and

(V) any immediate risk to the patient if the task is not carried out; and

(B) ensure that the delegator or another qualified nurse is readily available either in person or by telecommunication to:

(I) evaluate the patient's health status;

(II) evaluate the performance of the delegated task;

(III) determine whether goals are being met; and

(IV) determine the appropriateness of continuing delegation of the task.

(2) Nursing tasks that may be delegated shall meet the following criteria as applied to each specific patient situation:

(a) be considered routine care for the specific patient;

(b) pose little potential hazard for the patient;

(c) be generally expected to produce a predictable outcome for the patient;

(d) be administered according to a previously developed plan of care; and

(e) be limited to those tasks that do not inherently involve nursing judgment that cannot be separated from the procedure.

(3) If the nurse, upon review of the patient's condition, the complexity of the task, the ability of the proposed delegatee, and other criteria established in this Subsection, determines that the proposed delegatee cannot safely provide the requisite care, the nurse shall not delegate the task to such proposed delegatee.

(4) A delegatee may not:

(a) further delegate to another person any task delegated to the individual by the delegator; or

(b) expand the scope of the delegated task without the express permission of the delegator.

(5) Tasks that, according to the internal policies or practices of a medical facility, are required or allowed to be performed by an unlicensed person shall not be deemed to have been delegated by a licensee.

#### **R156-31b-701a. Delegation of Tasks in a School Setting.**

In addition to the delegation rule found in Section R156-31b-701, the delegation of tasks in a school setting is further defined, clarified, or established as follows:

(1) Before a registered nurse may delegate a task that is required to be performed within a school setting, the registered nurse shall:

(a) develop, in conjunction with the applicable student, parent(s) or parent surrogate(s), educator(s), and healthcare provider(s) an IHP; and

(b) ensure that the IHP is available to school personnel.

(2) Any task being delegated by a registered nurse shall be identified within the patient's current IHP.

(3)(a) A registered nurse shall personally train any unlicensed person who will be delegated the task of administering routine medication(s), as defined in Subsection 58-31b-102(17), to a student.

(b) The training required under this Subsection (3)(a) shall be performed at least annually.

(c) A registered nurse may not delegate to an unlicensed person the administration of any medication:

(i) with known, frequent side effects that can be life threatening;

(ii) that requires the student's vital signs or oxygen saturation to be monitored before, during or after administration of the drug;

(iii) that is being administered as a first dose:

(A) of a new medication; or

(B) after a dosage change; or

(iv) that requires nursing assessment or judgment prior to or immediately after administration.

(d) In addition to delegating other tasks pursuant to this rule, a registered nurse may delegate to an unlicensed person who has been properly trained regarding a diabetic student's IHP:

(i) the administration of a scheduled dose of insulin; and

(ii) the administration of glucagon in an emergency situation, as prescribed by the practitioner's order or specified in the IHP.

#### **R156-31b-703a. Standards of Professional Accountability.**

The following standards apply equally to the LPN, RN, and APRN licenses. In demonstrating professional accountability, a licensee shall:

(1) practice within the legal boundaries that apply to nursing;

(2) comply with all applicable statutes and rules;

(3) demonstrate honesty and integrity in nursing practice;

(4) base nursing decisions on nursing knowledge and skills, and the needs of patients;

- (i) an appeal of the accrediting body's action;
  - (ii) a one-time reapplication with an approved accrediting body for applicant or candidate status with an onsite evaluation by the accrediting body to be completed within three years of the date the accreditation was lost;
  - (iii) a one-time reapplication for limited-time program approval pursuant to Subsections R156-31b-602(1) through (4); or
  - (iv) written plans to close the program and cease operations.
- (7) A program that has exhausted all limited-time approval options shall submit written plans to cease enrollment and close the program.

**R156-31b-603. Education Providers – Requirements for Ongoing Communication with the Board.**

An education program that has achieved limited-time approval of its program(s) shall provide to the Board:

- (1) a Board-approved annual report by December 31 of each calendar year; and
- (2) copies of any correspondence between the program provider and the accrediting body within 30 days of receipt or submission of the correspondence.

**R156-31b-609. Standards for Out-of-State Programs Providing Clinical Experiences in Utah.**

A nursing education program provider located in another state that desires to use Utah health care facilities for clinical experiences for one or more students shall, prior to placing a student, meet with the Board and demonstrate to the satisfaction of the Board that the program:

- (1) has been approved by the home state Board of Nursing;
- (2) has been fully accredited by the ACEN, CCNE, or COA;
- (3) has clinical faculty who:
  - (a) are employed by the nursing education program;
  - (b) meet the requirements to be a faculty member as established by the accrediting body and the home state's Board of Nursing;
  - (c) are licensed in good standing in Utah or a Compact state; and
  - (d) are affiliated with an institution of higher education; and
- (4) has a plan for selection and supervision of:
  - (a) faculty or preceptor; and
  - (b) the clinical activity, including:
    - (i) location, and
    - (ii) date range.

**R156-31b-701. Delegation of Nursing Tasks in a Non-school Setting.**

In accordance with Subsection 58-31b-102(14)(g), the delegation of nursing tasks is further defined, clarified, or established as follows:

- (1)(a) The delegator retains accountability for the appropriate delegation of tasks and for the nursing care of the patient.
- (b) The delegator may not delegate to unlicensed assistive personnel, including a physician's medical assistant, any task requiring the specialized knowledge, judgment, or skill of a licensed nurse.
- (c) Before determining which, if any, nursing tasks may be delegated, the delegator shall make a focused nursing assessment of the circumstances.
- (d) A delegator may not delegate a task that is:
  - (i) outside the area of the delegator's responsibility;
  - (ii) outside the delegator's personal knowledge, skills, or ability; or
  - (iii) beyond the ability or competence of the delegatee to perform:
    - (A) as personally known by the delegator; and
    - (B) as evaluated according to generally accepted nursing practice standards of health, safety, and reasonable prudence.
- (e) In delegating a nursing task, the delegator shall:
  - (i) provide instruction and direction necessary to allow the delegatee to safely perform the specific task;
  - (ii) provide ongoing appropriate supervision and evaluation of the delegatee who is performing the task;
  - (iii) explain the delegation to ensure that the delegatee understands which patient is to be treated, and according to what time frame;
  - (iv) instruct the delegatee how to intervene in any foreseeable risks that may be associated with the delegated task;
  - (v) if the delegated task is to be performed more than once, establish a system for ongoing monitoring of the delegatee; and
  - (vi)(A) evaluate the following factors to determine the degree of supervision required to ensure safe care:
    - (I) the stability and condition of the patient;
    - (II) the training, capability, and willingness of the delegatee to perform the delegated task;

# REVISED CHECKLIST FOR PUBLIC MEETINGS

(Fill in the blanks to correspond to each respective board, commission, or committee.)

X I am CESCILEE RALL, chairperson of the BOARD OF NURSING.

X I would like to call this meeting of the BOARD OF NURSING to order.

X It is now (time) 8:36 a.m. 11-12-15

X This meeting is being held in room Z10 of the HEBER WELLS BUILDING in SALT LAKE CITY UT.

X Notice of this meeting was provided as required under Utah's Open Meeting laws.

X In compliance with Utah's Open Meetings laws, this meeting is being recorded in its entirety. The recording will be posted to the Utah Public Notice Website no later than three business days following the meeting.

X In compliance with Utah's Open Meeting laws, minutes will also be prepared of this meeting and will be posted to the Utah Public Notice Website. Appropriately marked "pending approval" minutes will be posted no later than 30 days after the close of the meeting and "approved" minutes no later than three business days after approval.

X The following Board members are in attendance:

	YES	NO
<u>CESCILEE RALL</u> , Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>DEBRA MILLS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>ALISA BANGERTER</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>DIANA PARRISH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>RALPH PITTMAN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>MEGAN CHRISTENSEN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>CALVIN KREMIN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>KATHERINE OSWALD</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>SHERYL STEADMAN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>STEVEN HIGGINSON II</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>DEB HOBBS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

X The following Board members are absent: (Refer to the above list.)

X The following individuals representing DOPL and the Department of Commerce are in attendance:

	YES	NO
<u>Mark B. Steinagel</u> , Division Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Suzette Farmer</u> , Bureau Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Anna Sayasith</u> , Board Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Sharon Bennett</u> , Compliance Specialist	<input checked="" type="checkbox"/>	<input type="checkbox"/>

X We welcome any visitors and interested persons at this time. Please be sure to sign the attendance report for the meeting and identify yourself before speaking.

X As a courtesy to everyone participating in this meeting, at this time we ask for all cell phones, pagers, and other electronic devices to be turned off or changed to silent mode.

X Board motions and votes will be recorded in the minutes.

X Let us now proceed with the agenda.

X (End of the Meeting) It is now (time) 12:44 (am/pm) and this meeting is adjourned.

**SWORN STATEMENT  
SUPPORTING CLOSURE OF BOARD MEETING**

DOPL-FM-010 04/28/2006

I Cecilee Ball acted as the presiding member of the Utah Nursing Board, which met on 11-12-15

Appropriate notice was given of the Board's meeting as required by §52-4-202.

A quorum of the Board was present at the meeting and voted by a \_\_\_\_\_ vote, as detailed in the minutes of the open meeting, to close a portion of the meeting to discuss the following:

- the character, professional competence, or physical or mental health of an individual (52-4-205(1)(a))
- strategy regarding pending or reasonably imminent litigation (§52-4-205(1)(c))
- deployment of security personnel, devices, or systems (§52-4-205(1)(f))
- investigative proceedings regarding allegations of criminal misconduct (§52-4-205(1)(g))

The content of the closed portion of the Board meeting was restricted to a discussion of the matter(s) for which the meeting was closed.

With regard to the closed meeting, the minutes and recording of the open meeting include:

- (a) the date, time, and place of the meeting;
- (b) the names of members present and absent;
- (c) the names of all others present except where such disclosure would infringe on the confidentiality necessary to fulfill the original purpose of closing the meeting;
- (d) the reason or reasons for holding a closed meeting; and
- (e) the vote either for or against the proposition to hold such a meeting cast by each board member by name.

Pursuant to §52-4-206(5), a sworn statement is required to close a meeting under §52-4-205 (1)(a) or 52-4-205(1)(f), but a record by tape recording or detailed minutes is not required.

- A record was not made
- A record was made by:  Tape Recording  Detailed Written Minutes

Pursuant to §52-4-206(1), a record by tape recording is required for a meeting closed under §52-4-205(1)(c) or 52-4-205(1)(g), and was made.

- Detailed written minutes of the content of a closed meeting although not required, are permitted and were kept of the meeting.

I hereby swear or affirm under penalty of perjury that the above information is true and correct to the best of my knowledge.

Cecilee Ball  
Board Chairman or other Presiding Member

11-12-15  
Date of Signature



