



New Hampshire Board of Nursing
Official Publication of the New Hampshire Board of Nursing

FALL 2013

Online Volume 11 Number 11

**OFFICIAL
ON-LINE
NEWLETTER
PUBLICATION
OF
THE
NEW HAMPSHIRE
BOARD OF NURSING**

*NEW HAMPSHIRE BOARD OF
NURSING*



WE ARE MOVING

November 5 & 6, 2013

The Board 's new office will be located in the building at the corner of S. Fruit St. and Clinton Street

**NH Board of Nursing
121 S. Fruit St
Concord NH 03301**

(Corner of S. Fruit St. and Clinton St)

FALL IN NEW HAMPSHIRE

Contact Us:

Current address:

21 S. Fruit St., Ste 16
Concord, NH 03301

After November 6, 2013:

121 S. Fruit St
Concord, NH 03301

603-271-2323 (Nursing)
603-271-6282 (LNA)

www.nh.gov/nursing

The mission of the Board of Nursing is to safeguard life, health, and the public welfare of the people of this state and in order to protect the people of the state of New Hampshire from the unauthorized, unqualified and improper application of services by individuals in the practice of nursing.

Board Members

Robert A. Duhaime, MSN, MBA, RN
Chairperson

Karen L. Baranowski, DNSc, RN
Vice-Chairperson

Tracey Collins, MSN, CNRN, BC

Kitty Kidder, APRN, MSN, APRN-CS

Nora Fortin, RN

Ann Finn-Waddell, LPN

Beth Fersch, LPN

Brenda Libby, LNA

Cynthia Smith, LNA

James Kuras, Public Member

Harley Featherston,
Public Member

FROM THE EXECUTIVE DIRECTOR

by Denise Nies, MSN, RN, BC



Happy Fall to everyone! The warm weather certainly has made it easier to enjoy the fall colors.

The Board office has had the privilege to work with a nurse pursuing her Doctorate of Nursing Practice. Joanne Welch, formerly employed at the Eliot Hospital, is spending time learning about the board processes and assisting the board office with some projects. She has been invaluable in her efforts in researching needed information that is useful for rule changes as well as website organization. Please read the feature article in this newsletter that she has written to recognize a retired nurse in the community who participated in the Nurse Cadet Corp.

I have also had the privilege to hire into the Program Specialist IV position part time, Anita Pavlidis, who comes with a wealth of experience in the educational arena and is an invaluable asset to the board office. She was previous program director for NHTI RN and LPN programs and also functions as an NLN accreditation surveyor. She is responsible for oversight of all the entry level educational programs approved by the Board of Nursing. This is a huge task and she has come to us with many great suggestions on how to better our processes. Welcome Anita!!

The Board of Nursing has been extra busy this past year. Emergency license suspensions related to drug diversion or drug impairment has increased in number and has placed an additional requirement on board members to be present for more hearings. This increase stems from the mandate from the Attorney General's office and represents the "new" norm. This process has been successful due in large part to a very hard working prosecuting attorney, Laurel O'Connor and very dedicated board members who find ways to juggle their work responsibilities and participate in these meetings. I am grateful for their efforts!

Work is also underway to revisit the Rules Nur Chapters 100-800. A full review and update was completed at the beginning of 2013 and the newer changes will be submitted for approval for early 2014. The final proposal of rule change wording will be placed on the website, and placed as a notice the Union Leader.

Our website has a new look to it due to the tremendous efforts of our IT department. The website is now state compliant and hopefully more intuitive and user friendly. Plans to address the search function for clinical questions will be pursued in the future to provide the user an easier way to find information.

One final note: **We move from 21 S. Fruit Street to 121 S. Fruit Street in Concord** which is known as the Philbrook Building. We will be located in the one story building to the left of the main entrance. All boards and commissions will be housed in one building. The BON moves on Nov 5 and 6th. We ask that if you have to renew your license around that time to please consider renewing earlier. Access to phones and computers by staff in the office is very limited during this time. Renewing online will be available but any assistance from staff via phone or computer will not be. Be well and practice safely!!

You can contact Board Staff on line by clicking on their email address below.

Board Staff

Denise Nies, MSN, RN, BC

Executive Director

denise.nies@nursing.state.nh.us

Lori Tetreault, RN-BSN

Program Specialist IV

lori.tetreault@nursing.state.nh.us

Anita Pavlidis, MS, RN

Program Specialist IV

anita.pavlidis@nursing.state.nh.us

Susan Goodness, CPS

Administrative Supervisor

susan.goodness@nursing.state.nh.us

Kathryn Dickson

Executive Secretary

kathryn.dickson@nursing.state.nh.us

Kim Cicchetto

Program Assistant II

kim.cicchetto@nursing.state.nh.us

Susan Isabelle

Clerk III (Licensure)

susan.isabelle@nursing.state.nh.us

Debbie Hoos

Licensure Clerk

debra.hoos@nursing.state.nh.us

Debbie Emerson

Secretary II

deborah.emerson@nursing.state.nh.us

Paige Doucette

Licensure Clerk

paige.doucette@nursing.state.nh.us

Joann Seaward

Licensure Clerk

joann.seaward@nursing.state.nh.us

Debra Sirles

Accounting Technician

debra.sirles@nursing.state.nh.us

Laurel A. O'Connor, Esq

Investigator/Prosecutor

laurel.o'connor@nh.doj.gov

Perspectives From A New Board Member:

Tracey Collins, MSN, RN, NEA, CNRN

I have had the opportunity to serve as an RN on the Board of Nursing since April 2012. Over the past 18 months, I have gained many insights and few of those include:

3. Clinical practice questions that are sent to the Board of Nursing involves a process of seeking information that includes consideration of best practice, the stance that other boards of nursing have adopted, trends identified from across the country, standards of care recommended by specialty organizations and the types of nurse practice settings in which a process or intervention would occur. The practice of nursing is never static; however, answers provided by the board in the form of clinical advisories must consider applicability to the variety of nursing settings in the state.
2. A licensed nurse or nursing assistant is expected to demonstrate ethical behaviors in both the clinical and personal settings. Nurse licensees are required to report criminal background findings that result in a conviction, for example, a DWI or theft charge. This can result in an appearance before the board to speak to the circumstances. The Board has the responsibility of decreasing the risk to public safety for the residents of New Hampshire through safe practice by safe practitioners.
3. The board also has the responsibility of overseeing nursing programs that graduate nurses into the workforce. This is accomplished with regular review of NCLEX pass rates and scheduled visits to the campus to review the whole program and provide feedback. The Nurse Practice Act contains Laws and Rules that determine program approval and actions to take when a program is maintaining approval status and when it is not.

FROM THE DESK OF PROGRAM SPECIALIST IV
ANITA PAVLIDIS, MS, RN

As the newest member of the Board staff, I'm excited to have assumed the recently created position of Program Specialist IV overseeing practical and registered nursing pre-licensure nursing education programs.

As an educator, for many years, I find that the rhythms of my life center on the academic year and with each new year the graduation of a new generation of nurses occurs. The nursing world they enter today is far different than when I entered nursing many years ago. Nursing today is not what it was five years ago nor will it be the same five years from now. These are exciting times we live in for nursing with opportunities and challenges. The changes in nursing education are as rapid today as in the health care arena.

Educational advancement is an initiative of the American Nurses Association (ANA) and the Institute of Medicine (IOM) which encourages all nurses to advance their education to prepare for the future and better meet the needs of patients. NHBON recognizes the need to assist all nurses to move forward and respond to the changes before us.

The National Council of State Boards of Nursing, (NCSBN) supports changes in education by promoting "Innovations in Professional Nursing Education". Although regulation by the NH Board of Nursing calls for

State Holidays Observed

2013 & 2014

| | |
|------------------------|--------------|
| Veterans' Day | Nov 11, 2013 |
| Thanksgiving Day | Nov 28, 2013 |
| Day after Thanksgiving | Nov 29, 2013 |
| Christmas Day | Dec 25, 2013 |
| New Year's Day | Jan 01, 2014 |
| Martin Luther King Jr/ | |
| Civil Rights Day | Jan 20, 2014 |
| President's Day | Feb 17, 2014 |

HELPFUL HINTS:

When calling the Board office, please be ready to provide your name, license number and remember to have a pen and paper ready to write down the information you may be seeking.

When registering to apply for an original license or renewing a license on line, make sure to write down and keep in a safe place, your user name and password. This information will be used at every renewal period.

BOARD COMMITTEES

P & E Committee

Nora Fortin, RN
(Board representative)

Rita Anger, RN

Bette Ann Bogdan, RN

Deborah Cantlin, RN

Nancy Holbrook, RN

Jacqueline McCourt, APRN

Paula Nelson, RN

Margaret Pedone, RN

Emily Roy, RN

Marie York, RN

standardization and consistency in promoting quality, safe and competent nursing care, the current health care environment often necessitates change, innovation, and flexibility by health care providers and administrators. A climate that encourages creativity and innovation in education is one that includes communication and collaboration with key education stakeholders. Model nursing practice language proposed for Nursing Boards consideration, will decrease barriers to educational advancement and provide opportunities to explore new and creative ways of delivering nursing education within the regulatory bounds of the Nurse Practice Act.

Other issues for discussion before the national council this year include, but not limited to are:

- Future of LPN Education
- Regulation of Distance Education Programs
- Regulation of RN-BSN programs
- Best Practices with Statewide Articulation Agreements

As the conversations continue on the national level, the NH BON will be listening carefully to the debate and considering the Board's role in the many national changes.

And the opportunities and challenges continue. Healthcare reform will demand our attention on how to best the needs of our patients & protect the public in these turbulent times.

So, as our newest nurses enter the workforce, embrace and mentor them as it will take all of us together to direct our future and meet the challenges and opportunities ahead.

I look forward to my work with the Board of Nursing as healthcare, nursing, and nursing education prepares to move forward into the future and to meeting and working with many of you during that process.

The next Day of Discussion for RN & LPN's is in the planning stages and will occur sometime in the spring. I hope to see many of you there.

Have a wonderful fall and holiday season.

On-line Licensing-Renewal Reminder

Before you can renew your license on-line you must receive your renewal notice from the Board of Nursing.

Once you receive your renewal notice you can renew your license on the Board website at www.nh.gov/nursing under the Online Licensing tab in the "Quick Links" box on the right hand side of the Home Page.

Before you are able to renew your license you must register on the licensing site. You must obtain a registration code from the Board office prior to being able to register. Once you obtain your registration code you can then register. Registration includes setting up a User ID and Password. This user ID and password must be used each time you renew your license on-line. Be sure to write down your User ID and Password for future reference.

To obtain your registration code:

Email the Board office at boardquestions@nursing.state.nh.us. Provide your full name, license number and date of birth.

Liaison Committee

Kathleen (Kitty) Kidder, APRN,
(Board representative)

Sean Lyons, APRN
Chair

Dorothy Mullaney, APRN

Margaret Franckhauser, RN

Mary Sanford, APRN

Micheline Cignoli, APRN

Susan Barnes, APRN

Mary Curren, CNM

Lisa Sullivan, CRNA

**Continuing Education Audit
Frequently Asked Question (FAQ)**

Question:

How do I submit my Continuing Education for Audit?

Answer:

To assure timely renewal of your license, please provide the information requested on the attached Continuing Education/Contact Hours Audit form and return the form, with your renewal, to the Board immediately.

Continuing Education/Contact Hour documentation not submitted on the Audit Form will be returned to you. This may delay renewal of your license.

Your license will be updated upon receipt of your renewal application and approval of your contact hours

If your renewal application and audit forms are not received, in the Board office, before midnight of your birth date, you will be practicing without a valid license and will have to reinstate your license, and pay an administrative fee if practicing during licensure lapse.

Clinical Practice Inquiry

All practice inquiry questions must be submitted on the **Clinical Practice Inquiry Form** found on the Board website www.nh.gov/nursing under the "Forms" tab. All forms submitted must include the clinical significance of the question asked. Prior to sending inquiries to the BON, please review the clinical practice advisories and frequently asked questions to ensure that your question has not been previously answered by the Board. Forms may be mailed, faxed or emailed to the Board office.

Mail: Currently

NH Board of Nursing
21 South Fruit Street, Suite 16
Concord, NH 03301

After November 6, 2013

NH Board of Nursing
121 South Fruit St
Concord NH 03301

fax: 603-271-6605

email: boardquestions@nursing.state.nh.us

Continued Education – Audit Reminder To assure timely renewal of your license, if selected for audit please provide your continuing education/contact hours documentation on the **Continuing Education/Contact Hour Audit Form**.

Documentation received other than the Audit Form will be returned to the licensee which may cause a delay in license renewal.

If your renewal application and audit forms are not received on or before midnight of your birth date, you will be practicing without a valid license and will have to reinstate your license, and pay an administrative fee if practicing during license lapse.

Continued Education Requirements:

APRN's: 30 contact hours for RN licensure, 30 additional hours specific to APRN specialty, 5 of which shall be pharmacology specific, in 2 years prior to date of renewal. RN/LPN's, 30 contact hours.

RN/LPN's: 30 contact hours within 2 years prior to date of your renewal application.

LNA's: 12 contact hours for each year (for a total of 24 hours), within 2 years prior to date of your renewal application. (For LNA's who are certified as Medication Nursing Assistant (MNA's), 4 out of the 12 contact hours per year must be related to medication administration.) Guidelines for Continuing Competence can be found on the Board website www.nh.gov/nursing under the Licensure tab on the Home Page.

Go to www.nh.gov/nursing and click on Enforcement for information regarding disciplinary matters

Working with an inactive license is a Class A Misdemeanor.

Beginning October 1, 2011 all licensees who have worked with an inactive license will be posted in the Board's quarterly Newsletter. Practicing without a license, including but not limited to the situation where a license has lapsed, is unlawful under New Hampshire law and constitutes a class A misdemeanor. RSA 326-B:41, II; RSA 326-B:41-a. Pursuant to **RSA 326-B:22, II**, "Any person licensed who intends to continue practicing as a nurse or nursing assistant shall: (a) By midnight on his or her date of birth in the renewal year submit a completed application and fees as established by the board." "Failure to renew the license shall result in forfeiture of the ability to practice nursing or nursing activities in the state of New Hampshire." RSA 326-B:22, III.

When a licensee telephones the Board or presents themselves at the Board office and discloses they have worked after the expiration date of their nursing/nursing assistant license they will be required to sign an Agreement and pay all reinstatement fees and fines before they are eligible to return to work. The Agreement states that the document must be shared with the employer .

Should the licensee practice nursing a second time on an inactive license, they will be informed that their action will be reviewed by the Board at its next meeting for Board action. The license will be reinstated pending Board action.

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b).

Reportable violations are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

The complaint form and guidelines can be found on Board of Nursing website www.nh.gov/nursing under Enforcement.

DON'T BE AN OSTRICH

You get a surprise when you go into the next exam room on your busy day at work. Sitting there is your patient, holding an infant car seat, and inside is a baby with a visible slap mark on her face. You could be an "ostrich" and pretend you didn't see the mark or know what it means. If you do, that baby could become a child fatality statistic. In one study over 90% of infants with inflicted head injury had such a "sentinel injury", that hinted at ongoing abuse that eventually proved fatal.

Of course, doing something isn't easy. You're going to have to spend extra time and risk upsetting the adult. It would be simpler not to get involved.

Audit forms can be downloaded on the Board website www.nh.gov/nursing under the “Forms, Applications & Publications” navigation tab on the homepage.

Audits may be faxed or mailed to the Board office.

**Out of State Applicants and
Criminal Background
Checks/Fingerprints**

Applicants from outside of NH will be sent fingerprint cards and authorization forms. Those applicants are asked to either use law enforcement sites in their respective states or come to NH and use a NH law enforcement site. Please send all fingerprint cards, authorization forms and fees to the Board of Nursing. The board will then send them to the NH State Police for processing.

Please plan early for this process. We have advised that the results could take as long as 2 months in some cases.

You are encouraged to complete live scan fingerprinting. Some live scan sites are located on the Board’s website at http://www.nh.gov/nursing/documents/livescan_list.doc

If you do not find a convenient live scan site please call the NH State Police Criminal Records.

But speaking up is not only the morally correct thing to do, in New Hampshire, it's also **required** that you report suspected child maltreatment. This is true for physicians, nurses, office receptionists--even bystanders. Reporting starts a process to evaluate the situation and protect the child (and other potential victims) from further mistreatment.

How do you report? Call the Division for Children, Youth and Families (DCYF) at 1-800-894-5533. This is not a responsibility to be delegated to someone else. The requirement falls personally to **you**. If DCYF is closed or there is a severe injury (which would include visible bruising from being struck) you should call your local police.

What if you're not sure? You don't have to be 100% certain. If it turns out that you're wrong, the law protects you from reprisal. If you want to talk to a medical colleague with child abuse expertise first, call the child protection program at Dartmouth (653-3658 in Lebanon or 658-1972 in Exeter) and someone will help you.

You'll be glad you did the right thing.

Question: What is the Nursing Assistant Registry?

Answer: *The Nursing Assistant (NA) Registry is a list of individuals who have completed training and competency evaluation who the state finds to be competent to function as a nursing assistant. Successful completion of a Board approved nursing assistant program and competency test (state testing) identifies an individual as being competent to function as a nursing assistant.*

Question: When I verify my new license online, what does “Not Licensed, Registry Only” mean?

Answer: *“Not Licensed, Registry Only” means that you have been placed on the NH Nursing Assistant (NA) Registry. Licensure is not required to be placed on the NA Registry.*

Nursing Assistant Licensure will be stated separately with a license number and status.

Question: Is licensure required to be placed on the Nursing Assistant Registry?

Answer: *No. Registry findings do not require licensure of the individual placed on the registry but could involve discipline imposed by the Board of Nursing on a nursing assistant’s license.*

Question: What information does the Registry hold?

Answer: *The registry includes the individual’s full name, identifying information, the date the individual became eligible for placement on the registry and any finding of abuse, neglect or misappropriation of property by the individual. Registry findings may or may not include discipline placed on a license.*

Question: Where can I access the NH Nursing Assistant Registry?

Answer: *The Nursing Assistant Registry can be accessed on the Board of Nursing website: www.nh.gov/nursing. The registry verification link can be found on the homepage. The registry can also be accessed under the License Verification link located in the “Quick Links” box on the right hand side of the homepage.*

LNA Corner

by Lori Tetreault, RN-BSN Program Specialist IV

I hope everyone enjoyed the beautiful summer and will have the opportunity to enjoy the autumn season. The Board has been busy with many activities since the last newsletter.

The spring “LNA Day of Discussion” was fully attended. All healthcare settings were represented including home care, acute care, long term care, medical office settings and public schools. The day was dedicated to dementia care and considerations for LNA’s. I would like to personally thank all those who attended and participated in the discussions. Days of discussions are held to allow nursing assistants the opportunity to network with peers with the ability to discuss topics and concerns. Attendees received a three hour continued education module that will be available to all LNA’s on the board website, www.nh.gov/nursing under the “Nursing Assistant” tab late fall. Attendees provided us with valuable feedback that will be considered for future discussions. An MNA “Day of Discussion” will not be held this fall due to the relocation of the Board office scheduled for November. The office will be moving to a new location just down the street closer to Clinton Street. Details regarding the move and the new address will be posted on the Board website. Continuing Education for MNA will be posted on the website late fall.

The board website was redesigned. I hope all of you have had the opportunity to preview the new site and have found it user friendly. Most LNA information can now be found under the “Nursing Assistant” navigation tab on the left hand side of the homepage.

June 6, 2013 Licensed Nursing Assistants from across the state gathered on the State House lawn to be recognized and honored by the Governor for their dedication and contribution to New Hampshire citizens. I would like to thank board member Ann Finn-Waddell, LPN for attending this event in my absence. Ann is an active participant in nursing education and joined the Board of Nursing in 2012 and is actively involved in nursing assistant practice here in NH. Participating in this event is very important to me as Nursing Assistants play a very important role within our healthcare system here in NH.

Effective in July, administrative rule change (Nur401.07) now allows Medication Nursing Assistants (MNA’s) the opportunity to reinstate an expired certification by taking a written and clinical competency testing. Testing is only approved if certification has expired within one (1) year.

The LNA/MNA Coordinators meeting will be held on November 6, 2013. This event is dedicated to education program review, board updates and program networking. All Program Coordinators are encouraged to attend.

It is the responsibility of every licensee, including nursing assistants, to know the rules governing their license and practice. In the months ahead Nursing Administrative rules will be reviewed including all rules that apply to nursing assistant practice. Stay tuned for opportunities for comment.

Enjoy the fall and the upcoming holiday season.

LNA/MNA* Continuing Education Programs offered by the Board.

Visit the website www.nh.gov/nursing

Each program offers 1 contact hour

Pain: The Basics*
 LNA Scope of Practice
 MNA Scope of Practice*
 Delegation
 Teamwork
 Residents Rights
 Medication Administration Safety*
 Alzheimer's Dementia in the Elderly
 Medication Considerations for Elderly* **New**
 Back Safety **New**
 Elder Abuse **New**
 Social Networking

CRIMINAL BACKGROUND CHECK REMINDERS

1. When completing the fingerprint/criminal background check within New Hampshire, fingerprint cards are **NOT** necessary. "Live Scan" fingerprinting does not require cards unless the fingerprinting is completed out of state, in which case the cards **MUST** be obtained from the Board of Nursing office.
2. The Board of Nursing application fee **DOES NOT** include the fingerprinting/criminal background check fee. Depending upon which way the fingerprinting/criminal background check is complete and the location will determine the fee. Please refer to the Board of Nursing website www.nh.gov/nursing under the "FBI Fingerprinting Requirements" in the section marked "Quick Links" for fee schedule.
3. All criminal background checks **MUST** be notarized.
4. "Live Scan" fingerprinting is encouraged of **ALL** of our applicants, as the rejection rate is much lower.
5. Please remember that most police departments charge a processing fee which varies depending on the location.

Practice Review: The Role of the Nursing Assistant (LNA-MC) in Assisted Living Residences

Over the past few months many questions have been submitted for review to the Board of Nursing regarding the scope of practice of Licensed Nursing Assistants who are medication certified. December 2012 the board re-affirmed its decision from 2007 regarding the scope of practice of nursing assistants who are medication certified.

Through the collaboration of multiple state organizations the LNA-Medication Certified (LNA-MC) role was established in 2007. The intention of the program was to provide options for facilities and agencies that provide nursing care within the residential and homecare setting. The program allows LNA's who have been educated to provide assistance, observation and documentation to clients with stable medical condition and who are fully able to recognize and accept medications as prescribed. To be medication certified individuals must successfully complete a minimum four (4) hour, NH Board of Nursing approved educational program and be certified.

February 15, 2007 issues were addressed by the Board of Nursing regarding the scope of practice of an LNA-MC. The Board opined that HeP 805.17(af)(1-3 & 5) are within the scope of practice of an LNA. The Board reinforced that HeP 805.17(af)(4) was **NOT** within the scope of practice of an LNA. An LNA cannot supervise medications consumed or tell the patient what to consume. Individuals who require supervision of medication consumed must receive medications administered by a licensed nurse or a Medication Nursing Assistant supervised by a licensed nurse.

HeP 805.17 Medication Services

(af) If a resident self-administers medication with supervision, as defined in He-P

805.03(bc), personnel may be permitted to:

- (1) Remind the resident to take the correct dose of his or her medication at the correct time;
- (2) Place the medication container within reach of the resident;
- (3) Remain with the resident to observe the resident taking the appropriate amount and type of medication as ordered by the licensed practitioner;
- NOT----- (4) Record on the resident's daily medication record that they have supervised the resident taking his or her medication; and**
- (5) Document in the resident's record any observed or reported side effects, adverse reactions and refusal to take medications and or medications not taken.

LNA's may assist with a hand over hand technique, individuals who have physical impairment with cognitive abilities to determine medication needs. A care plan must be present which speaks to the impairment and assistance required. (BON Clinical Practice Inquiry 1998-1999)

LNA/MNA Reminders:

- NH has a mandatory licensing law. No person may practice as a nursing assistant without a license. The NH Board of Nursing **defines "practicing"** as including **attendance at orientation or completing other types of non-director care activities.**

Returned Checks

The following license continues to be invalid due to insufficient funds. The licensee was notified of the returned check.

Manorath Nepal 042416-24



- Documentation of Continued Education is required for all endorsement applications pursuant Nur 304.04(b)(4).
- Education considered as comparable for Challenge Program approval must meet the requirements of Nur 704.09 pursuant Nur 704.11.
- All questions must be answered on renewal or reinstatement applications including Nurse Supervisor and Employer. Incomplete applications will be returned which may delay renewal or reinstatement of licensure and the inability to work as a nursing assistant.. Licensees working without an active license may be subject to a \$50 fine for every calendar month or any part thereof, during which one practices.
- Licensed nursing assistants who are working in non-licensed positions (PCA-Personal Care Assistant) can not use work hours as active in practice requirements for renewal.

**LNA REINSTATEMENT
Frequently Asked Questions (FAQ's)**

Question: What is reinstatement of a license?

Answer: Changing a inactive LNA license into an active LNA license.

Question: Can I complete the process online?

Answer: No, a reinstatement cannot be completed online. You may call the N.H. Board of Nursing (603) 271-6282 for guidance as to how to reinstate your license or you may come into the Board office and we can assist you.

Question: Can I work in N.H. on an expired license until I have time to complete the process?

Answer: NO, you may NOT work in N.H. as an LNA on an expired license. That means you cannot work using your LNA knowledge, judgment and skills and you cannot get paid as a LNA. By working as an LNA and or getting paid as an LNA you will be subjected to administrative fines.

Question: What requirements do I need to meet in order to reinstate my LNA license?

Answer: You must have either: Completed 200 hours working as an LNA under the supervision of an licenses nurse (please be prepared to list his/her FULL name) and completed 24 continuing education hours (12 in each year). Please remember you may be asked to provide proof of your CE. hours.

OR

Have successfully completed the written and clinical competency testing within 2 years immediately prior to the date of your reinstatement application.

“Nursing Assistant’s Day” in New Hampshire

June 7, 2012 at the 13th Annual LNA Day Celebration Event held on the State House lawn. Licensed nursing assistants from around the state working across the spectrum of healthcare were honored as Nursing Assistants of the year by their employer. Nominees were presented certificates of appreciation at the ceremony. The Board of Nursing would like to congratulate all of the 2012 nominees:

| | |
|---|---|
| Susan Allen Bea Audet Catherine Ballou Katelyn Bemis Gina Bertheim Linda Bertsch Amanda Berwick Sandy Bowers Sharon Bratcher Laura Click Rebecca Cole Angela Corbit Janine Cronin Eileen Daggett Michelle D’Avanzo Brandi Davis Alyson Day Florence DeBenedictis Ashley Devost Dawn Donahue Julie Downie Robin Eastman Druscilla Gauthier Debbie Geoffroy Tina Gosne Danielle Grover Krystal Hale Kelley Hall Nancy Hanscom Shannon Hanscom-Martello Erin Higgins Julie Hill Evelyn Hodgdon Majorie Hunt Linda Hyatt Elita Johnson | Elizabeth Jones Patricia Lapan Claudia Leonard Caroline Lussier Siobhan Mantell Laura McCullough Sarah Menard Linda Mitchell Regina Moiseau Elizabeth Mooney Beth Muehlen-Overton Linda Muessig Diane Munzer Kim Nason Michelle Ninteau Paula Proulx Ali Reade Joellen Ricard Linda Ridley Cristy Ryba Lori Sartorio Gail Scribner Jane Sharp Glenda Smith Laurian Smith Katie St. Laurent Wendy Taylor Tarah Trembley Glenn Turcotte Jamie Valeras Pam Valliere Amy Vashaw Kathy Vieira Ann Virgue Roxanne Wessels |
|---|---|

**IMPORTANT REMINDERS
FROM THE BOARD OF NURSING
www.state.nh.us/nursing**

PAPER LICENSES ARE NOT PROVIDED

Verify and print license information using the Online Verification Quick Link on the right side of the Home Page.

RENEWAL REMINDER POSTCARDS ARE MAILED 6 WEEKS PRIOR TO MONTH OF RENEWAL

RENEWALS MAY BE DONE ONLINE OR RETURN POSTCARD AS DIRECTED TO OBTAIN A RENEWAL APPLICATION

Fees are to be sent with renewal applications not with the postcards.

FOR ONLINE RENEWAL – REGISTER AS A FIRST TIME USER BEFORE ATTEMPTING TO RENEW A LICENSE

Follow the instructions on the Online Licensing Quick link on the right side of the Home Page.

Make sure you remember your *user name and password* for future use+.

MAKE SURE YOU PRINT THE RECEIPT PAGE AFTER PROCESSING YOUR PAYMENT.

The receipt can not be reproduced by the Board office. It is proof that payment was accepted, should there be a problem.

WHEN APPLYING FOR ORIGINAL LICENSURE ON LINE

Make sure you write down and save your user name and password. This information will be necessary for renewing your license on line when it is renewal is due. This information is not automatically saved in the system.

CRIMINAL BACKGROUND CHECKS AND FINGERPRINTING IS REQUIRED FOR ALL INITIAL LICENCES AND ENDORSEMENTS

Follow the directions under the Endorsement Link. The processing time may take 4-6 weeks so plan to start the process early. Licensing will not be processed until background checks and fingerprinting results are obtained.

THE BOARD MUST BE NOTIFIED OF ALL NAME AND ADDRESS CHANGES

A \$10 fee may be incurred if address changes are not made within 10 days. The Board must be notified in writing.

ACTIVE IN PRACTICE AND CONTINUING EDUCATION REQUIREMENTS INFORMATION CAN BE FOUND ON THE HOME PAGE ON THE WEBSITE

Click the Licensure Link on the left side of the Home Page.

Clinical Practice Advisories: January 2013– September 2013

| Board Advisory Date: | |
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| <p><u>January 17, 2013</u></p> <p>APRN scope of practice to provide deep sedation</p> <p>LNA scope of practice to empty supra-public catheter</p> <p>LPN scope of practice to pronounce death</p> <p>RN scope of practice to dispense contraception</p> <p>RN scope of practice to perform x-ray</p> <p>RN scope of practice to administer anesthesia drugs</p> <p>Nurse delegation of medication administration to non-licensed personnel</p> | <p>Question: Is it within APRN scope of practice to provide deep sedation in hospital setting?</p> <p>Answer: Board consensus that APRN’s can provide deep sedation in hospital setting with appropriate education and competencies.</p> <p>Question: Is it within LNA scope of practice to empty supra-public catheter when it is clamped off and not attached to drainage bag?</p> <p>Answer: Board opined that it is NOT within LNA scope of practice to empty supra-public catheter.</p> <p>Question: Is it within LPN scope of practice to pronounce death?</p> <p>Answer: Board opined that it is NOT within LPN scope of practice to pronounce death pursuant to RSA 290:1-b.</p> <p>Question: Is it within RN scope of practice to dispense emergency contraception in absence of pharmacist on site and without provider’s request?</p> <p>Answer: Board consensus that it is not within RN scope of practice to dispense emergency contraception.</p> <p>Question: Is it within RN scope of practice to perform x-ray in office setting?</p> <p>Answer: Board opined that with proper education (including education on radiation safety), training and competency, it is within RN scope of practice to perform x-ray as directed.</p> <p>Question: Is it within RN scope of practice to administer Ketamine for pain control?</p> <p>Answer: Reaffirmed opine of 9/27/2012 that consistent with common nursing practice, if prescribed by physician at sub-anesthetic doses, RN may monitor patients receiving medication via infusion pump. Board re-opined decision at May 19, 2005 meeting that anesthesia drugs (propofol, brevitil and etomidate) are within scope of practice of CRNAs. Administration of anesthesia drugs is outside scope of practice for non-anesthesia nursing licenses except under following situations:</p> <ol style="list-style-type: none"> 1. When assisting CRNA or anesthesiologist (or student anesthetist or anesthesiologist.) 2. For intubated patients in ICU setting. 3. When assisting in emergency situations. 4. When providing palliative sedation. <p>Question: Board reviewed nurse delegation of medication administration to non-licensed personnel: Nurses working with developmentally disabled and nurses working in the school system.</p> <p>Answer: Board affirmed that nurses can delegate according to NCSBN Five Rights of Delegation, which include:</p> <ol style="list-style-type: none"> 1. The right task 2. The right circumstance 3. The right person 4. The right direction/communication 5. The right supervision |

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| <p>RN scope of practice to flush epidural line or administer narcotics via epidural catheter</p> | <p>The “stable client” means a client whose health status is under control and raises no expectation that client’s symptoms, vital signs or reactions to medications will suddenly change as defined in Nur101.19.</p> <p>Question: Is it within RN scope to flush epidural line on pregnant patient and is it within scope to administer narcotics via epidural catheter for post-partum patient?</p> <p>Answer: Board opined that it is not within RN scope of practice to flush epidural line and it is within RN scope of practice to monitor/administer narcotics via established epidural catheter utilizing pump with training and competencies. Direct injection of narcotic into epidural line is not within RN scope of practice.</p> |
| <p>LNA scope of practice to clamp NG tube</p> | <p>Question: Is it within LNA scope of practice to clamp NG tube or perform other functions associated with NG tubes. Also, is it within LNA scope of practice to insert rectal tube?</p> <p>Answer: Board opined that it is not within scope of practice for LNA to clamp NG Tube or perform other functions associated with NG tubes based on need for assessment. It is not within LNA scope of practice to insert rectal tubes.</p> |
| <p><u>February 21, 2013</u></p> | |
| <p>LPN Scope of practice to Administer monoclonal antibodies</p> | <p>Question: Is it within LPN scope of practice to administer Orenicia or Tysabri via running IV line?</p> <p>Answer: Board affirmed that it is NOT within LPN scope of practice to be responsible for administration of monoclonal antibodies. These medications require more than a focal assessment of patient relating to reactions and symptoms which is what is allowed under RN scope of practice.</p> |
| <p>RN Scope of Practice to prepare bone marrow biopsy blood smear</p> | <p>Question: Is it within RN scope of practice to prepare bone marrow biopsy blood smear slides?</p> <p>Answer: Board consensus that it is within RN scope of practice to prepare slides while in performance of patient care.</p> |
| <p>LNA scope of practice to apply AFOs, DAFOs, TLSOs, etc</p> | <p>Question: Is it within LNA scope of practice to apply AFOs, DAFOs, TLSO, etc. in homecare?</p> <p>Answer: Board consensus that it is NOT within LNA scope of practice. Application of this equipment requires assessment which is not within LNA scope.</p> |
| <p>LNA scope of practice to collect flu swabs and Rapid Strep swabs</p> | <p>Question: Is it within LNA scope of practice to collect flu swabs and Rapid Strep swabs?</p> <p>Answer: Board consensus that these procedures need some level of assessment; therefore, it is not within LNA scope of practice.</p> |
| <p><u>March 21, 2013</u></p> | |
| <p>RN scope of practice to insert advanced airway</p> | <p>Question: Can RN insert advanced airway (LMA or Endotracheal Tube) into adult, adolescent, pediatric patient?</p> <p>Answer: After careful reconsideration of issue and information presented by DHART as well as review of AZ BON opine, and after P & E Committee recommendations, Board consensus that it is within RN scope of practice provided following are met:</p> <p>a. Nurse has satisfactorily completed nationally recognized course suitable to age of patient.</p> <p>COURSE OF INSTRUCTION:</p> <ol style="list-style-type: none"> 1. Anatomy and physiology of pulmonary system, pharmacological and patient |

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| <p>RN scope of practice to perform Rectal Dilatation in home setting</p> | <p>assessment for basic advanced airway management, didactic and classroom instruction, followed by supervised clinical practice required for intubation.</p> <ol style="list-style-type: none"> 2. Indications and contraindications for intubation including but are not limited to preparation of patient, equipment set-up and maintenance. 3. Safety measures and management of potential complications and unexpected outcomes, including use of advanced airway devices. 4. Indications and contraindications for selection of proper airway equipment appropriate for age specific populations. 5. Verification procedures to ensure proper placement of airway 6. Nursing care responsibilities and age specific management of intubated patient. <p>b. Employer maintains written policy which allows nurse to perform procedure and specified method for education and minimum of annual re-demonstration of skill.</p> <p>c. Documentation of satisfactory completion of agency’s instructional program and demonstrated clinical proficiency is on file with employer.</p> <p>Question: Is it within RN scope of practice to perform Rectal Dilatation in home setting?</p> <p>Answer: Board consensus that it is within RN scope of practice to perform Rectal Dilatation in home setting.</p> |
| <p>RN scope of practice to insert CVC under ultrasound</p> | <p>Question: Can RN, with training and competency, insert CVC under ultrasound?</p> <p>Answer: Board opined that it is within RN scope of practice to insert CVC under ultrasound with competencies, appropriate setting and facility policy. Refer to AZ BON guidelines with interpretation.</p> |
| <p>RN scope of practice to inject neuroaxials directly into epidural line</p> | <p>Question: Can RN inject neuroaxials directly into epidural line of post partum surgical patient or post surgical patient?</p> <p>Answer: Similar question posed on February 16, 2006: <i>Can RN give intermittent bolus of Astromorph into epidural line that is being used for pain management after surgery?</i> Board opined it is not within scope. Question revisited at April 20, 2006 meeting and Board opined: <i>RN administration of Astromorph and other neuroaxials is within scope of practice provided Nur 305.01(c) and (d) are followed.</i> After review of previous opine as well as other Board opinions from ME and NE, and after P & E Committee recommendations, .Board opined that it is within RN scope to inject neuroaxials directly into epidural line of non-pregnant post-operative patients provided competencies are met.</p> |
| <p>RN, LPN, or LNA scope of practice to administer PTNS</p> | <p>Question: Can RN, LPN, or LNA administer PTNS (percutaneous tibial nerve stimulation?)</p> <p>Answer: Board opined that administration of PTNS is within RN or LPN scope of practice, but NOT within LNA scope of practice.</p> |
| <p>RN scope of practice to cannulate external jugular, subclavian or femoral veins</p> | <p>Question: Is it within RN scope of practice, with proper training, to cannulate external jugular, subclavian or femoral veins in emergency situation?</p> <p>Answer: Board reversed previous opinions from 1996 and 2009 and unanimously agreed to allow RN’s to cannulate the external jugular, subclavian or femoral veins in emergency situation with proper training and competency.</p> |
| <p>Nursing scope of practice to perform needle thoracotomy</p> | <p>Question: Is needle thoracotomy within nursing scope of practice to emergently relieve tension pneumothorax?</p> <p>Answer: Board opined it is NOT within RN scope of practice to perform needle thoracotomy to emergently relieve tension pneumothorax.</p> |
| <p>LNA scope of practice to accept and sign for medications</p> | <p>Question: Is it within LNA scope of practice to accept and sign for medications delivered to facility by pharmacy?</p> |

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| <p>LNA scope of practice to operate cough assist machine or vest therapy</p> | <p>Answer: Board opined that it is NOT within LNA scope of practice to accept or sign for meds delivered to facility by pharmacy without MNA certification.</p> <p>Question: Is it within LNA scope of practice to operate cough assist machine or vest therapy?</p> <p>Answer: Board opined that it is NOT within LNA scope of practice to operate a cough assist machine or vest therapy as nursing assessment is required.</p> |
| <p>LNA scope of practice to apply intermittent pneumatic devices</p> | <p>Question: Is it within LNA scope of practice to apply intermittent pneumatic devices for edema in bilateral lower extremities?</p> <p>Answer: Board opined that it is within LNA scope of practice to apply intermittent pneumatic devices to lower extremities with education, competency and delegation by licensed nurse.</p> |
| <p><u>April 18, 2013</u></p> | |
| <p>LNA Scope of Practice to perform heel sticks on newborns</p> | <p>Question: Can LNA perform heel sticks on newborns under delegation and with demonstrated competency?</p> <p>Answer: Board affirmed that it is within LNA scope of practice to perform heel sticks with competencies. This procedure is similar to fingersticks done for blood sugar or for PT/INR testing as addressed in Fall 2000 and August 2005</p> |
| <p>LPN Scope of Practice to apply and change VAC dressings</p> | <p>Question: Is it within LPN scope to apply and change VAC dressings?</p> <p>Answer: Board opined that it is within LPN scope of practice to apply and change VAC dressings with education and competencies.</p> |
| <p>RN Scope of Practice to start Vecuronium drip</p> | <p>Question: Can ICU RN <u>start</u> Vecuronium drip according to standard order set on patient who is intubated and sedated with physician present?</p> <p>Answer: Board opined that RN can start Vecuronium drip provided there is protocol in place and patient is intubated.</p> |
| <p>LNA's working with out of state agencies</p> | <p>Question: Can LNA's working with out of state agencies care for clients in NH?</p> <p>Answer: Board affirmed that LNA's must be licensed in State of NH to provide care for clients residing in NH.</p> |
| <p><u>May 16, 2013</u></p> | |
| <p>RN scope of practice to perform needle decompression</p> | <p>Question: Is it within role and scope of responsibilities of RN to perform needle decompression for tension pneumothorax?</p> <p>Answer: Board consensus to adopt language of South Carolina Board of Nursing to acknowledge that needle decompression is within role and scope of responsibilities of RN with special education and training in emergent situations to relieve tension pneumothorax. This procedure should be in accordance with standards of Emergency Nurses Association, American Association of Critical Care Nurses, American Academy of Pediatrics, American Heart Association, National Flight Nurses Association with Air-Medical Crew National Standard Curriculum.</p> <p>Recognizing that this responsibility is considered an additional act of RN and requires special education and training, appropriate written policies, procedures, and standing orders should be developed which specify qualifications, special education and training to include didactic and clinical competency verification components, and emergent conditions/specific patient situations wherein RN is authorized to perform needle</p> |

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| <p>RN scope of practice to draw therapeutic phlebotomy from VAD for treatment of hemochromatosis</p> | <p>decompression for tension pneumothorax.</p> <p>Question: Is it within RN scope of practice to draw therapeutic phlebotomy from VAD for treatment of hemochromatosis?</p> <p>Answer: Board opined that drawing therapeutic phlebotomy is within RN scope of practice guided by provider order, policy, procedure, and proof of specialized training and certification by institution.</p> |
| <p>LPN scope of practice to perform deep suctioning</p> | <p>Question: Is it within LPN scope of practice to perform deep suctioning?</p> <p>Answer: Board consensus that it is appropriate practice for LPNs to perform naso-pharyngeal and oral pharyngeal suctioning. LPN practice may include tracheal suctioning for purposes of maintaining an open airway. It is NOT appropriate practice for LPNs to provide bronchial tree suctioning.</p> |
| <p>LPN scope of practice to perform X-rays</p> | <p>Question: Is it within LPN scope of practice to perform x-ray in clinical office setting?</p> <p>Answer: Board consensus that performance of X-rays is not within LPN scope of practice.</p> |
| <p>June 20, 2013</p> <p>Reconsideration: LNA scope of practice to apply orthotic braces</p> | <p>Question: Is it within LNA scope of practice to apply Ankle/Foot Orthosis (AFO's) and Thoracic/Lumbar/Sacral Orthotics (TLSO's). in homecare?</p> <p>Answer: Board concluded that these types of orthotic/brace can be applied by LNA with following requirements:</p> <ul style="list-style-type: none"> • Documented training and competency to perform this task and documented training and understanding of what to report if brace is causing any untoward effect for client. • This action is not an independent action but a delegated task with an appropriate order. Brace/orthotic fitting is established by appropriate professional and not determined by the LNA <p>A supervised plan of care is in place.</p> |
| <p>Clarification: LNA medication handling</p> | <p>Question: Board reviewed request for clarification regarding LNA handling of medication, restocking of medications, retrieval of medications, disposal of IV bags with medications and assisting with holding medication for provider.</p> <p>Answer: Board consensus that ANY tasks that involve medication handling is NOT within LNA scope of practice.</p> |
| <p>RN scope of practice: Placement of coude catheter</p> | <p>Question: Is it within RN scope of practice to insert coude catheter?</p> <p>Answer: Board consensus that it is within RN Scope of Practice to insert coude catheter with documented training and competency to perform procedure. Provider order is required.</p> |
| <p>LNA scope of practice: Use of continuous passive motion devices</p> | <p>Question: Is it within LNA scope of practice to:</p> <ol style="list-style-type: none"> 1. Set up continuous passive motion device for post-op orthopedic patients including setting flexion and extension limits 2. Place patient in device once set up (not initial) when patient is being maintained on preset limits. <p>Answer: Board consensus that it is NOT within LNA scope of practice to set up device including setting flexion and extension limits. It is within LNA scope of practice to place patient in device once settings are established with training and competency. This is a delegated task</p> |

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| <p>LPN Scope of Practice: Venipuncture</p> | <p>Question: Is it within LPN scope of practice to perform venipuncture with IV certification?</p> |
| | <p>Answer: Board consensus that it is within LPN scope of practice to perform venipuncture with IV certification for the purpose of lab draws.</p> |
| <p>July 18, 2013</p> | |
| <p>LNA Scope of practice: Inserting contact lenses</p> | <p>Question: Is it within LNA scope of practice to insert contact lenses in residents’ eyes?</p> |
| | <p>Answer: Board opined that it is within LNA scope of practice to insert contact lenses.</p> |
| | <p>Question: With regard to administration of oxygen:</p> |
| | <ul style="list-style-type: none"> • Is it within LNA scope of practice to set flow rate for patient’s oxygen? • Is it within LNA scope of practice to turn on machine that has preset flow rate? |
| | <p>Answer: Board opined that it is within LNA scope of practice to assist with oxygen therapy in accordance with Nur 404.12.</p> |
| | <p>Yes, LNA may set flow rate for stable patient’s oxygen with routine order and education, competencies and delegation.</p> |
| | <p>Yes, LNA may turn on machine that has preset flow rate.</p> |
| <p>August 15, 2013</p> | |
| <p>LPN Scope of practice: Allergy testing</p> | <p>Question: Is it within LPN scope of practice to mix and perform allergy testing?</p> |
| | <p>Answer: It is within LPN scope of practice to mix and perform allergy testing provided competencies are met.</p> |
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| <p>LPN Scope of practice: Run flu clinic</p> | <p>Question: Is it within LPN scope of practice to run flu clinic including administering Epi in emergent situation?</p> |
| | <p>Answer: Board consensus that it is within LPN scope of practice to run a flu clinic and to administer Epi in an emergency. LPNs, however, work under delegation; there should be some type of standing order signed by a provider regarding the administration of the flu vaccine and a standing order that addresses emergencies where epinephrine is administered. When performing nursing interventions, an LPN is delegated to by RN, APRN, licensed physician or dentist.</p> |
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| <p>September 19, 2013</p> | |
| <p>RN Scope of Practice: Assisting CNM or CPM in home birth</p> | <p>Question: Is it within RN scope of practice to be an assistant to CNM or CPM at home birth?</p> |
| | <p>Answer: Board consensus that a registered nurse can take orders and provide care under the auspices of Certified Nurse Midwife, a licensed Advanced Practice Registered Nurse. A registered nurse CANNOT take orders and provide care under the auspices of a Certified Professional Midwife. A CPM is not recognized as a licensed individual that an RN or LPN would take orders from or work with under their scope of practice.</p> |
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| <p>LNA Scope of Practice: First checks on MAR</p> | <p>Question: Is it within LNA scope of practice to do first checks on MAR? If LNA can transcribe orders, what are consequences if they are not done correctly and how does that affect nurses who sign out medications on MAR if medications are not transcribed correctly?</p> |
| | <p>Answer: Board consensus that it is within scope of practice for LNA to transcribe order but verification of medication orders is not within LNA scope of practice.</p> |

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| <p>RN Scope of Practice: Advancing colonoscope</p> | <p>Question: Is it within RN scope of practice to advance colonoscope through colon while physician manages only directional knobs on scope during colonoscopy?</p> <p>Answer: Board referenced Nevada State Board of Nursing Practice Advisory Opinion (adopted March 8, 1996) and standards provided by Society of Gastroenterology Nurses and Associates (SGNA) that states: The registered nurse is adequately prepared to and may advance or withdraw an endoscope and colonoscope when:</p> <ul style="list-style-type: none">• The RN has completed an appropriate education program including theory and techniques of advancing and withdrawing an endoscope and colonoscope pursuant to Nur 404.12 regarding continued competency;• The procedure is performed when the RN is visualizing the lumen (e.g. teaching scope or video camera.) The RN is permitted to advance or withdraw a flexible sigmoidoscope without direct visualization;• The procedure is carried out under the direct supervision of a licensed provider;• The institution has a written policy identifying the procedure is acceptable practice for the RN. |
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NH BOARD OF NURSING

EDUCATION PROGRAMS: BOARD ACTIONS

| <i>Program</i> | <i>Program Coordinator/Chair</i> | <i>Board Action</i> |
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| <i>April 18, 2013</i> | | |
| Seacoast School of Technology LNA Program | Linda Cutler | Continued Approval |
| <i>May 16, 2013</i> | | |
| White Mountains Community College – RN AD Program | Emily MacDonald, Director | Conditional Approval for substandard test results |

Complaint Reporting

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b).

Reportable violation are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

The complaint form and guidelines can be found on Board of Nursing website www.nh.gov/nursing under Enforcement.

DISCIPLINARY ACTIONS April 2013 thru September 2013

| Any questions please call Susan Goodness at the Board office (603) 271-3823 | | | | |
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| NAME | LICENSE # | BOARD ACTION | DATE | ACTION |
| Gilbody, Julie | 011163-22 | Voluntary Surrender | 4/18/2013 | |
| Moore, Theresa | 017881-24 | Voluntary Surrender | 4/18/2013 | |
| Pagaga, Marie | 051062-21 | Suspended indefinitely (reciprocal with Massachusetts) | 4/18/2013 | |
| Johnson, Michelle | 015500-22 | Suspended indefinitely (reciprocal with Massachusetts) | 4/18/2013 | |
| Durgin, Aleigh (Alissa) | 062808-21 | Immediate Suspension | 5/7/2013 | |

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| Whitehouse, Jessica | 042709-24 | Probation & \$250.00 fine | 5/16/2013 | For violating sections of the Nurse Practice Act including (1) leaving an elderly resident alone in a bathtub with the water running and/or, (2) failing to ensure that co-workers were aware that Respondent left an elderly woman in a bathtub with the water running. |
| Simonen, Johanna | 067114-21 | 1-yr Probation w/conditions & stipulations | 5/16/2013 | For violating sections of the Nurse Practice Act including reporting to work under the influence of a drug for which she had no legal prescription. |
| Peters, Yanna | 013264-22 | Suspension 2 yrs & \$500.00 fine | 6/20/2013 | For violating several sections of the Nurse Practice Act including (1) reporting to work under the influence of alcohol, and/or (2) using alcoholic beverages in a manner dangerous to herself or the public. |
| Durgin, Aleigh (Alissa) | 062808-21 | Emergency Suspension continued | 6/20/2013 | |
| Wenske, Elsa | 044306-24 | Denied Reinstatement | 6/20/2013 | |
| Perkins, Rachel | 013747-22 | Probation continued & \$200.00 fine | 6/20/2013 | For violating sections of the Nurse Practice Act including (1) checking in late with PPW and/or, (2) testing positive for alcohol. |
| Fitzsimmons, Lori | 051710-21 | Emergency Suspension continued | 6/20/2013 | For violating sections of the Nurse Practice Act including (1) reporting to work impaired by alcohol and/or, (2) using alcohol to the extent that such use could impair her ability to safely practice as a nurse, and/or (3) exhibiting a pattern of professional misconduct that is incompatible with the standards of practice. |
| Hunt, Alexandra | 030705-23 | Emergency suspension | 7/3/2013 | |
| Ahearn, Jessica | 065817-21 | Revocation & \$500.00 fine (Reciprocal discipline with Massachusetts) | 7/18/2013 | |
| George, Catherine | 039492-21 | Permanent Voluntary Surrender of License | 7/18/2013 | |

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| Deleary, Darlene | 013478-22 | Suspension - 1 yr & \$250.00 fine | 7/18/2013 | For violating the Nurse Practice Act including 1) failing to conform to nursing standards by administering incorrect doses of narcotic pain medication, 2) practicing in a manner that may have created unnecessary danger to patients by administering incorrect doses of narcotic pain medication, by mislabeling medications, by inappropriately delegating administration of medication to a medical assistant, by failing to dress a surgical wound with sterile gloves, by giving a patient an additional dose of narcotic pain medication, and in delaying care of a patient complaining of chest pain, 3) demonstrating a pattern of behavior that is incompatible with the standards of nursing practice. |
| Johnson, Pamela | 006359-22 | Probation & stipulations removed | 7/18/2013 | |
| Leclerc, Sharyn | 063368-21 | Suspension 1 yr and \$500.00 fine When reinstated - probation 2 yrs) | 7/18/2013 | For violating sections of the Nurse Practice Act including (1) leaving her assignment without notifying the charge nurse or her supervisor for over 2 hours; (2) presenting falsified documentation to NH Hospital that indicated she was fit to return to work and was signed by an APRN; however at a meeting with management she admitted that she wrote 2 notes one on 2/19/12 and the other on 2/22/12; (3) While employed at Crooked Mt. Rehab Center she was found in possession of another staff nurse's patient's narcotics; (4) Left her unit without notifying staff and one of her patients was left in his room without his call bell within reach. |
| Levesque, Sarah | 061785-21 | Voluntary Surrender | 7/18/2013 | |
| Campbell, Colleen | 019226-24 | Suspension - 1 yr & \$750.00 fine | 7/18/2013 | For violating the Nurse Practice Act including 1) failing to renew her LNA license timely for the second time and 2) working without a current license. |
| Adams, Andrea | 034304-24 | Suspension 2 yrs. & \$500.00 fine | 7/18/2013 | For violating the Nurse Practice Act including failing to comply with an order of the Board. |
| Bower, Matthew | 023501-24 | Voluntary Surrender | 7/18/2013 | |

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| Scarpino, Lisa | 012940-24 | Probation 1 yr | 7/18/2013 | Must comply with December 19, 2002 Settlement Agreement section III A-K. |
| Ingram, Tanya | 047060-24 | Revocation & \$1000.00 fine | 7/23/2013 | For violating the Nurse Practice Act including 1) reporting to work while impaired, and/or 2) testing positive for a drug for which she did not have a lawful prescription, and/or 3) providing or attempting to provide a urine sample that had been tampered with; and/or 4) falsifying a doctor's note that she gave to her employer. |
| Helms, Kathleen | 017492-21 | Suspended | 8/9/2013 | For violating the Nurse Practice Act by reporting to work while impaired, committing professional misconduct by 1) testing positive for alcohol at .08 and .076 approximately six and a half (6 ½) hours after she reported for work; 2) placing an incorrect patient identification band on a patient; 3) failing to accurately and completely document care she provided to patients; conviction for a crime that relates adversely to her ability to practice nursing; and exhibiting a pattern of behavior that is incompatible with the standards of nursing practice. |
| Corliss, Lindsay | 015209-22 | Suspension \$ 750.00 fine | 8/15/2013 | For violating sections of the Nurse Practice Act including 1) taking money from her cash drawer on at least two occasions, 2) testing positive for cocaine, 3) demonstrating a pattern of conduct incompatible with standards of nursing practice. |
| LeRoux, Tammy | 011025-24 | Probation w/ conditions and stipulations | 8/21/2013 | For violating sections of RSA 326-B:37, II and the Nurse Practice Act by yelling at a resident. |
| Chapman, Cynthia Ann | 018380-21 | Reprimand & 1-yr Probation | 8/22/2013 | Directed staff not to take a resident's meals to her room, in order to encourage resident to leave her room to have her meals; during a 20-day period, resident lost 9% of her body mass. |
| Dame, Diane | 023896-24 | Voluntary Surrender | 9/19/2013 | |

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| Hunter, Lydia | 045429-24 | Revocation & \$500.00 fine | 9/19/2013 | For violating sections of the Nurse Practice Act including (1) testing positive for a drug for which Respondent did not have a lawful prescription and/or, (2) failure to cooperate with a lawful investigation of the Board. |
| Murray, Jeanette | 023844-24 | Suspension - 2 yrs & \$500.00 fine | 9/19/2013 | For violating sections of the Nurse Practice Act including (1) leaving her assignment without notifying an appropriate authority and/or, (2) failure to cooperate with a lawful investigation of the Board. |
| Paquette, Kristen | 053980-21 | Revocation & \$2000.00 fine | 9/19/2013 | For violating sections of the Nurse Practice Act including (1) removing injectable Dilaudid for a patient who was documented as being pain free and failing to document that the Dilaudid was administered to the patient and/or, (2) removing Dilaudid for patients who did not have an order for that dose and failing to document the administration on the patients' charts and/or (3) diverting Dilaudid and/or (4) failing to comply with the terms of the Massachusetts Substance Abuse Rehabilitation Program and failing to notify the NH Board. |
| Meatty, Lace | 035045-24 | Revocation & \$750.00 fine | 9/19/2013 | For violating sections of the Nurse Practice Act including (1) performing nursing activities beyond her scope of practice and/or, (2) failure to notify the Board of her change of address, and/or (3) failure to notify the Board of her arrests for willful concealment |

Honoring a Legacy of Service: The U. S. Cadet Nurse Corps

By: Joanne Welch, MS, RN, NE-BC, CNP

This year marks the 70th anniversary of the establishment of the U. S. Nurse Cadet Corps during WWII, and **Rena Arsenault McDonald, RN (Ret.)** of Epsom, NH has a wealth of stories to tell about the contributions of corps members to nursing's legacy of national service. As a proud member of the corps, McDonald served as one of a total of 124,065 women across the country that completed their registered nurse education between 1943 and 1948 under the provisions of the Bolton Act. Sponsored by Rep. Frances Payne Bolton of Ohio, and signed into law by President Franklin Delano Roosevelt on July 1, 1943, the act appropriated funding to replenish and augment the ranks of registered nurses on the home front at a time when mass numbers of graduates and practicing nurses had enlisted in active military service (Willever, 1994). Additional factors contributing to a heightened demand for nurses included the increased utilization of hospital settings for care, rising birth rates, and the burden of the polio epidemic (Spader, 2005).

During the corps' peak years, cadet nurses filled an estimated 80% of stateside hospital nursing positions (U. S. Cadet Nurse Corps, n. d.). The following are some highlights regarding the corps' background, qualifications for enrollment, and contributions:

- Following the passage of the Bolton Act, a major national recruitment campaign was launched to attract women to the nursing profession.
- Nursing schools wishing to participate in the program were required to meet strict criteria regarding curriculum, faculty, and opportunities for clinical experience.
- Qualifications for enrollment included graduation from an accredited high school with acceptable grades, and absence of significant health concerns.
- In exchange for enrollment and a commitment to serve in either a military capacity or a designated stateside role throughout the duration of the war, students received full scholarships for tuition and fees, stipends, and coveted winter and spring uniforms that served as a public reminder of their dedication to service.
- Students in the final phase of training were designated as "senior cadets" and placed in facilities where they were most needed. More than 80% of senior cadets were assigned to civilian hospitals, with the remainder located in federal or military hospitals, Indian Health Service, public health, or rural health settings (Rochester General Health System, 2013).

The Cadet Nurse Corps is widely regarded as the most successful federal nursing program in history. Cadet nurses played critical roles in sustaining the health care infrastructure in countless settings during the war and immediate postwar period. While some cadets opted for military service, others, including McDonald, made it possible for the nation to fill its need for women in military service through their commitment to serve in U. S. hospitals. In a recent conversation, McDonald recounted her years as a student and cadet nurse with a fierce sense of pride and patriotism. "As students, there were very few RNs around to teach us, so we were both students and nurses at the same time. It was hard work but we knew it was important work – we were serving our country by caring for the families of the servicemen overseas," she noted.

McDonald was admitted under her maiden name of Arsenault to the nursing program at the New England Hospital for Women and Children in Roxbury, Massachusetts on September 8, 1943, and joined the corps on that same date. She recalls being sworn into the corps with students across the nation, in a ceremony presided over by actress Helen Hayes via a televised broadcast. The ceremony marked the start of McDonald's public service, first as a working student and then as a professional nurse in the immediate postwar years, in providing care to countless patients - many of whom were the wives and children of servicemen abroad. Following her graduation from nursing school in September 1946, McDonald worked in a variety of hospital-based, long-term care, and other nursing positions. Over the ensuing decades, she has played an active role in keeping the spirit of the corps alive through connections with former cadet nurses across the country. McDonald moved to New Hampshire later in her career, and was licensed to practice as an RN in the state in 1981. She retired from active practice in 1990, following a period of employment in a private duty role. Since then, she has been a tireless advocate in seeking the recognition of cadet nurses as veterans, based on their tremendous service to the U. S. in sustaining hospital operations throughout an era of peak nursing demand.

Along with its role in augmenting the supply of nurses, nurse historians cite the substantial positive impact of the corps on the image of nursing, the accessibility of nursing as a profession, and the academic standards for nursing education (Willever, 1994). The corps provided opportunities for expansion of nursing faculty roles as lecturers on topics previously reserved for physicians, and increased the diversity of education in specialty fields such as public health and psychiatric nursing (Willever, 1994). Additionally and of great significance, the corps played an important role in the integration of nursing education in the U. S. (Willever, 1994), laying a rich foundation for the diversity that characterizes the profession today.

In recognition of this milestone anniversary, please join the board in saluting the members of the U. S. Cadet Nurse Corps along with the countless other nurses dedicated to serving their country. Additional information about the corps, including historical literature and brochures, can be accessed at: www.uscadetnurse.org.

References

Rochester General Health System. (2013). U. S. Cadet Nurse Corps. Retrieved from <http://www.rocheatergeneral.org/about-us/rochester-general-hospital/about-us/rochester-medical-museum-and-archives/online-exhibits/united-states-cadet-nurse-corps-1943-1948/>

Spader, C. (2005). The WWII cadet nurse corps. Retrieved from <http://news.nurse.com/apps/pbcs.dll/article?AID=2005505090311#UlgcaxZ3-0s>

U. S. Cadet Nurse Corps. (n. d.). Welcome, U. S. cadet nurses, families, and friends! Retrieved from www.uscadetnurse.org

Willever, H. (1994). *The Cadet Nurse Corps in historical perspective*. Washington, D. C.: American Nurses' Association.



Each year the New Hampshire School Nurses Association (NHSNA) gives school districts throughout the state the opportunity to nominate their school nurse for

“NH School Nurse of the Year”.

This award recognizes an outstanding school nurse for her contributions to the school and community. To be eligible for this award your school nurse must meet the following criteria:

- is a registered professional nurse
- has been practicing school nursing for a minimum of three (3) years
- is a member of the New Hampshire School Nurse Association this year and the prior year without lapse of membership
- show evidence of excellence in school nursing practice.

Deadline for nominations is Friday, February 15, 2014.

For information on the nomination process contact Cathy Forrest at cforrest@conval.edu. Nomination forms can be accessed online at the NHSNA web page, <http://www.nhschoolnurses.org>.

Definition of School Nursing

"School nursing is a specialized practice of professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning." (NASN 1999).

School Nursing: 100+ years of Caring for America's Children

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