

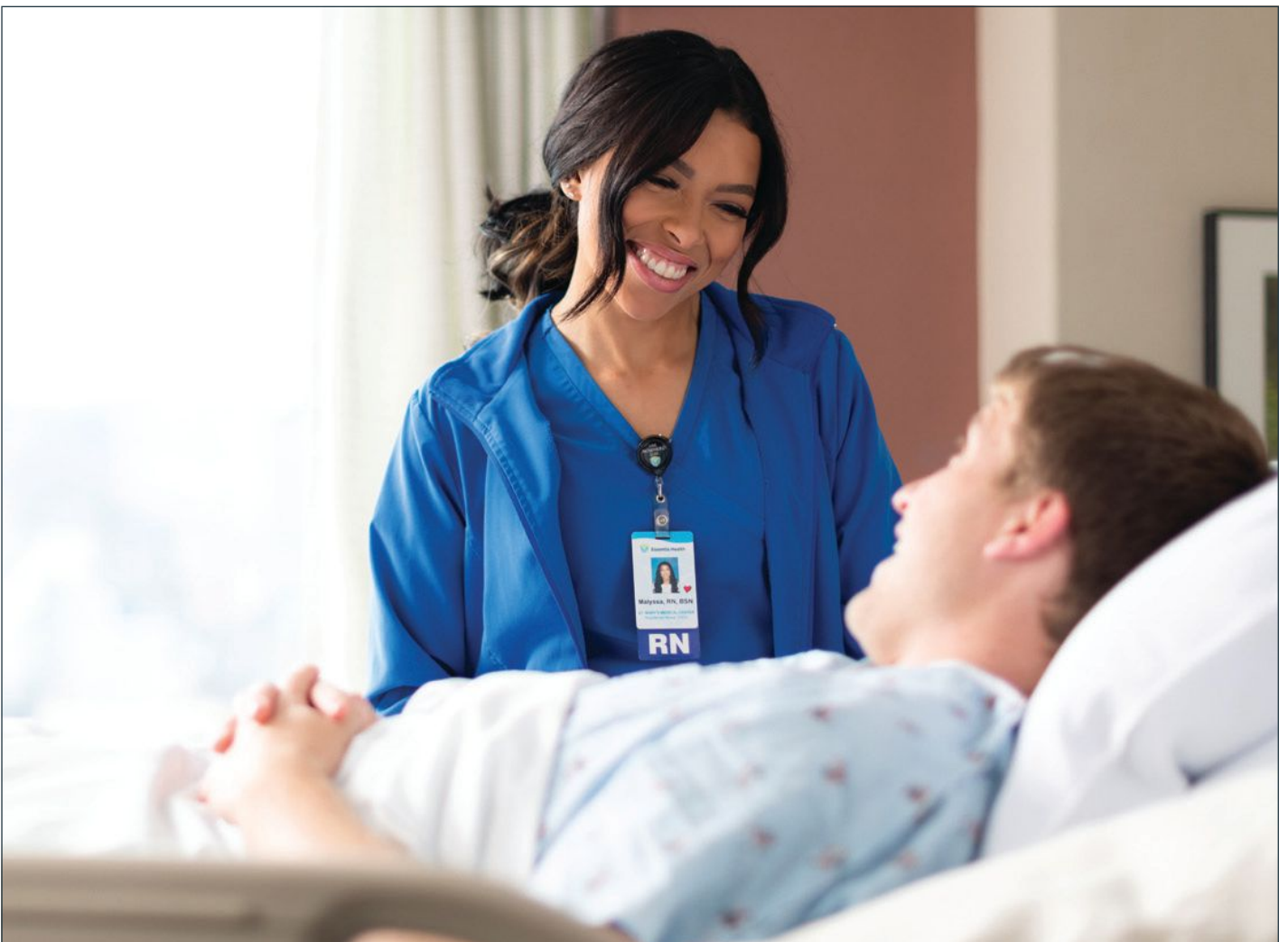
DAKOTA NURSE

C O N N E C T I O N



The North Dakota Board of Nursing Approves a Practice Guidance for Licensed Nurses in Aesthetics Settings in ND

Licensed Practical Nurse Scholarship Recipients Announced



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DAKOTA NURSE C O N N E C T I O N

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EDITION 69

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Dakota Nurse Connection circulation includes over 28,000 licensed nurses, hospital executives and nursing school administrators in North and South Dakota.



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919 S. 7th Street, Suite 504, Bismarck, North Dakota 58504-5881 • 701-328-9777



A message from the Executive Director

Gloria Damgaard, RN, MS, FRE
South Dakota Board of Nursing

Happy New Year to all our readers of the Dakota Nurse Connection. 2020 marks the official start of the Year of the Nurse designated by the World Health Organization in honor of Florence Nightingale's 200th Birthday. What better way to start off the Year of the Nurse than with the announcement that nurses have maintained the #1 spot in Gallup's annual Most Honest and Ethical Professions Poll for the 18th consecutive year. The report was released on January 6, 2020. Congratulations to all of you that work so hard every day to earn the public's trust. You are truly amazing!

In South Dakota, the legislative session is gearing up and there will be a few bills introduced that affect the profession of nursing and the Board of Nursing. The SD Advanced Practice Coalition is proposing legislation that will allow for full practice authority for CRNAs. Specifically, they are seeking to modernize the CRNA Scope of Practice by adopting national standards and adding prescriptive authority as it relates to anesthesia and pain management plans of care. You are not alone if you assumed that CRNAs had prescriptive authority in their practice act statutes already. In fact, they do not. They currently need another physician to order the drugs that are used to deliver anesthesia regardless if that physician has expertise in anesthesia drugs.

Twenty-six states (26) have implemented prescriptive authority for CRNAs including our surrounding states of Montana, Wyoming, North Dakota, Nebraska, Minnesota and Iowa. Opponents of allowing CRNAs to prescribe in accordance with their role maintain that safety will decrease for our citizens if this happens. It is hard to justify that it is safe in our surrounding states for CRNAs to prescribe but once you cross the border into SD, the safety would decrease. CRNAs nationwide are taught according to the same curriculum and are certified according to the same national standards. A practice act based on national standards of education and certification allows for greater flexibility and mobility of CRNA providers. The practice of CRNAs should be consistent in all our states.

The CRNA scope of practice statutes are outdated. The scope is written mainly for general anesthesia services. The statutes have not changed substantially since 1979. Imagine the change that has taken place in the practice of nursing and healthcare over the past 40 years! It is hard to argue that this section of our practice act does not need an update.

CRNAs are seeking to broaden their collaboration requirement

to include other providers such as dentists and podiatrists that may desire the expertise of a CRNA in their practice. Currently, the practice settings are limited only to licensed health care settings and physician's offices and only with a physician. The CRNA will still have a collaboration requirement, the same as the CNPs and CNMs and will be required to consult with other providers and refer as necessary. Health care agencies set their own standards for credentialing and privileging and the proposed legislation will not change how that is done.

Occupational licensing reform is a hot topic across the country since the *White House Report on Occupational Licensing* was issued in 2015. This report calls for increased interstate mobility for licensees and holds up interstate compacts as a best practice for this to occur. The National Council of State Boards of Nursing adopted an interstate compact for advanced practice nurses. It requires that APRNs, including CRNAs have full prescriptive authority. Enactment of this legislation will position South Dakota to join this interstate compact at some point in time. Another aspect of Occupational Licensing Reform is the call to remove barriers for licensees to practice to the full extent of their education, certification and licensure. The proposed legislation is an effort to implement full practice authority for CRNAs.

Other legislation that we are aware of includes an act to repeal the high school graduation requirement or equivalent for certain licensed professionals. This will repeal the requirement that an applicant for a license to practice as a registered or licensed practical nurse must submit evidence, verified by oath, that a four- year high school course of study or the equivalent has been completed. This is an example of a statute that is not necessary to license individuals that have completed post- secondary education programs that require high school graduation in order to gain admittance. The Board of Nursing is supportive of this change. Another regulatory change that is proposed revises certain requirements for advisory committees under the Board of Nursing. Currently, we have an APRN advisory committee required by statute. The proposed change will require that the Board meet all open meetings requirements for this committee. This change is also supported by the Board of Nursing.

These are the pieces of legislation that we know are being introduced. There are a few more that we have heard of that are still being considered for introduction. I wanted to give you a brief update on the policy related issues being proposed for nursing this year.

The Board of Nursing wishes you the best in 2020. Thanks again for making us the nation's most trusted profession. I will talk to you again this Spring.

Best Regards,

Gloria Damgaard, Executive Director





A message from the Executive Director

Stacey Pfenning, DNP, APRN, FNP, FAANP
North Dakota Board of Nursing

Greetings and welcome to the Winter edition of the *Dakota Nurse Connection*, the official publication of the North Dakota Board of Nursing (NDBON). The NDBON members and staff look forward to a productive and innovative 2020 in regulation and public safety for ND citizens. The NDBON aims to continue diligent work at the state and national level to ensure a safe and mobile nursing workforce through licensure interstate compacts and right-touch regulation.

NDBON Update

During the October convened meeting, the NDBON held a public hearing for the proposed administrative rules as published in accordance to N.D.C.C. 28-32-10(1). The NDBON also held two webinars in October to provide an overview of the proposed rules and accept comments. The NDBON accepted public comment through November 8, 2019 and received no written or verbal comments related to the draft proposed rules. To review the full publication of notice and proposed rules visit www.ndbon.org Latest News. The Attorney General is in the process of reviewing the rules for legality.

At the October 24, 2019 meeting, the NDBON heard public comment and reviewed submitted testimony related to the posted draft practice guidance titled, "Role of the Licensed Nurse in Aesthetic Practices in ND". The NDBON approved the draft with edits reflecting public comment. Please refer to the article in this *Dakota Nurse Connection* for the full practice guidance. The approved practice guidance is available at www.ndbon.org.

In November 2019, the NDBON welcomed a new staff member, Michael Frovarp, in the position of Accounting and Licensing Specialist. To learn more about Michael, please refer to this edition of the *Dakota Nurse Connection*.

Committees and Meetings

In September, the NDBON staff provided updates and reports at the annual conferences for both the ND Nurses Association and ND Nurse Practitioner Association. The reports included information pertaining to the rule promulgation. Staff also provided a podium presentation for the ND Nurses Association Conference titled, "The Opioid Epidemic: A Regulatory Perspective". If your facility or organization is interested in this presentation, please contact the NDBON with your request at contactus@ndbon.org.



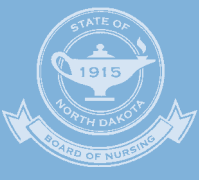
Figure 1 Tessa Johnson, NDNA President, Dr. Stacey Pfenning, NDBON Executive Director, Jerico Alicante, NDNA Director of Education and Practice

On October 3, 2019, the NDBON provided a podium presentation at the Council of State Government Occupational Licensing Learning Seminar. The presentation provided policy makers and stakeholders with important information related to the impact of interstate licensure compacts in nursing.

Several NDBON members and staff attended the Attorney General's Orientation and Training seminar for professional licensing boards and commissions on October 29, 2019. The seminar highlighted open meeting topics and addressed recent legislative changes, including mandates which require boards to identify military spouse on applications and waive initial licensure fees.

The NDBON will continue to post news on licensure, education, practice, and pertinent legislative and administrative rule activities on the website. Watch for the Spring edition of the *Dakota Nurse Connection* as the Board and staff continue to provide regulatory updates and publications.

Sincerely,
 Dr. Stacey Pfenning DNP APRN FNP FAANP



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MISSION

The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.

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Bismarck, ND 58504-5881
Phone: 701-328-9777
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Email: contactus@ndbon.org

NORTH DAKOTA BOARD OF NURSING 2018-2019 BOARD MEETING DATES

January 23, 2020

April 23, 2020

July 16, 2020 Annual Meeting

Please note:

All meetings will be held in the Board office conference room, 919 South Seventh Street, Suite 504, Bismarck, ND and are open to the public. Observers are welcome to attend.

Agendas will be listed on the Board website, www.ndbon.org, and will include the time. The agenda will be available 5 business days prior to each meeting.

As a service to the citizens of North Dakota, the Board provides a PUBLIC FORUM during each Board meeting (refer to agenda of each meeting for time). This is a time when anyone may address the Board about any issue regarding nursing. Prior notification is not necessary. Individuals will be recognized in the order of their signature on a roster available at the meeting.

ND Board of Nursing Office Security Announcement

The NDBON implemented office security including entrance control. If you plan to visit the Board office, please consider the following:

1. A visit to a Director requires an appointment. To schedule an appointment, call 701-328-9777
2. Email items to contactus@ndbon.org or fax to 701-328-9785.
3. If you do plan to visit the Board office, you will need to push the buzzer at the door, state your name and the reason for the visit prior to admittance.
4. If you have any questions, please call 701-328-9777

NORTH DAKOTA BOARD OF NURSING

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License by Endorsement
UAP/Technician/Medication Assistant III

www.ndbon.org

ND Board of Nursing invites nursing and non-nursing public members to participate on the Advisory Panel. Visit www.ndbon.org for information and application.

NURSES *Have you moved recently?*

UPDATE YOUR ADDRESS ON THE ND BOARD OF NURSING WEBSITE

Change of Address and Contact Information

To ensure receipt of correspondences from the ND Board of Nursing, all licensees, registrants, and applicants are responsible for providing accurate, current address and other contact information may result in the inability to receive official notices or requests, which can lead to default or adverse action against the licensee or registrant. To change your address and other contact information visit www.ndbon.org. Choose Demographic Updates under Nurse Licensure.

LICENSURE VERIFICATION

North Dakota License Verification Options

The North Dakota Board of Nursing provides the following options for individuals attempting to verify a ND nursing license:

- North Dakota Board of Nursing Website – go to www.ndbon.org
Choose "Verify"
- Nursys® QuickConfirm at www.nursys.com
– Look up a license from any QuickConfirm participating board of nursing and print/download a report with the licensure and discipline status information for that nurse.
- Nursys® E-Notify at www.nursys.com
– Institutions: Enroll your entire nurse list and e-Notify will send regular updates of changes to licenses from e-Notify participating boards of nursing.
– Nurses: Sign up to receive license expiration reminders and status updates via email or SMS for all your licenses from e-Notify participating boards of nursing.

NORTH DAKOTA BOARD HIGHLIGHTS

October 2019

Compliance Division investigations and list of all disciplinary actions taken by the Board are published in the July 2019 Public Notice available at <https://www.ndbon.org/Publications/PublicNotice.asp>

The Board:

- Approved the modifications to the management of the bank accounts effective November 1, 2019.
- Ratified the August 29, 2019 approval of CE Broker and cash reserve funds for office technology and software.
- Held an Executive Session to consider the following according to the NDCC 44-04-18.1:
 - Agenda item 5.1.1 Wendy Brown;
 - Agenda item 5.1.2 Heidi Foertsch;
 - Agenda item 5.1.3, Chelsy Helbling; and
 - Agenda item 5.1.4 Lisa Herda
- Heard the ND Professional Health Program (NDPHP) representatives (Ann Leiseth & Dr. Melissa Henke) address regarding potential inclusion of APRNs in the NDPHP program, which is an alternative to discipline option for licensees with substance abuse and mental health concerns. The program currently serves Physicians, Physician Assistants, and Medical Students and is supported financially by the Board of Medicine. Discussed possible legislation to allow for other health professions, such as nursing, to be included in an alternative to discipline program.
- Approved the draft revisions to the “PVR Process Policy”.
- Approved the draft revisions to the “Compliance Advisory Council Policy”.
- Approved the request for an increase in the collective annual enrollment for the master’s degree, Adult Gerontological Primary Care Nurse Practitioner (AGPCNP), Family Nurse Practitioner (FNP), and Psychiatric Mental Health Nurse Practitioner (PMHNP) Programs from 138 to 294 students beginning with Spring 2020 admissions for the University of North Dakota (UND) College of Nursing & Professional Disciplines, master’s degree, Nurse Practitioner Programs as the programs have full approval and the changes comply with NDAC 54-03.2-06-02. Programmatic Changes.
- Approved the request for the addition of an Associate Degree Registered Nurse Program to the satellite site in Garrison, ND from Dakota Nursing Program Consortium, Bismarck State College (BSC), as the program has full approval and the change complies with NDAC 54-03.2-06-02. Programmatic Changes.
- Approved the NDBON staff request for an extension of approval for the following institutions and programs to accommodate the change to quarterly Board meetings as the programs all have full approval and are in substantial compliance with ND Administrative Code 54-03.2. Standards for Nursing Education Programs:
 - Dickinson State University, AASPN & BSN Programs – Approve through January 2022.
 - Minot State University, BSN Program – Approve through April 2021.
 - Sitting Bull College, ASPN Program – Approve through January 2021.
 - University of Jamestown, BSN Program – Approve through January 2020.
 - University of North Dakota, BSN, MSN, & DNP Programs – Approve through January 2021.
 - North Dakota State University, BSN, LPN to BSN, & DNP Programs – Approve through July 2022.
- Approved the NDBON staff request for an extension of appointment for Nursing Education Committee external members Sara Berger and Janet Johnson from September 2019 through December 2019.
- Granted the request of Britnee Traphagen UAP-Medical Assistant to gain registry as a medication assistant III, as she has fulfilled the ND Board of Nursing requirements for registry of that designation.
- Accepted the letter from the Assistant Registrar at Union College, Lincoln, NE to satisfy the requirements of NDAC 54-02-06-01, subsection 4; NDCC 43-12.1-09, subsection 2.b (2) for Kansas Registered Nurse endorsement application Doreen Decker.
- Finally adopted the revised administrative rules NDAC Title 54 subject to the Attorney General review as to the legality which includes the following:
 - Addition: Article 54-05-02-08 Dispensing in Title X Clinic.
 - Repeal: Article 54-02-05-04 Late Renewals Fee.
 - Revisions: 54-02-01-06 Examination fees; 54-02-05-03 Renewal fees; 54-02-

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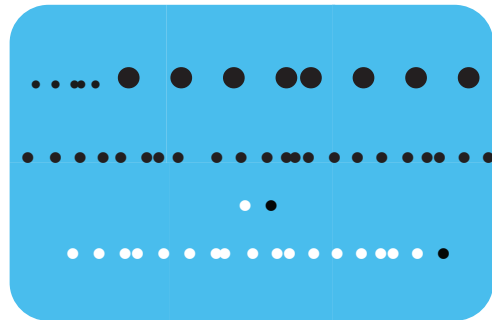
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05-06 Reactivating a license;
54-02-06-01 Application and fee (Endorsement); 54-05-03.1-04 Initial requirements for advanced practice registered nurse licensure; 54-05-03.1-06 Requirements for advanced practice registered nurse licensure renewal; 54-05-03.1-06.1 Reactivation of a license; 54-05-03.1-09 Requirements for prescriptive authority; 54-05-03.1-11 Prescriptive authority renewal; 54-05-03.2-04 Initial requirements for specialty practice registered nurse licensure; 54-05-03.2-05 Requirements for specialty practice registered nurse licensure renewal; 54-05-03.2-05.1 Reactivation of a license; 54-07-02-01 Application and fees for unlicensed assistive person registration; 54-07-02-01-1 Renewal of registration.

- Approved the draft practice guidance "Role of the Licensed Nurse in Aesthetic Practices in ND" as amended per public comment as final.
- Retired Amnisure Test practice guidance.
- Approved Michael Hammer's continuation as Vice President through June 2020.
- Ratified the following position descriptions: Archive Operations Director position and approve the Accounting/Licensing Specialist position.
- Approved the NDBON policy and procedures: "NDBON Action Plan" and "NDBON Performance Deficiency and Discipline" with amendments.

Giving Hearts Day Is February 13, 2020!



GIVING HEARTS DAY #countme Feb. 13



**NORTH DAKOTA
CENTER FOR NURSING**
A unified voice for nursing excellence.

The North Dakota Center for Nursing is pleased to announce we are participating again in Giving Hearts Day, held Feb. 13th, 2020. Each year, the proceeds from Giving Hearts Day are distributed to students for our Future Nurse Scholarship Program and also help us with statewide nurse recruitment efforts.

The Dakota Medical Foundation has provided us with a \$3,000 match, which requires us to raise a preliminary \$1,000 which we are in the process of fundraising for.

Thanks to the generous donations of our Board of Directors, we have raised \$550. If you would like to contribute to our

preliminary match, please submit to us a check to our address below with the current date (not the date of Giving Hearts Day).

North Dakota Center for Nursing
3523 45th Street South
Fargo, ND 58104

If you would like to contribute to the overall Giving Hearts Day campaign, please make a donation on Giving Hearts Day at www.givingheartsday.org or mail a check dated for February 13th, 2020 to our address above.

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LPN – Urgent Care

CHI St. Alexius Health – Devils Lake, ND

RN – ER, OB

CHI St. Alexius Health – Dickinson, ND

RN – Med/Surg/Peds, OB
LPN – Family Practice

CHI St. Alexius Health – Lisbon, ND

LPN or RN – Acute Care
RN – Acute Care (PRN)
LPN – Acute Care (PRN)

CHI Lakewood Health – Baudette, MN

RN – Acute Care
RN Coordinator – ER

CHI Mercy Health Valley City

RN – Patient Care Unit

CHI Oakes – Oakes, ND

LPN or RN – Acute Care
RN – Clinic (PRN)

CHI St. Alexius Health – Williston, ND

RN – Med/Surg
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RN – ICU
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RN – ER
RN – OB
RN – OR

CHI St. Francis Health – Breckenridge, MN

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Frequently Asked Questions

Requirements for Licensure by Examination

APPLICATION PROCESSING

When am I made “Eligible for Licensure by Examination”?

In order to be made eligible to test **AND** be issued a work authorization to practice as a graduate nurse, the following must be received in the board office:

- On-line application for license by examination and \$130.00 nonrefundable fee (\$110.00 application fee and \$20.00 CHRC Fee) payable by credit or debit card.
- Official transcripts from nursing program with the degree posted; and
- Registration from NCLEX Candidate Services for testing (\$200.00 fee required)

What do I do if I have a name or address change?

Address and name changes can be made on the Board website under “Nurse Licensure”, “Demographic Updates”.

What are the payment options and what do I do if I do not have a credit card or debit card?

You may use a Visa, MasterCard or Discover credit or debit cards. If you do not have a credit card or debit card, you can purchase a Visa, MasterCard or Discover gift card at many banks or credit unions or at discount stores such as Walmart or CVS Pharmacy for the purpose of paying for the on-line application.

What if I am claiming another compact state as my primary state of residence?

If you claim another compact state as your primary state of residence, you will need to apply for license by examination in your primary state of residence. If you change your primary state of residence to ND later, you can apply for license by endorsement in ND at that time. See www.ncsbn.org for a current list of compact states.

SCHEDULING TO TEST

When can I schedule my appointment?

An Authorization to Test (ATT) is required to schedule your appointment. Once you have been made eligible for licensure by examination by the Board of Nursing, your ATT will be e-mailed to you by Pearson Vue.

How long is the ATT valid?

The authorization to test is valid for 90 days.

How soon will I be able to test?

You are guaranteed to be offered a testing date within 30 days of the time you call the Pearson Test Center. If the test center offers a date within the 30 days and you decline that date, the test center has met their contractual obligation. Please contact the Board office if you have any problems scheduling your test.

What happens if I need to reschedule?

If you need to change your appointment, you must contact NCLEX Candidate Services one full business day (24 hours) prior to your scheduled appointment.

Is there a practice test?

Yes, there is a tutorial available on the test vendor website at www.pearsonvue.com/nclex

WORK AUTHORIZATION AND PRACTICE AS A GRADUATE NURSE

When do I get my Work authorization to practice as a graduate nurse?

Your work authorization will be issued when the ND Board of Nursing has made you eligible for licensure by examination. A paper work authorization will not be mailed. Your work authorization number, issue date and expiration date will be posted on the Board website. You can check the website at www.ndbon.org – click on the “Verify” tab.

When can I start working as a graduate nurse?

Your work authorization must be issued before you start practicing as a graduate nurse or attend any orientation sessions.

How long is a work authorization valid?

The work authorization is valid for 90 days, or until you are notified of the test results, whichever occurs first.

Can anyone get a work authorization?

You must complete the application for licensure process within 60 days of graduation in order to be eligible to receive a graduate nurse work authorization.

Will I receive a work authorization by mail?

No. Work authorizations will be posted on the Board website for applicants and employers to access.

Can a graduate from a nursing education program who receives a work authorization for license by examination continue to work as a UAP or LPN if they have a current registration/license for a UAP or LPN?

If the employer decides to retain the employee in a UAP or LPN nurse role they may do so. The employer needs to verify permits, license, and registrations on the Board website under “Verify”.

Can I complete any orientation (including classroom instruction and reading policy and procedures) prior to receiving a nursing license, permit, or work authorization?

No. The Board reaffirmed the position in 2018, as adopted and reaffirmed in 1987 and 1998, that orientation to a position that requires a nursing license, permit, or work authorization is considered nursing practice and therefore requires that the individual be properly licensed or authorized to practice for the position to which they are being oriented.

Can I work on a nursing unit in a position other than as a licensed nurse?

If a nurse holds licensure in ND and chooses to work in a position other than nursing, and the job description does not include use of nursing knowledge, skills, and abilities, the individual is free to do so. However, the individual cannot claim those hours for nursing practice hours for purposes of maintaining eligibility for licensure.

An individual applying for nurse licensure in ND must be authorized to practice nursing if hired in any nursing position that requires nursing knowledge, regardless of the title. This is done by obtaining a work authorization or permit.

- Exception: If the individual is licensed, registered or authorized to perform the work required in that position. For example, a nurse who is registered as a certified nursing assistant may work in that role without having a license, permit or work authorization to practice nursing (October 25, 2018 Board motion).

CRIMINAL HISTORY RECORD CHECK

How do I apply for a criminal history record check (CHRC)?

After you complete your application for licensure by examination, click on the Criminal History Record Check link. Print and complete the CHRC Form provided on the link and CAREFULLY follow the instructions for fingerprinting.

How long does the fingerprinting process take?

Both federal and state checks will be performed. If fingerprints are not adequate for identification purposes for BCI, new cards will be required for a second set of

prints. If the second set of prints are not adequate for identification purposes, a name search will be requested. Processing time averages 10 to 14 business days from the time your completed fingerprint card and fees are received in the Board office if first set of fingerprints are adequate.

OBTAINING RESULTS AND LICENSURE

How soon will my results be available?

Your unofficial examination results are available through NCLEX Quick Results Service offered by the test service. You can access your unofficial results via the internet at www.pearsonvue.com/nclex and sign in with a user name and password. Choose “Current Activity”, then “Recent Appointments”, and then “Status”. After entering a credit card number the unofficial results will be displayed. The fee for this service will be listed on the website. Your credit card will only be charged if your results are available.

The Board office makes every effort to notify you of your results within 48 hours of your testing.

DO NOT CALL the Board office for your test results; Board staff is unable to release them over the phone or to your employer. If you pass, you will receive a license to practice as a nurse.

If you pass the licensing exam, you will receive an email from the Board indicating that you passed.

If you fail the licensing exam, you will receive your results and diagnostic profile by mail.

NOTE: Your CHRC must be completed prior to your license being issued.

Can I find out if I passed or failed using the Board’s website?

You can access the Board’s website to see if a license has been

issued. If a license is not showing for you, it does not necessarily mean that you’ve failed. It is possible that a license has not yet been issued for you. After the results have been processed, the license verification will show a license number if you passed, or the work authorization will be expired if you failed. **DO NOT CALL** the board office for confirmation, Board staff cannot release pass/fail results by phone.

Can I start practicing as a nurse once I received my unofficial results that I passed?

No. You cannot start practicing as a nurse until you have been issued a license by the Board of Nursing. Licenses can be viewed in the “Verify” Section of the Board website.

When will my license expire?

Applicants for initial license by examination shall receive a license expiring on December 31 of the following year as part of the application fee.

What if I fail?

If you fail, you will receive a diagnostic profile of your areas of weakness, and the required documents to submit for retesting. You are eligible to retest 45 days after your original test date. The retesting application can be submitted on-line prior to that date for processing.

Can I continue to work as a graduate nurse if I fail the NCLEX?

No. Your Graduate Work Authorization becomes invalid when you receive the examination results. A candidate who fails the licensing examination may not be employed in a position with functions that are usually assigned to licensed nurses. You are NOT able to continue to practice as a graduate nurse.

North Dakota Board of Nursing Welcomes New Board Member Cheryl Froehlich of Mandan, Public Member

Please join the ND Board of Nursing in welcoming Cheryl Froehlich as the Board's newly appointed Public Member. Cheryl is from Mandan, ND. Cheryl provided the following information to introduce herself to ND licensees, registrants, and stakeholders:

When were you appointed as a board member?

August 6, 2019

Why did you decide to become a board member?

I have always found health care to be an incredibly interesting field and have a tremendous amount of admiration for those who work in the industry. I decided to become a board member because I felt my past health care experiences combined with my human resources and energy industry experience, would provide a unique perspective as the public representative on the board.

What is your nursing background?

I am the public representative on the ND Board of Nursing. Just over ten years of my professional career was spent in the health care industry. During this time, I worked with nurses, doctors, administrators, and other health care professionals to create an occupational medicine program and open the first Long Term Acute



Care (LTAC) hospital in ND. I hold an associate degree in management from Bismarck State College, and I received my bachelor's degree from the University of Mary in business management. I have worked in the human resource profession for the past 18 years and hold certifications as a Professional in Human Resources (PHR) and a Society for Human Resource Certified Professional (SHRM-CP).

What do you feel you can bring to the Board of Nursing?

I believe I will be able to bring an outside perspective to the Board of Nursing to perhaps look at things differently. At times, in any profession,

we become very comfortable. In order to continue to assure ND citizens quality care through the regulations and standards for nursing education, licensure and practice, we must challenge the norm. As I learn more about the nursing profession and the Board of Nursing, I hope to ask constructive questions that will further the mission, vision, and strategic goals of the Board.

What is one of the greatest challenges of being a board member?

The greatest challenge is learning about this new role as a board member and finding a healthy balance between my professional and personal responsibilities.

How would you describe your experience (so far) as a board member?

It has been a rewarding and insightful experience so far. I have attended one special meeting, one board meeting, and an orientation session for new Board members facilitated by the ND Attorney General's Office.

What would you say to someone who was considering becoming a board member?

There are so many opportunities for nurses and the public to be involved at a local, state, and national level. Change occurs rapidly in our professional and personal lives. I believe we can sit by and let it happen to us, or we can be a part of determining the course of change. I am always eager to learn new things, broaden my professional network, and give back to my community. Giving of your time and talent pays rewards that are invaluable.

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North Dakota Board of Nursing Welcomes New Board Member

*Julie Dragseth of Watford City,
Licensed Practical Nurse Member*

Please join the ND Board of Nursing in welcoming Julie Dragseth as the Board's newly appointed LPN Member. Julie is from Watford City, ND. Julie provided the following information to introduce herself to ND licensees, registrants, and stakeholders:

When were you appointed?

August 6th 2019

What is your nursing background? Why did you decide to become a board member?

In 2004 Williston State College was on its way to providing a solution to the nursing shortage by creating the Dakota Nursing Program Consortium. In 2005 I graduated with my certificate in Practical Nursing and was catapulted into the industry with a job offer from Trinity Eye Clinic two weeks prior to graduation. Little did I know, this profession would become a launching pad of sorts, opening doors to opportunities to be a mentor to students considering health careers and those who were enrolled in the Dakota Nursing Program at WSC.

In 2013 I was asked to be a part of the WSC Nursing Advisory Board as well as the Williston High School Health Careers Advisory Board, providing a point of contact at Trinity Western Dakota for both programs. I continued working with these programs until my resignation from Trinity Eye Clinic in the spring of 2018, after accepting a position at MCHS as the Supervisor of the Horizon Assisted Living, in Watford City. However, I was asked to continue as a part of the WSC Nursing

Advisory Board as they were exploring the option of a satellite program in Watford City.

I had applied for the ND State Board of Nursing LPN opening in 2015, which was unsuccessful. I was still working full time at the Eye Clinic and raising my two daughters and the timing wasn't right. However, in July of this year I received a phone call from Lynn Welker, MCHS Public Relations contractor, asking if I would consider applying for an appointment to the State Board of Nursing. My youngest daughter had just graduated high school and my position at the Assisted Living allowed for more flexibility. The timing was perfect!

The decision to be a part of the Board of Nursing was born out of a desire to serve the public in a capacity that would allow me to be an integral part of regulation and education as it relates to nursing practice. Providing a quality healthcare workforce, safeguarding citizens and improving lives in North Dakota, is something that I am passionate about and it is an honor to serve on a Board with a group of experienced professionals who share that same passion.

What is one of the greatest Challenges of being a board member? What do you feel you can bring to the Board of Nursing?

Making decisions that affect lives is a great challenge and at times, an overwhelming responsibility. It's tough to make those hard decisions, to sort out the details and determine what is in the public's best interest. I am thankful to have an exceptional Nursing Board staff that does their due diligence in giving board members as much information as possible to make well informed decisions.

I was in my mid-twenties, when I went back to college to pursue my nursing

degree. I went back to school with one intention and it was to care for people competently with a compassion and concern that was nothing short of what I would do for my own family.

As a Board we have a commanding responsibility to do just that to make sure that the citizens of North Dakota have the opportunity to be cared for by Nurses who are well educated, competent and compassionate, nothing short of who we would have caring for one of our own. The Board has an exceptional group of professionals in place that embody this ideal and I am honored to be a part of it.

I bring a spirit of compassion and a unique perspective as I reside in Watford City, a Western North Dakota oil boom town that has a unique set of challenges in filling healthcare needs. My perspective is one that is rooted deep in North Dakota values and tradition.

How would you describe your experience thus far?

The Board and employees of the NDBON were so incredibly helpful and welcoming. My first Board meeting was very eye opening and a little overwhelming at times. However, the Board is very expeditious and the Board employees do a great job in sending out agenda information for review prior to meetings, which was very helpful.

What would you say to someone who is considering becoming a board member?

Being a Board member is not for everyone. However, if you enjoy making a difference, have a desire to serve the public and be a part of making North Dakota a great place to live and work, then being a member of the NDBON is definitely worth considering. I am glad I was given the opportunity to serve in this capacity.

The North Dakota Board of Nursing Approves a Practice Guidance for Licensed Nurses in Aesthetics Settings in ND

Prepared by ND Board of Nursing Practice Division

Over the past several years, the ND Board of Nursing (NDBON) received numerous public concerns and potential violation reports related to the practice of the licensed nurse in ND aesthetic settings. The following deliberations and actions were taken by the Board:

- July 2017: Participated in a meeting with NDDoH, ND Board of Medicine, ND Board of Cosmetology related to aesthetics and scope of practice.
- November 2017: Directed staff to discuss the scope of practice of licensed nurses in aesthetic settings at the next ND Tri-Regulator Collaborative and review the current practice guidance in relation to ND law and rules.
- January 2018: Reviewed November 2017 ND Tri-Regulator Collaborative minutes; considered staff and SAAG research related to ND law and rules and national standards; provided a public comment during the meeting; retired current practice guidance related to aesthetic settings; and approved an interpretative statement reiterating N.D.C.C. 43-12.1 and N.D.A.C. Title 54 pertaining to scope and standards of practice for the licensed nurse in ND. The interpretative statement was published on the NDBON website, *Dakota Nurse Connection* Spring 2018 edition, and ND Center for Nursing (NDCFN) media.
- Winter 2019: “*The Professional Nurse: Regulatory Standards of Practice*”, published in the *Dakota Nurse Connection* emphasizing aesthetic settings and relevant FAQs.
- April 2019: Reviewed a correspondence to the NDBON addressing concerns about practices related to aesthetics and lack of provider/prescriber involvement in medical prescribing, diagnosing, and management. Directed SAAG and staff to notify AG office of the continued public concerns related to the aesthetic facilities in ND, which involves physicians, nurses, aestheticians, and non-licensed staff.
- July 2019: Heard testimony from ND Medical Spa Association related to aesthetics. Reviewed draft practice guidance, “Role of the Licensed Nurse in Aesthetic Practices in ND” and directed SAAG final review, posting for public comment, and providing public forum during October 2019 meeting. The draft was published on the NDBON website and NDCFN media.
- October 2019: Held Public forum for testimony related to the draft “Role of the Licensed Nurse in Aesthetic Practices in ND” practice guidance. The ND Medical Spa Association provided testimony. The Board reviewed submissions received throughout comment period, including several stakeholders’ written and verbal testimony. The Board approved the practice guidance with several edits to address the public comments related to clarification of

required prescriber/provider assessments and involvement in medical diagnosing, prescribing, and managing.

- Held open forums for public comment specific to the licensed nurse and aesthetic settings January 2018, April 2018, July 2019, and October 2019.
- 2017-2020: Conducted multiple investigations of potential violation reports received by NDBON on nursing scope of practice in aesthetic settings.

The new practice guidance does not represent a change to either ND law or rules. Rather, the Board practice guidance provides clarification regarding the interpretation and application of the Nurse Practices Act, which is a duty of the Board in accordance to N.D.C.C. 43-12.1-08(2)(p). The practice guidance as finally approved in October 2019 is published below and is available at www.ndbon.org.

North Dakota Board of Nursing Practice Guidance

Role of The Licensed Nurse in Aesthetic Practices in ND

Guidance regarding the interpretation and application of the Nurse Practices Act (NPA) may be adopted by the ND Board of Nursing (Board) as a means of providing direction to licensees and stakeholders who seek to ensure safe nursing practice and to address issues of concern relevant to public protection. (North Dakota Century Code (NDCC) 43-12.1-08(2)(p)).

Board approved practice guidance does not carry the force and effect of the law/rules. Each licensed nurse (nurse) is “responsible and accountable to practice according to the standards of practice prescribed by the board and the profession”; and must “accept responsibility for judgments, individual nursing actions, competence, decisions, and behavior in the course of nursing practice.” (Standards of Practice, North Dakota Administrative Code (NDAC) 54-05-01-07 and 54-05-02-04). “Competence”: means the application and integration of knowledge, skills, ability, and judgment necessary to meet standards. (NDAC 54-01-03-01(16)).

Background/Significance

In January 2018, the Board approved the following interpretative statement to address public concerns related to the role of the nurse in aesthetic practices in ND. There were no legislative changes to existing law or rules:

RN Scope of Practice and Prescribed Injectable Aesthetic Agents:

A Registered Nurse, with evidence of comprehensive,

specialized, and accredited training; Certification; and competencies, may inject FDA approved medical aesthetic/ cosmetic agents, as part of a medically prescribed treatment plan, which includes a documented initial assessment/evaluation for each individual client by the prescriber. (NDAC 54-05-02-04; NDAC 54-05-02-05).

A Registered Nurse cannot medically diagnose; determine medical treatment; or prescribe or dispense legend pharmaceuticals (NDCC 43-12.1-02(5); NDAC 61-04-02-01; Board of Pharmacy Administrative Guidelines for Practitioner dispensing in ND).

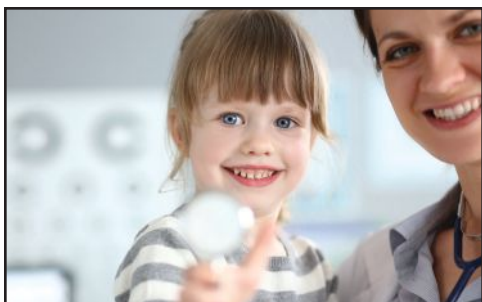
However, public concerns and inconsistencies of aesthetic practice in ND continued thus, the Board of Nursing:

- Reviewed related Board practice statements
- Reviewed current evidence-based nursing and healthcare literature
- Completed the Scope of Practice Decision-Making Framework adopted by the Board
- Obtained input from stakeholders regarding current practice related to the RN role in aesthetic practices
- Explored relevant national trends, advisory opinions, and surveys related to aesthetics and regulation

Definitions related to this Practice Guidance

- **Dispensing:** the preparation and delivery of a prescription drug, pursuant to a lawful order, in a suitable container appropriately labeled for subsequent administrations to or use by a patient. Board of Pharmacy provide an exemption to duly licensed practitioner of medicine supplying the practitioner's own patients with such remedies as the practitioner may desire for a patient's immediate needs, etc. 43-15-8; NDCC 43-15-02; NDAC 61-04-02-01.
- **Medication administration:** delivery of medication by a licensed nurse or an individual delegated to and supervised by a licensed nurse, to a client whose use of that medication must be monitored and evaluated applying specialized knowledge, skills, and abilities possessed by a licensed nurse. NDAC 54-01-03-01(44).
- **Nursing:** the performance of acts utilizing specialized knowledge, skills, and abilities for people in a variety of settings (aesthetics practices are considered a setting). Acts may not be deemed to include acts of medical diagnosis or treatment or the practice of medicine as defined in chapter 43-17. NDCC 43-12.1-02(5).
- **Prescriber:** a qualified healthcare professional who is educated, trained, and licensed to perform the services authorized in the treatment plan. This individual must be a

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Beulah, ND RN Clinic Nurse (full-time)

Coal Country Community Health Center is seeking a RN Clinic Nurse (full-time) for our Beulah Clinic (M-F). Responsible for the overall flow of patient care. Must be a graduate of an approved nursing program and possess current ND Board of Nursing licensure; prior clinic experience preferred.

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Physician, Physician's Assistant or APRN with Prescriptive Authority (AMA, AZ BON, LA BON, KY BON).

- **Prescriptive practices:** assessing the need for drugs, immunizing agents, or devices and writing a prescription to be filled by a licensed pharmacist. NDCC 43-12.1-02(6).
- **Prescription:** any order for drugs or medical supplies, if such order is written or signed or transmitted by an individual licensed by law to prescribe and administer such drugs or medical supplies, etc. NDCC 43-15-26.

This practice guidance is NOT intended to apply to:

- The licensed practical nurse.

Role of the Nurse in Aesthetic Practice

1. It is the nurse's responsibility and accountability to base nursing decisions on nursing knowledge and skills; and participate in nursing practice to the extent of basic nursing education and additional skills acquired through subsequent education and experience.

Comprehensive, specialized, and accredited training related to aesthetics provides evidence of appropriate knowledge, skills, and competencies of the nurse. Facility policies & procedures must include initial and ongoing competencies. NDAC 54-05-02-04(2)-(4); NDAC 54-05-02-05(1), (2), (7), (10), and (12).

The Board acknowledges the following related to nurse education in aesthetic practices:

- a. Successful completion of training and demonstrated competency includes at a minimum: A comprehensive didactic component and a supervised practicum where each procedure is evaluated by a qualified practitioner (AZ BON).
- b. Board recognized comprehensive and specialized education and continuing education programs must be approved or accredited by:
 - i. ND Board of Nursing (or another jurisdiction's state nursing board)
 - ii. Accredited college or university
 - iii. Health care regulatory board, or
 - iv. Professional organization that is nationally accredited to approve continuing education programs; and
- c. National specialty certifications are preferred to ensure accredited training, such as Certified Aesthetic Nurse Specialist (Plastic Surgical Nursing Certification Board), Dermatology Nurse Certified (Dermatology Nursing Certification Board), or other related certifications.

2. It is the nurse's responsibility and accountability to remain within legal scope and standards of practice, which **excludes** medical diagnosing, determining medical treatment, and/or prescribing/dispensing of FDA approved agents/devices.

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NDCC 43-12.1-02(5); NDAC 54-05-02-04; NDAC 54-05-02-05; NDAC 54-05-03.1-10; NDAC 61-04-02-01; Board of Pharmacy Administrative Guidelines for Practitioner dispensing in ND.

The Board acknowledges the following related to the role of the nurse in aesthetic practices:

- a. FDA approved medical agents/devices require prescriptive authority to initiate, plan, order, prescribe, and dispense. Determining dosages is an element of prescribing. It is **not** within the scope of practice of the nurse to prescribe or dispense FDA approved agents/devices.
- b. Prior to implementation of any medical treatment the prescriber performs an initial, documented history and physical assessment/evaluation and develops a client-specific medical treatment plan. This includes ongoing involvement of prescriber, verifies an established client-prescriber relationship and prevents the nurse from medically diagnosing, determining need for medical treatment, and prescribing/dispensing.
- c. Telehealth as defined in NDCC 26.1-36-09.15(1)(g) is acceptable for physical assessment/evaluation by a prescriber to ensure an established and ongoing relationship between the client and prescriber.
- d. A change to the treatment plan or initial order (ie. Type of treatment, location of treatment, product changes, dosage changes) requires that the prescriber performs and documents an additional history and physical assessment/evaluation prior to implementation.

References:

American Medical Association. (2013). Retrieved October 16, 2019

Arizona Board of Nursing. (2019). Advisory Opinion: Medical Aesthetic Procedures Performed by Licensed Nurses, Licensed Cosmetologist, Licensed Aestheticians and Certified Laser Technologists Practice Statement. Retrieved October 16, 2019

Kentucky Board of Nursing. (2018) Advisory Opinion: Cosmetic and Dermatological Procedures by Nurses. Retrieved October 16, 2019

Louisiana Board of Nursing. (2011) Declaratory Statement: Cosmetic and Aesthetic Dermatological Procedures and Treatments Performed by Registered Nurses and Advanced Practice Registered Nurses. Retrieved October 16, 2019

North Dakota Administrative Code, Article 54-05. *Standards of Practice.*

North Dakota Century Code, Chapter 43-12.1. *Nurse Practices Act.*

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The **MISSION** of the Board of Nursing is to protect the public through the regulation of nursing licensure, practice and education.

The **Vision** of the Board of Nursing is to inspire public confidence in the profession of nursing through regulatory excellence and honoring human dignity.

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South Dakota Board of Nursing Scheduled Meetings

Location: 4305 S. Louise Ave., Suite 201, Sioux Falls, SD
Time: 9:00AM

2020 Meeting Schedule

- February 13-14
- April 16-17
- June 11-12
- September 24-25
- November 19-20

Agenda will be posted 3 business days prior to the meeting on Board's website.

Access

Licensure forms, update contact information, find advisory opinions, nurse practice act, and more online:
doh.sd.gov/boards/nursing

Verify

Nurse Licensure and UAP Registration:
<http://doh.sd.gov/boards/nursing/verificationlink.aspx>

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

Name	License Number	March Board Action
Faulkerson, Vickie	R024805	• Letter of Reprimand with Remediation
Gibson, Douglas	R052571	• Stayed Suspension with Mandated HPAP
Horstman, Florence	P011051	• Letter of Reprimand
Kyle, Christopher	R042473	• Voluntary Surrender
McCabe, Alex	R042310	• Letter of Reprimand with Remediation
Morrow, Lindsey	P011790	• Letter of Reprimand
Swanson, Linda	R029293	• Letter of Reprimand

Name	Registrant Number	November Board Action
Moyer, Billie	M005174	• Voluntary Surrender

South Dakota Board of Nursing Meeting Highlights November 2019

Board Meetings:

Pursuant to SDCL 36-9-17, the Board is required to meet annually and as often as necessary to transact its business. The South Dakota Board of Nursing generally meets five times a year. Meetings are open to the public; however, SDCL 1-25-2 allows a public body to close a meeting for discussing employee or legal matters. Individuals interested in attending should check the Board's website for more information and agendas. Information is posted 72 hours prior to the meeting at: <http://doh.sd.gov/boards/nursing/calendar>. Minutes following a Board meeting are posted on the Board's website within 10 days of the meeting.

Scheduled 2020 Board Meetings

February 13-14, 2020,

April 16-17, 2020,

June 11-12, 2020,

September 24-25, 2020.,

November 19-20, 2020

Practice:

The Board moved to retire 16 previously approved practice statements issued by the Board. The Board determined these statements were no longer needed because nurses can now access and follow the Board's approved *Scope of Practice (SOP) Decision-making Framework, Delegation Decision-making Framework, or APRN Scope of Practice Decisioning Algorithm*. Nurses and employers are now encouraged to use the practice guides to base their individual practice decisions. The following position statements were retired: intraosseous infusion, peripherally inserted catheters, RN first assistant, application of fetal scalp electrodes and intrauterine pressure catheters, amniotomy, removal of pleural and

mediastinal chest tubes, flexible sigmoidoscopy, administration of prostaglandin preparations, CNS prescriptive authority, occupational health, removal or discontinuation of epidural catheters, application and removal of casts, electrical stimulation, intrathecal injection of contrast media, documenting medication administration, and delegation of dialing a dose on an insulin pen.

Nursing Education:

- The Board accepted the 2019 reports for the following Clinical Enrichment Programs and granted ongoing approval for 2020:
 - Avera McKennan Hospital (Sioux Falls)
 - Avera St. Luke's Hospital (Aberdeen)
 - SD Correctional Health (Various)
 - Huron Regional Medical Center (Huron)
 - Regional Health (Rapid City) Sanford Health (Sioux Falls)
 - Sioux Falls Specialty Hospital (Sioux Falls)
 - St. Michael's Hospital Avera (Tyndall)
- The Board accepted the September 2019 site visit report and recommendations for the practical nursing program at Western Dakota Tech and granted full approval status for the program.
- The Board accepted the October 2019 site visit report for the associate degree registered nursing program at Lake Area Technical Institute and granted continued interim status for the program.

- The Board was provided notification that Lake Area Technical Institute's associate degree registered nurse program has been accepted for candidacy for accreditation through the Accreditation Commission for Education in Nursing (ACEN).
- The Board approved funding for the 2019 PN scholarships through the Nursing Education Scholarship Program. See separate article.

Center for Nursing Workforce (CNW):

- A strategic planning session was held in April 2019 with over one-hundred attending. Participants expressed the following needs: to convene a nursing leadership group to identify and act on nursing workforce needs, to offer a program on generational differences, and to support nursing leadership development. Board members agree with recommended initiatives.
- The Board approved funding to EmBe to coordinate the CNW's 2020 Nursing Leadership program.

Licensure and Registration:

- **Verification of Employment:** RNs and LPNs are required to attest to the hours worked during a renewal period. The Board does conduct random audits of licensees. If you are selected you will be required to submit a completed employment verification form to the Board office.
- **Nurse License and UAP Registration Verification:** Licensure status for all licensees and registrants may be verified

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online at <http://www.doh.sd.gov/boards/nursing> Select "License Verification."

- The Board's unlicensed registry *only* provides assurance that individuals listed on the registry have met minimal criteria including the completion of required training and testing to allow them to accept the delegated task of medication administration from a licensed RN or LPN while under nurse supervision.

Registry status does NOT imply that an individual has met moral, ethical, or legal standards and should not take the place of an employer's hiring screening process or background check.

- Unlicensed Medication Aides: Licensed nurses in South Dakota may only delegate medication administration to Unlicensed Medication Aides (UMA), insulin administration tasks to Unlicensed Diabetes Aides (UDA), and dialysis tasks to Unlicensed Dialysis Technicians (UDT) who are listed on the South Dakota Board of Nursing's registry. Registry status is valid for a two year time period. Registry status may be verified on the Board's website: <https://www.sduap.org/verify/>. If the person is not listed on the registry, a nurse may not delegate those tasks to that person.

- **Nurse Licensure Compact (NLC):** South Dakota is a member of the NLC. LPNs and RNs who hold a multi-state compact

license can provide care to patients in other NLC states without having to obtain additional licenses. An LPN or RN who holds a single-state license can only practice in the state that license was issued. See <https://www.ncsbn.org/compacts.htm> for more information.

- South Dakota does not belong to the APRN compact; therefore all South Dakota issued CNM, CNP, CRNA, and CNS licenses are single-state.

• **South Dakota's Active Workforce as of November 2019:**

Licensed Workforce	Number
Licensed Practical Nurses (LPN)	2,664
Registered Nurses (RN)	18,531
Certified Nurse Midwives (CNM)	37
Certified Nurse Practitioners (CNP)	1,220
Certified Registered Nurse Anesthetists (CRNA)	510
Clinical Nurse Specialists (CNS)	63
Registered/Unlicensed Assistive Personnel Workforce	Number
Certified Nurse Aides (CNA)	10,407
Unlicensed Diabetes Aides (UDA)	163
Unlicensed Dialysis Technicians (UDT)	60
Unlicensed Medication Aides (UMA)	5,868

Prevent a Lapsed License:

- A lapsed nursing license is a serious violation of the Nurse Practice Act. A nurse who has a lapsed license must pay an additional fee to reinstate the license and may also incur discipline. Nurses who practice on a lapsed license may also cause their employers to bear additional burdens. Facilities may lose reimbursement money, be cited for lack of compliance, or receive other sanctions by regulatory bodies.

- As a practicing nurse you are responsible and accountable to maintain an active license! The Board sends a courtesy renewal notice to an actively licensed nurse's *last known address* 90 days in advance. **Keep your address current!** You may conveniently change your address online at: <http://doh.sd.gov/boards/nursing/address.aspx>
- Enroll in **Nursys e-Notify**. This is a **free service** open to all licensed nurses. Once enrolled, e-Notify will automatically send license **expiration reminders** and status updates to licensees or employers. <https://www.ncsbn.com/e-notify>

South Dakota Health Professionals Program:

- The Board contracts with the Midwest Health Management Services to offer the South Dakota Health Professionals Assistance Program (HPAP), an alternative program which supports health professionals with substance use or mental health disorders and their recovery efforts. Participating in HPAP enhances public safety by reducing risks associated with potentially impaired health conditions. Early intervention and referrals may, over time, decrease licensing board discipline.
- Entry in the program can be voluntary, and if so, confidentiality is maintained. The Board may also mandate nurses to participate in HPAP to protect the public.
- To be eligible to participate, a nurse must hold, or be eligible to hold licensure with the SD Board of Nursing. More information on HPAP is available at: <http://www.mwhms.com/hpap>

Licensed Practical Nurse Scholarship Recipients Announced

The South Dakota Board of Nursing offers a Nursing Education Scholarship Program (NESP) to RN and LPN nursing students who are residents of South Dakota and who have been accepted into a board approved nursing education program that leads to initial licensure or a nursing degree enhancement. Scholarship money distributed through this program is

generated through a \$10 fee charged to each nurse upon renewal of a South Dakota RN or LPN license.

Registered nurse scholarships are awarded in the spring and LPN scholarships are awarded in the fall of each year. The number and amount of each scholarship is determined annually by the South Dakota Board of Nursing, not to exceed \$1000 per academic year

per student. Scholarship money may be used for direct education expenses such as tuition, books, and fees. To learn more about NESP go to <https://doh.sd.gov/boards/nursing/loan.aspx>.

Congratulations to the LPN scholarship recipients who were approved by the Board of Nursing at the November 14, 2019 meeting. A total of \$9,600 was awarded.

Lake Area Technical Institute
Haley Brown
Kristi Timm
Mitchell Technical Institute
Sage Antonsen
Hannah Bach
William Campbell
Abby Doering

Tonya Fredrickson
Kala Hughes
Allie Jenkins
Macey Koopal
Diamond Little
Emma Olson
Shawn Patton
Tyra Sinkie

Kalissa Steffen
Autumn Vetterz
Southeast Technical Institute
Megan Straatmeyer
Christopher Ragels
Tyrese Theus
Kendra Wallace



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Cindy, 8
respiratory condition
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We've Made It Easy to Participate

To apply, simply complete an online application by accessing NCSBN's website at www.ncsbn.org/exam-volunteer-opportunities.htm.

If all qualifications are met, NCSBN will obtain approval from your board of nursing/regulatory body. You will receive notification via email when your application is approved.

Applications remain active for a two-year period from the date of initial submission.

We will notify you when you are considered for a specific panel. Each time you are selected, you will participate in a session that lasts three to five days. Sessions are held throughout the year in Chicago and your travel expenses, including lodging and meals, will be covered.

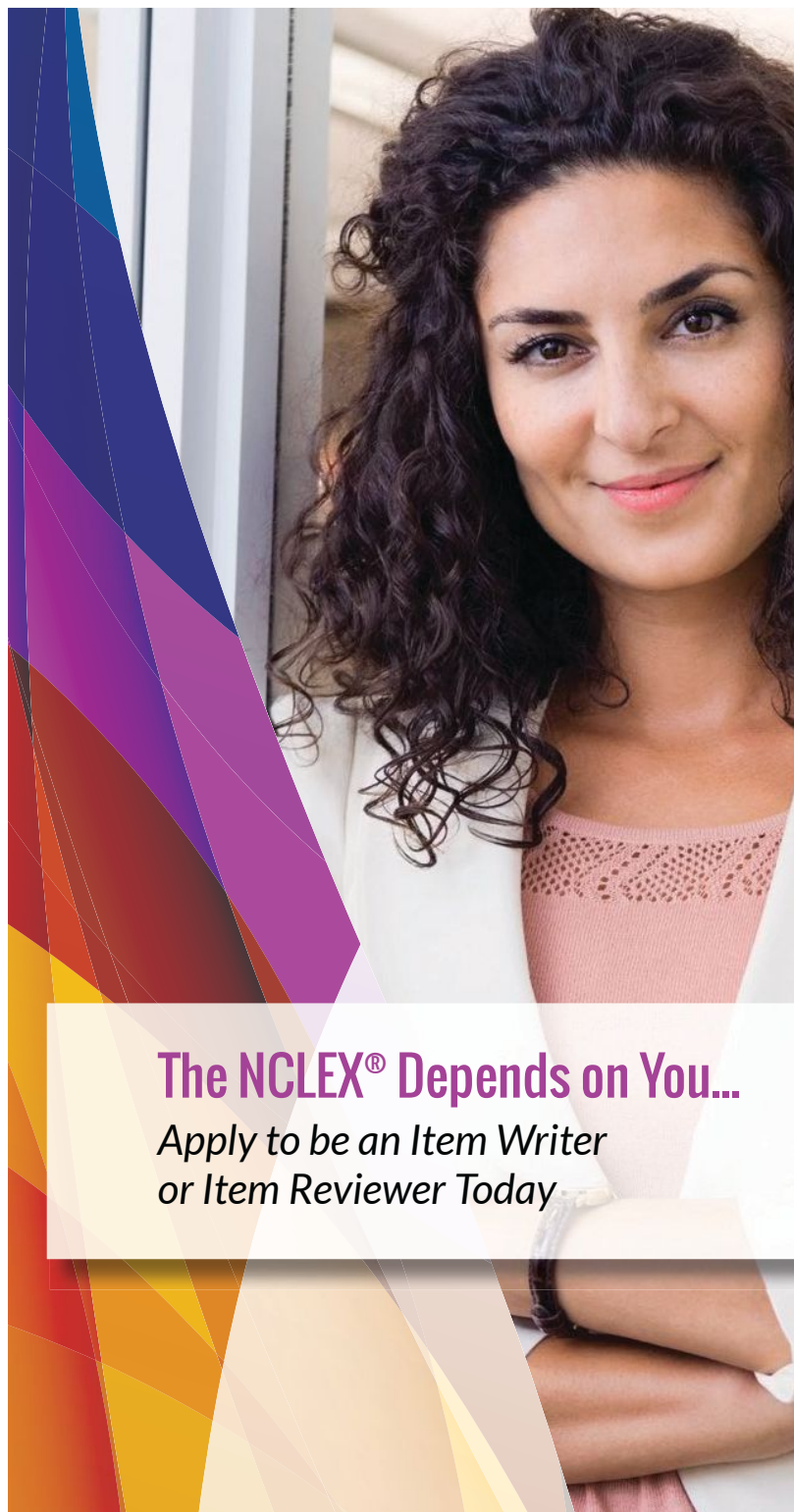
NCLEX[®]
EXAMINATIONS

For More Information

Toll-free: 866.293.9600
nclexitemdev@ncsbn.org

National Council of State Boards of Nursing, Inc. (NCSBN[®])
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277 USA
312.525.3600 | www.ncsbn.org

10/17



The NCLEX[®] Depends on You...

*Apply to be an Item Writer
or Item Reviewer Today*

NCSBN® and the Item Development Program

The major functions of the National Council of State Boards of Nursing (NCSBN®) are to develop the NCLEX-RN® and NCLEX-PN® examinations, promote uniformity in the regulation of nursing practice, disseminate data related to licensure, conduct research pertinent to its mission and serve as a forum for information exchange for members. The Item Development Program is a key component of these major functions and in maintaining high quality NCLEX® items.

Benefits of Participating on an NCLEX® Panel

NCSBN depends on practicing nurses to assist in the NCLEX item development process. Nurses may be selected to be item writers or item reviewers. If you are selected to serve, you will:

- Contribute to continued excellence in the nursing profession;
- Have opportunities to network on a national and international level;
- Build new skills that are useful in your current position, as well as for professional growth; and
- Earn continuing education contact hours.*



*Applies to U.S. volunteers only

Qualifications to Serve on NCLEX® Panels

To serve on an Item Development Panel, you must:

1. Be currently licensed/registered in the jurisdiction in which you practice and employed in a U.S. NCSBN member board jurisdiction/Canada;
2. Be a registered nurse (RN) for the NCLEX-RN or a licensed practical/vocational nurse (LPN/VN) or RN for the NCLEX-PN;**
3. Be knowledgeable of the current scope and practice of nursing, including entry-level practice;
4. Be employed as an RN or LPN/VN for at least two years; and
5. Have not participated in nursing licensure examination development activities, including the development of nursing licensure exam preparation guides and courses in the previous two years. We ask that subject matter experts (SMEs) with nursing licensure examination development experience not volunteer for NCLEX item development activities during this timeframe to minimize potential biases that these previous experiences may bring to the NCLEX development process.

In addition to the listed qualifications:

ITEM WRITERS

Item writers create the items (questions) that are administered on the NCLEX. You must be responsible for teaching basic/undergraduate students in the **clinical area**. NCLEX-RN item writers must have a master's degree or higher.

ITEM REVIEWERS

Item reviewers examine the items that are created by item writers. You must be currently employed in clinical nursing practice and working directly with nurses who have entered nursing practice during the past 12 months, specifically in a precepting or supervising capacity.

**For those licensed/registered in Canada, participation is for NCLEX-RN only.

Human Trafficking

The basics of what Nurses need to know

International Council of Nurses Supported by the HR Directorate HSE and the Faculty of Nursing and Midwifery, RCSI IRELAND



The International Council of Nurses, a federation of over 130 national nursing associations, endorses the Universal Declaration of Human Rights and believes that all people should be treated humanely with respect and dignity.

Nurses play a key role in detecting and protecting victims of human trafficking. This pamphlet aims to guide nurses in this role.

1 Types of Human Trafficking...
Human trafficking is underpinned by Power and Control

Sex trafficking

Street/online exploitation/ prostitution, residential/commercial front brothel, truck stops/ rests, hotels/hospitality, major sporting event.

Labour trafficking

Domestic workers, agriculture & farming, unskilled

work, begging/ peddling, factories, construction, fisheries & maritime, food processing, hospitality sector, car washes, 'beauty industry & nail bars, restaurants.

Criminal Activity

Cannabis cultivation, street crime, benefit fraud, street begging, forced marriages.

continued on page 26



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Organ harvesting and removal

Human trafficking is underpinned by Power and Control through the following practices:

- Economic abuse
- Coercion and threats
- Intimidation
- Emotional abuse
- Isolation
- Denying, Blaming, Minimizing
- Sexual and physical abuse as a punishment
- Using privilege or social standing,
- Corruption.

2 How to recognise Human Trafficking...

There are some general signs to look out for such as the individual;

- Appears to have no legal or suspicious looking documentation in their possession.
- Has no registration with government services, GP, schools etc.
- May have travelled great distances internationally without an understanding of the processes involved in travelling.
- May struggle to communicate in the local or any language.
- May not be using their 'real name' or changes personal details.
- Have no or limited understanding of time or space.
- Claims to be 'just visiting' an area but is unable to offer times and dates of arrival and departure or addresses and phone numbers of other persons.
- Vague or no next of kin details.
- Appears to move location frequently.
- Has no control of his/her own money.
- Neglected appearance can be common due to loss of self-esteem and physical abuse.
- Maintains poor eye contact and closed body language.
- Appears to be withdrawn and submissive and afraid to speak to professional.
- When they do speak they display paranoia, fear, anxiety, depression, submission, tension and general nervousness.
- May have old and untreated injuries with poor history related to the injury.
- Is accompanied by a person who speaks on their behalf and controls the flow of information offered.
- Appearing vague about the address and community where they live.
- Has numerous inconsistencies in his/her story.

3 What to look out for...

General Health Indicators

- Malnourishment or generally poor health.
- Signs of physical abuse – in particular, unexplained injuries or signs of prolonged abuse:
- Bruises
- Black eyes
- Burns
- Cuts
- Broken bones
- Broken teeth, dental pain
- Multiple scars (including unusual injuries e.g. from lack of protective equipment to violence) evidence of a prolonged infection that is normally easily treated with a routine check up.
- Sexually Transmitted Diseases (STIs).
- Maternity - Late booking, signs of recent birth or post natal signs.
- Mental health concerns – self harming.
- Addiction to drugs and/or alcohol.
- Individual has no idea of his/her last medical check up.
- Lack of healthcare insurance or registration with the services – paying with cash.

Specific Sex Exploitation Indicators

- Underage sexual exploitation or prostitution of a person under 18 years of age (internationally defined as trafficking).
- Suspicion the person is underage despite their claiming to be older.
- Physical evidence of sexual trauma.
- Evidence of untreated/treated STI's.
- Multiple/frequent pregnancies.
- Inappropriate interest in/or relationship with older men.
- A large amount of sexual partners not appropriate for age or circumstances.
- Inappropriate language used indicative of working in sexual exploitation of prostitution.
- Evidence of a controlling relationship from a partner or another person.
- Inappropriate attire for age or time of day.
- Unexplained tattoos on neck or lower back and other types of branding.
- Family dysfunction increasing risks.
- Individuals outlook on situation and health issues inappropriately downplayed.
- Lack of engagement with the services due to fear or negative outcomes after the interaction.

4. What do I do now?

What to do if I think I have identified a person who has been trafficked:

- Be sensitive and understand the individual's experience.
- Do not place yourself or the individual in danger – notice who is around when you are talking to the individual.
- Notify the Police or relevant authorities if you suspect the individual is in danger.
- Try to record as many details and information without endangering yourself or the individual.
- In private away from others offer information of local agencies or support services that can help the individual either for immediate support or if declined on a future date when the person may feel more prepared to seek assistance.
- Contact your safeguarding lead and follow local policy when identifying potential victim of human trafficking – if no policy exists consider developing one.

- a) "Trafficking in persons:" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;
- (b) The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used;
- (c) The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons" even if this does not involve any of the means set forth in subparagraph (a) of this article;
- (d) "Child" shall mean any person under eighteen years of age.

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- Women's Prison – Pierre
- Mike Durfee State Prison – Springfield
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Visit <http://bhr.sd.gov/workforus> to see openings and apply!

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Equal Employment Opportunity

continued from page 27

“Trafficking breaks down into three elements:”

1. The act (what is done) ‘Recruitment, transportation, transfer, harbouring, or receipt of persons’;
2. The means (how it is done) ‘Threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person’;
3. The purpose (why it is done) ‘For the purpose of exploitation... Exploitation shall include, at a minimum, the exploitation of the prostitution of

others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs’ (Note there is no requirement for the purpose to have been achieved, so a person who is rescued before exploitation occurs is still a victim of trafficking).

The Palermo Protocol establishes children as a special case for whom only two components required - means and exploitation - because a child can not give consent to being exploited, even if they are aware/agreeable.



RCSI FACULTY OF
NURSING & MIDWIFERY



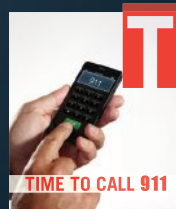
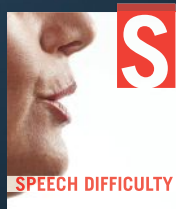


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As a medical professional here's what you need to know...

Despite evidence of its effectiveness, there are still a number of misconceptions about MAT that could be preventing people from receiving life-saving treatment and recovering from their addiction. **Here are the facts:**

- 1 It's not trading one addiction for another.**
Prescribing medication for Opioid Use Disorder (OUD) is the same as prescribing medication for any other chronic disease. It is safe, effective, and will not create a new addiction.
- 2 MAT is more effective than abstinence.**
MAT is an evidence-based, first line treatment for OUD endorsed by:
 - American Academy of Addiction Psychiatry
 - Substance Abuse and Mental Health Services Administration
 - American Medical Association
 - National Institute on Alcohol Abuse and Alcoholism
 - The National Institute on Drug Abuse
 - Centers for Disease Control and Prevention
- 3 MAT medications save lives.**
FDA-approved and proven to reduce death rates among those living with addiction by 50% or more. Up to 90% of patients who use MAT maintain sobriety at the 2-year mark.



Recovery is possible for your patients with OUD. Refer them to this FREE, confidential service.

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