

**SOUTH CAROLINA BOARD OF NURSING  
JULY 2004 INSERT INTO THE SC NURSE NEWSLETTER**

*The mission of the State Board of Nursing for South Carolina is the protection of public health, safety and welfare by assuring safe and competent practice of nursing.*

**NEW BOARD MEMBERS**

Governor Mark Sanford has appointed two new members. The Board currently has nine positions filled. Governor Sanford appointed C. Lynn Lewis as the registered nurse representative for Congressional District Three. Carrie Houser James was appointed as the registered nurse representative for Congressional District Congressional District Six. Their terms will expire on December 31, 2007.

**NEW NURSE PRACTICE ACT SIGNED BY GOVERNOR**

**– Martha Summer Bursinger, RN, MSN, MEd, Administrator**

On May 11, 2004, Governor Mark Sanford, signed Senate Bill 898 into law, which provided nurses in South Carolina with a new practice act. The Nurse Practice Act had not been completely revised since 1976. The revision of the Nurse Practice Act has been a work in progress for more than five years with the Board, its staff, and many other stakeholders in this state working vigorously for the past two to three years incorporating definitions and accepted standards of safe practice. Five public forums were held across the state. The input and many suggestions received at those forums were incorporated into the revision. As your administrator, I would like to thank everyone who participated in the revision, providing many suggestions and ideas. This revision took everyone working together as a team with much collaboration and cooperation and for this we are proud to begin the implementation of this act.

**IMPLEMENTATION OF NEW NURSE PRACTICE ACT**

The Board of Nursing encourages each licensed nurse to read this important document. All licensed nurses practicing in South Carolina are held to these laws.

Below is a summary of *some* of the changes made to the Nurse Practice Act. A copy of the new Act is posted on the Board's Web site: [www.llr.sc.state.sc.us/pol/nursing/](http://www.llr.sc.state.sc.us/pol/nursing/). Unless otherwise noted, these changes take effect immediately.

RN/LPN Licensure

- Section 40-33-32(B)(5) - All new licensure applicants will be required to provide a copy of their social security card or permanent resident card. Resident aliens who do not have a social security number must provide a copy of their alien identification number.
- Section 40-33-32(E) - An applicant who does not pass the licensure examination on the first attempt may retake the examination not more frequently than once every 45 days for up to one year from the first attempt.
- Section 40-33-32(F) – A foreign educated nurse who is licensed in a jurisdiction outside the United States and applies for licensure in South Carolina must meet the requirements of Section 40-33-32(A), and if their native language is not English in addition to the other requirements in Section 40-33-32(F) must submit evidence of passing the Test of English as First Language (TOEFL), Test of Written English (TWE), and Test of Spoken English (TSE) offered by TOEFL/TSE Services or another service approved by the

board.

- Section 40-33-33(B) - When a registered nurse becomes licensed as an advanced practice registered nurse, the person's RN license must be placed on inactive status.
- Section 40-33-36(B) - If a licensee changes her or his name after a license has been issued, notification of the change must be filed with the board within fifteen business days, accompanied by a copy of the legal document that authorizes the change.
- Section 40-33-36(D)(1)(b) – Temporary permits issued to endorsement applicants are now valid for up to 60 days instead of eight weeks.
- Section 40-33-36(D)(1)(c) - Temporary permits may be issued for up to ninety days while applicants are participating in a refresher course.
- Section 40-33-40(B)(1) For biennial renewal, licensees will be required to submit documented evidence of at least one of the following continued competency requirements during the licensure period: 1) completion of 30 contact hours from a continuing education provider recognized by the board; 2) maintenance of certification or re-certification by a national certifying body recognized by the board; 3) completion of an academic program of study in nursing or a related field recognized by the board; or 4) verification of competency and the number of hours practiced, as evidenced by employer certification on a form approved by the board. Current licenses will expire on April 30, 2006.
- Section 40-33-40(B)(2) – Beginning August 1, 2004, licensees reinstating from a lapsed status or licensees reactivating from official inactive status of *five years or less* must provide documented evidence of at least one of the following within the preceding two years: 1) completion of 30 contact hours from a continuing education provider recognized by the board and successful completion of a course in legal aspects approved by the board; 2) maintenance of certification or re-certification by a national certifying body recognized by the board; 3) completion of an academic program of study in nursing or a related field recognized by the board; 4) verification of competency and the number of hours practiced in another jurisdiction where authorized to practice, as evidenced by employer certification on a form approved by the board; or 5) successful completion of a refresher course approved by the board.
- Section 40-33-40(B)(3) - Reinstatement from lapsed or inactive status of *more than five years* will continue to require documented evidence of at least one of the following: 1) successful completion of a refresher course approved by the board, or; 2) successful completion of the NCLEX appropriate to the area of licensure.

#### Advanced Practice Licensure

- Advanced Practice Registered Nurses (APRN) will now have a license versus official recognition. The application and process are being designed. All APRNs who are actively practicing should have a renewal date of April 30, 2006.
- APRNs who prescribe will also be required to have a Drug Enforcement Agency (DEA) number. Prescriptive authority has been expanded so that prescribers can now give Schedule III-V controlled substances. The continuing education for pharmacotherapeutics is now 20 hours instead of 15 hours. If the APRN prescribes controlled substances the 20 hours must include two hours in controlled substances. If an APRN is applying for initial prescriptive authority, there needs to be 45 hours in pharmacotherapeutics with 15 hours in controlled substances. Information on the DEA

application process and APRN licensure is on our Web site.

### Compliance

Regulations regarding discipline as well as additional grounds for discipline as provided for in Section 40-1-110 have been incorporated into the Nurse Practice Act.

- Section 40-33-20 (32) defines “incompetence” as the failure of a nurse to demonstrate and apply the knowledge, skill, and care that is ordinarily possessed and exercised by other nurses of the same licensure status and required by the generally accepted standards of the profession.
- Section 40-33-20 (38) defines “misconduct” as the violation of the Nurse Practice Act or regulations promulgated by the board or violation of the principles of nursing ethics as adopted by the board or incompetence or unprofessional conduct.
- Section 40-33-20 (62) defines “unprofessional conduct” as acts or behavior that fail to meet the minimally acceptable standard expected of similarly situated professionals including, but not limited to, conduct that may be harmful to the health, safety, and welfare of the public, conduct that may reflect negatively on one’s fitness to practice nursing, or conduct that may violate any provision of the code of ethics adopted by the board or a specialty.
- Section 40-33-111(A) requires an employer, including an agency, or supervisor of nurses, to report misconduct or the incapacities described in Section 40-33-110 within 15 business days from the discovery of the misconduct or incapacity.
- Section 40-33-116(A), (B), and (C) give the board authority to order an applicant or licensee to undergo a mental or physical examination to determine if the person is safe to practice. These sections also allow the board to obtain records relating to the mental or physical condition of a licensee or applicant. The board shall enter an order automatically suspending or denying the license pending compliance and further order if a licensee or applicant refuses to sign a written consent for the board to obtain these records when properly requested by the board, unless the failure was due to circumstances beyond the person’s control.

### Education

Nursing Education Programs Regulations 91-23 through 91-30 of Article 6 remain in effect and have not been changed. Plans to review and revise these regulations will be announced at a later date in the newsletter and on our website. We look forward to receiving your input and suggestions when we begin this process.

### **ADVISORY OPINIONS – NEW/REVISED**

The Board of Nursing approved the new and revised advisory opinions below at its January, March and May 2004 meetings. These opinions reflect the Board’s position as to what constitutes competent and safe nursing practice.

#### **Advisory Opinion #44**

**Question:** Is it within the role and scope of practice for the registered nurse (RN) to insert Misoprostol into the vagina for cervical ripening or induction of labor with a viable fetus?

**Answer:** The Board of Nursing has determined that it is NOT within the role and scope of practice for the RN to administer Misoprostol vaginally for cervical ripening or induction of

labor with a viable fetus.

### **Advisory Opinion #50**

**Question:** Is it within the role and scope of practice for the licensed registered nurse (RN) to perform an OSHA Respiratory evaluation questionnaire and approve Respirator use?

**Answer:** The Board of Nursing has determined that it is within the role and scope of practice of the licensed registered nurse (RN) to conduct the OSHA's mandatory questionnaire related to respirator use. The Board of Nursing supports the OSHA standard that the RN can complete the questionnaire and approve respirator use. Approval of a respirator is based upon negative responses to all questions on the OSHA questionnaire. If there is an initial positive response on the questionnaire, the RN will refer the employee to a licensed physician or advanced practice registered nurse (APRN). On subsequent evaluations, the RN will refer the employee to a licensed physician or APRN if there is not sufficient information to reach the necessary judgment of the employee's ability to safely use a respirator without limitations. The LPN cannot conduct the OSHA's mandatory questionnaire related to respirator use. The Board recommends the employer verify competency in the performance of this skill.

### **Advisory Opinion #51**

**Question:** Is it within the scope of practice of the Registered Nurse (RN) to remove trans-thoracic (epicardial) pacing wire following open-heart surgery?

**Answer:** The Board of Nursing acknowledges that it is within the role and scope of responsibilities of the RN to remove trans-thoracic (epicardial) pacing wires following open-heart surgery as ordered by the physician.

The Board recognizes this responsibility is an additional act for the RN and requires the following guidelines:

1. Established agency policy and procedure are approved and signed by the nursing administrator and applicable medical director. Procedure is to include guidelines for patient monitoring and standing orders dealing with potential complications or emergency procedures.
2. The RN must complete an organized course of study relative to the removal of trans-thoracic (epicardial) pacing wires. The course is to include didactic classroom instruction followed by a period of supervised clinical instruction including return demonstrations.

The procedure is performed only in a medical facility where a cardiothoracic surgeon is present within the facility during the procedure and for one hour following the procedure should complications arise.

## **RETURNED CHECKS**

When submitting fees to the S.C. Board of Nursing by check, please be certain there are sufficient funds in your account to pay for your check and that the check has cleared before closing an account. Between July 1, 2003 and April 30, 2004, the Board received 278 returned checks. Pursuant to Section 40-1-50(G) of the S.C. Code of Laws, a license may be suspended if a fee payment is made by a check that is subsequently returned by the financial institution unpaid and is not made good within 10 days of official notification. Unpaid checks constitute a non-payment of license fees. Notifications are sent to the address of record on the licensee's file. When a check is returned, replacement funds plus the returned check fee allowed by law must be submitted in the form of a cashier's check or money order. The Board will not accept another

check to replace the returned check and cannot provide any further services until the check is made good. Notice of the suspension is sent to the licensee's employer(s).

### **HAVE YOU MOVED?**

So that you do not miss important information, please be sure to notify the Board whenever you change your address. Section 40-33-38(c) of the new Nurse Practice Act requires all licensees notify the Board *in writing* within 15 days of an address change. You may use the form included at the top of your license mailer or submit a letter including your name (as shown on your license), license number, former address and new address as well as your new telephone number. You may also change your address on-line utilizing the address change form found on our Web site: [www.llr.state.sc.us/pol/nursing/](http://www.llr.state.sc.us/pol/nursing/). There is no fee for an address change.

### **S.C. BOARD OF NURSING BOARD MEMBERS**

Sylvia A. Whiting, RN, PhD, CS, Cong. District One – *President*

Suzanne Kanipe White, RN, MN, FAAN, FCCM, CNAA, Cong. District Four - *Vice-President*

Brenda Yates Martin, RNC, MN, CNAA, Cong. District Five - *Secretary*

Carrie Houser James, RN, MSN, Con. District Six

Mattie Smalls Jenkins, LPN, Region I, Cong. District One

Rose Kearney-Nunnery, RN, PhD, Cong. District Two

C. Lynn Lewis, RN, EdD, MHS, Cong. District Three

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### **S.C. BOARD OF NURSING:**

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### **Visit Us On Our Web site: [www.llr.state.sc.us/pol/nursing/](http://www.llr.state.sc.us/pol/nursing/)**

The Board of Nursing Web site contains the New Nurse Practice Act, Regulations, Advisory Opinions, Licensee Lookup, Disciplinary Actions, and other information.

### **Office Location/Hours of Operation**

The S.C. Board of Nursing is located at Synergy Business Park, Kingstree Building, 110 Centerview Drive, Suite 202, Columbia, SC 29210. Directions to our office can be found on our Web site. Our mailing address is P O Box 12367, Columbia, SC 29211-2367. Normal business hours are 8:30 a.m. to 5:00 p.m., Monday - Friday, except for designated state holidays.

### **2004 Designated State Holidays**

Independence Day	July 5 (Observed)
Labor Day	September 6
Veterans Day	November 11
Thanksgiving & Day After	November 25-26
Christmas Day	December 24 (Observed)
Day After Christmas	December 27 (Observed)

### **2004 Board and Committee Meetings**

Jul. 16, 2004	Advanced Practice Committee
<i>Jul. 22-23, 2004</i>	<i>Board of Nursing Meeting</i>
Aug. 17, 2004	Advisory Committee on Nursing
Aug. 19, 2004	Nursing Practice & Standards Committee
Sep. 17, 2004	Advanced Practice Committee
<i>Sep. 23-24, 2004</i>	<i>Board of Nursing Meeting</i>
Oct. 19, 2004	Advisory Committee on Nursing
Oct. 21, 2004	Nursing Practice & Standards Committee
Nov. 5, 2004	Advanced Practice Committee
<i>Nov. 18-19, 2004</i>	<i>Board of Nursing Meeting</i>
Dec. 9, 2004	Nursing Practice & Standards Committee
Dec. 14, 2004	Advisory Committee on Nursing