
North Carolina School Nurse Evaluation Process

Users' Guide

May 2013



Public Schools of North Carolina
State Board of Education
Department of Public Instruction

STATE BOARD OF EDUCATION

The guiding mission of the North Carolina State Board of Education is that every public school student will graduate from high school, globally competitive for work and postsecondary education and prepared for life in the 21st Century.

WILLIAM COBEY

Chair :: Chapel Hill

BECKY TAYLOR

Greenville

JOHN A. TATE III

Charlotte

A.L. COLLINS

Vice Chair :: Kernersville

REGINALD KENAN

Rose Hill

WAYNE MCDEVITT

Asheville

DAN FOREST

Lieutenant Governor :: Raleigh

KEVIN D. HOWELL

Raleigh

MARCE SAVAGE

Waxhaw

JANET COWELL

State Treasurer :: Raleigh

GREG ALCORN

Salisbury

PATRICIA N. WILLOUGHBY

Raleigh

JUNE ST. CLAIR ATKINSON

Secretary to the Board :: Raleigh

OLIVIA OXENDINE

Lumberton

NC DEPARTMENT OF PUBLIC INSTRUCTION

June St. Clair Atkinson, Ed.D., State Superintendent

301 N. Wilmington Street :: Raleigh, North Carolina 27601-2825

In compliance with federal law, NC Public Schools administers all state-operated educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.

Inquiries or complaints regarding discrimination issues should be directed to:

Dr. Rebecca Garland, Chief Academic Officer :: Academic Services and Instructional Support
6368 Mail Service Center, Raleigh, NC 27699-6368 :: Telephone: (919) 807-3200 :: Fax: (919) 807-4065

Visit us on the Web :: www.ncpublicschools.org

Acknowledgements

The North Carolina Department of Public Instruction gratefully acknowledges the School Nursing Evaluation Development Team members who contributed their time, energy, and expertise to the development of this new evaluation system. The depth of their knowledge and understanding of the role of school nurses in public school settings as well as their understanding of what a 21st century evaluation process should entail guided the work and kept it focused on the public school students of North Carolina.

Ann Nichols, NC Department of Health and Human Services

Kathryn McDaniel, Public Schools of Robeson County

Muriel Overman, NC Department of Health and Human Services

Edwina Zagami, Chapel Hill-Carrboro City Schools

In addition, the development team would like thank several members of the North Carolina Department of Public Instruction team who provided advice and guidance throughout the development process. These are:

Lynne Johnson

Chris Minard

Jennifer Preston

For additional information, please contact:

Jean M. Williams, Ph.D.

Research and Evaluation Associates

10158 Bluffmont Lane

Lone Tree, CO 80124

jean@centurylink.net

Table of Contents

Introduction.....	3
North Carolina Professional School Nursing Standards.....	3
Intended Purpose of the Standards.....	3
Organization of the Standards.....	3
Standard 1. School nurses demonstrate leadership.....	4
Standard 2. School nurses establish a safe, respectful, and inclusive environment for diverse populations.	4
Standard 3. School nurses use their knowledge of the nursing process, current nursing standards, and principles of growth and development to facilitate and enhance competent practice in the school setting.5	
Standard 4. School Social nurses facilitate student learning by providing individualized care using the nursing process.	5
Standard V. School nurses reflect on their practice.....	5
Framework for 21 st Century Learning	6
Core Subjects and 21 st Century Themes	6
Learning and Innovation Skills.....	7
Information, Media, and Technology Skills	7
Life and Career Skills	7
21 st Century Support Systems.....	7
Milestones for Improving Learning and Education.....	8
Global Awareness	8
Financial, Economic, Business, and Entrepreneurial Literacy	8
Civic Literacy.....	8
Health Literacy.....	8
Thinking and Learning Skills.....	9
Critical Thinking and Problem Solving Skills	9
Communication.....	9
Information and Media Literacy Skills.....	9
Creativity and Innovation Skills	9
Collaboration Skills	9
Contextual Learning Skills	9
ICT Literacy.....	9
Life Skills.....	10
Leadership.....	10
Ethics.....	10
Accountability.....	10
Adaptability.....	10

Personal Productivity	10
Personal Responsibility	10
People Skills	10
Self Direction	10
Social Responsibility	10
School Nurse Evaluation Process	11
Evaluation Process	12
Component 1: Training	13
Component 2: Orientation.....	13
Component 3: Self-Assessment	13
Component 4: Pre-Observation Conference	13
Component 5: Observations.....	13
Component 6: Post-Observation Conference.....	14
Component 7: Summary Evaluation Conference and Scoring the School Nurse Summary Rating Form	14
Component 8: Professional Growth Plans	14
Completing the Rubric and the Summary Rating Form	15
Self-Assessment.....	15
Completing the Rubric After Observations	15
Determining Rating Levels After Completing the Rubric	16
Scoring the Rubric	18
Example of How to Score the Rubric	19
Example of How to Complete the Summary Rating Form	22
Glossary	22
Appendix A.....	25
Code of Ethics for North Carolina Educators	
Code of Professional Practice and Conduct for North Carolina Educators	
National Association of School Nurses Code of Ethics	
Components Of Nursing Practice For The Registered Nurse	
North Carolina Nurse Practices Act	
Appendix B- Forms.....	36
Rubric for Evaluating North Carolina’s School Nurses	
School Nurses Summary Rating Form (Required)	
Summary Rating Sheet	
Professional Development Plan	
Record of School Nurse Evaluation Activities	

Introduction

The mission of the North Carolina State Board of Education is that every public school student will graduate from high school globally competitive for work and postsecondary education and prepared for life in the 21st century. This mission requires a new vision of school leadership and a new set of skills that North Carolina's school nurses must use daily in order to help their students learn 21st century content and master skills they will need when they graduate from high school and enroll in higher education or enter the workforce or the military.

North Carolina Professional School Nursing Standards

The North Carolina Professional School Nursing Standards (the standards) are the basis for school nurse preparation, evaluation, and professional development in North Carolina. The North Carolina Professional School Nursing Standards are closely aligned with, and were inspired by, the National Association of School Nursing's standards. Nursing programs at colleges and universities align with national standards for nursing in preparation of graduates. School nursing skills and practices are therefore shaped by standards and the requirements of the North Carolina Board of Nursing (scope of practice). Alignment with the scope and standards of practice provides the nursing skills necessary to address the needs of 21st century students.

Intended Purpose of the Standards

The North Carolina Standards for School Nurses are provided as a guide for school nurses as they continually improve their effectiveness. It is incumbent upon the school nurse to provide services as part of a comprehensive multidisciplinary team with complementary knowledge, skills, and experiences.

Use of the North Carolina Standards for School Nurses will:

- Guide professional development as school nurses move forward in the 21st century so that school nurses can attain the skills and knowledge needed;
- Provide the focus for schools and districts as they support, monitor and evaluate their school nurses; and
- Assist higher education programs in the development of content and requirements of school nurse education curricula.

Organization of the Standards

Standard: The Standard is the broad category of the school nurse's knowledge and skills.

Summary: The summary provides explicit descriptions of the standard's content.

Practices: The practices define the various tasks undertaken to demonstrate the standard. The list of practices is not meant to be exhaustive.

Artifacts: The artifacts are documentation of standard practices the school nurse might include as evidence in meeting the standards.

These standards are intended for use by North Carolina public schools and local education agencies that employ school nurses.

Standard 1: School nurses demonstrate leadership.

School nurses demonstrate leadership by promoting and enhancing the overall academic mission through providing health related services that strengthen student, home, school, and community partnerships to alleviate barriers to learning in the twenty-first century educational environment. School nurses are knowledgeable of relevant laws and policies and improve the profession by demonstrating high ethical standards and following the codes of ethics set out for the profession. School nurses manage school health services and effect change through school, district, and community activities.

Element a. School nurses advocate for safe and effective school nursing services that address student needs and support learning. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes.

Element b. School nurses demonstrate leadership within the profession and practice setting and collaborate with the student, family, school staff, and community providers.

Element c. School nurses demonstrate leadership by serving as a health expert and managing school health services.

Element d. School nurses practice ethically.

Standard 2: School nurses establish a safe, respectful, and inclusive environment for diverse populations.

School nurses promote an environment in which individual differences are valued. They effectively use communication skills that demonstrate sensitivity necessary to work with families, students, and staff from diverse cultures and backgrounds. These cultural and background factors are incorporated into care planned by school nurses. School nurses also collect and use school, local, state, and national data to assist in promoting health and safety in the school environment. School nurses model practice in an environmentally safe and healthy manner that is consistent with the law and accepted standards.

Element a. School nurses align practice with the requirements of the North Carolina Board of Nursing, recognized standards of nursing practice and North Carolina education goals.

Element b. School nurses foster an environment that supports success of all students.

Element c. School nurses communicate effectively in a variety of formats in all areas of nursing practice.

Element d. School nurses use environmentally safe and healthy practices.

Standard 3: School nurses use their knowledge of the nursing process, current nursing standards, and principles of growth and development to facilitate and enhance competent practice in the school setting.

School nurses seek out continuing educational opportunities to expand their knowledge base and to maintain licensure and school nurse certification. School nurses are self-aware of learning needs when providing care and use current research and evidence based practices in the planning and delivery of care. School nurses share experience and expertise with peers and school staff.

Element a. School nurses attain knowledge and competence that reflect current nursing practice.

Element b. School nurses integrate evidence and research findings into nursing practice.

Standard 4: School nurses facilitate student learning by providing individualized care using the nursing process.

School nurses understand the influence of health related factors on student academic performance and achievement. School nurses use the steps of the nursing process in a problem solving manner to plan care that facilitates the ability of the student to be present in school and ready to learn.

Element a. School nurses collect comprehensive data pertinent to the student's health and analyze the data to determine nursing diagnoses.

Element b. Based on the assessment, school nurses identify expected student outcomes and develop a plan with strategies to attain those outcomes.

Element c. School nurses implement the plan of care, coordinate care delivery, and evaluate the effectiveness of the plan.

Element d. School nurses utilize appropriate resources to plan and provide school health services that are safe, effective, and financially responsible.

Standard 5: School nurses reflect on their practice.

School nurses demonstrate accountability for managing and delivering comprehensive school health services. School nurses analyze formal and informal data to evaluate the effectiveness of service delivery. School nurses adapt their practice based on current and relevant research findings and data to best meet the needs of students, families, schools, and communities. School nurses utilize collaborative relationships with colleagues, families, and communities to reflect upon and improve their practice.

Element a. Quality of practice: School nurses continually strive to improve practice.

Element b. Professional practice evaluation: School nurses engage in self-assessment of practice.

Framework for 21st Century Learning

The Partnership for 21st Century Skills has developed a vision for 21st century student success in the new global economy.

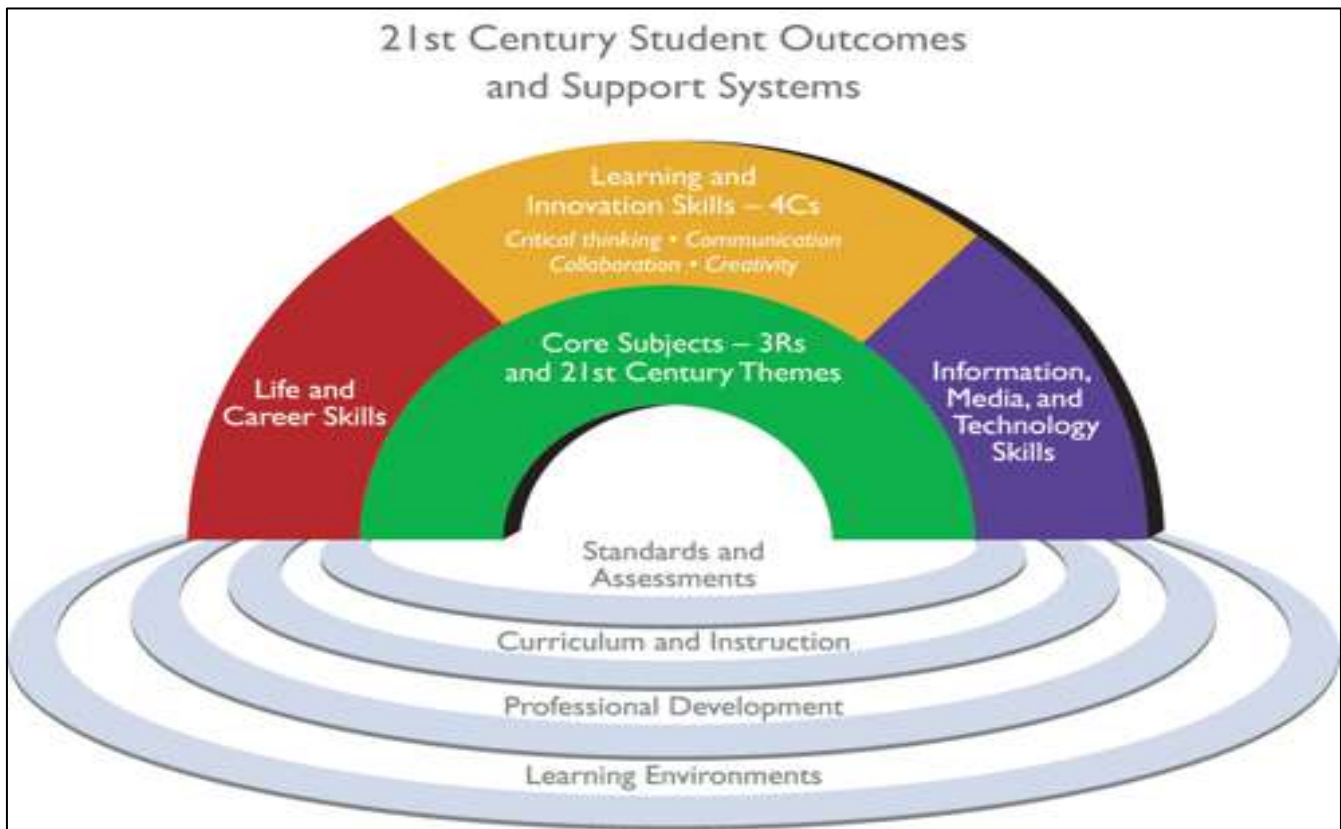


Exhibit 1. 21st Century Student Outcomes and Support Systems

The elements described in this section as “21st century student outcomes” (represented by the rainbow in Figure 1) are the skills, knowledge, and expertise students should master to succeed in work and life in the 21st century.

Core Subjects and 21st Century Themes

Mastery of core subjects and 21st century themes is essential for students in the 21st century. Core subjects include English, reading/language arts, world languages, arts, mathematics, economics, science, geography, history, government, and civics.

We believe school must move beyond a focus on basic competency in core subjects promoting understanding of academic content at much higher levels by weaving 21st century interdisciplinary themes into core subjects:

- Global Awareness
- Financial, Economic, Business, and Entrepreneurial Literacy
- Civic Literacy
- Health Literacy

Learning and Innovation Skills

Learning and innovation skills are what separate students who are prepared for increasingly complex life and work environments in 21st century and those who are not. They include:

- Creativity and Innovation
- Critical Thinking and Problem Solving
- Communication and Collaboration

Information, Media, and Technology Skills

People in the 21st century live in a technology and media-driven environment, marked by access to an abundance of information, rapid change in technology tools, and the ability to collaborate and make individual contributions on an unprecedented scale. To be effective in the 21st century, citizens and works must be able to exhibit a range of functional and critical thinking skills, such as:

- Information Literacy
- Media Literacy
- ICT (Information, Communications, and Technology) Literacy

Life and Career Skills

Today's life and work environments require far more than thinking skills and content knowledge. The ability to navigate the complex life and work environments in the globally competitive information age requires students to pay rigorous attention to developing adequate life and career skills, such as:

- Flexibility and Adaptability
- Initiative and Self-Direction
- Social and Cross-Cultural Skills
- Productivity and Accountability
- Leadership and Responsibility

21st Century Support Systems

Developing a comprehensive framework for 21st century learning requires more than identifying specific skills, content knowledge, expertise, and literacies. An innovative support system must be created to help students master the multidimensional abilities required of them in the 21st century. The Partnership has identified five critical support systems that ensure student mastery of 21st century skills:

- 21st Century Standards
- Assessment of 21st Century Skills
- 21st Century Curriculum and Instruction
- 21st Century Professional Development
- 21st Century Learning Environments

For more information, visit the Partnership’s website at www.21stcenturyskills.org. Used with permission.

Milestones for Improving Learning and Education

The Partnership for 21st Century Skills developed the Milestones for Improving Learning and Education (MILE) Guide for 21st Century Skills to assist educators and administrators in measuring the progress of their schools in defining, teaching, and assessing 21st century skills. The following describes the skills and knowledge required of students in the 21st century. This list was adapted from the 21st Century Partnership’s MILE Guide and served as a foundation for the North Carolina Professional School Nursing standards.

Global Awareness

- Using 21st century skills to understand and address global issues.
- Learning from and working collaboratively with individuals representing diverse cultures, religions and lifestyles in a spirit of mutual respect and open dialogue in personal, work, and community contexts.
- Having the ability to utilize non-English languages as a tool for understanding other nations and cultures.

Financial, Economic, Business, and Entrepreneurial Literacy

- Knowing how to make appropriate personal economic choices.
- Understanding the role of the economy and the role of business in the economy.
- Using entrepreneurial skills to enhance workplace productivity and career options.

Civic Literacy

- Being an informed citizen to participate effectively in government.
- Exercising the rights and obligations of citizenship at local, state, national, and global levels.
- Understanding the local and global implications of civic decisions.

Health Literacy

- Having the ability to access health information and services, navigate health institutions, and act as an effective advocate to improve health for self, family and/or community.
- Understanding preventive physical and mental health measures, including proper diet, nutrition, exercise, risk avoidance, and stress reduction.
- Demonstrating understanding of national and international health.

Thinking and Learning Skills

Critical Thinking and Problem Solving Skills

- Exercising sound reasoning and understanding.
- Making complex choices.
- Understanding the interconnections among systems.
- Framing, analyzing, and solving problems.

Communication

- Articulating thoughts and ideas clearly and effectively.

Information and Media Literacy Skills

- Understanding, managing, and creating effective oral, written and/or multimedia communication in a variety of forms and contexts.
- Analyzing, accessing, managing, integrating, evaluating, and creating information in a variety of forms and media.

Creativity and Innovation Skills

- Demonstrating originality and inventiveness in work.
- Developing, implementing, and communicating new ideas to others.
- Being open and responsive to new and diverse perspectives.

Collaboration Skills

- Demonstrating ability to work effectively with diverse teams.
- Being willing to be helpful and make necessary compromises to accomplish a common goal.

Contextual Learning Skills

- Having the ability to take advantage of education in a variety of contexts, both inside and outside the classroom; understanding that knowledge is acquired within a context.

ICT Literacy

- Using technology in the course of attaining and utilizing 21st century skills.

Life Skills

Leadership

- Using interpersonal and problem-solving skills to influence more than one person toward a goal.
- Having the ability to leverage strengths of others to accomplish a common goal.

Ethics

- Demonstrating integrity and ethical behavior in personal, workplace, and community contexts.

Accountability

- Setting and meeting high standards and goals for oneself and others.

Adaptability

- Adapting to varied roles and responsibilities.
- Tolerating ambiguity and changing priorities.

Personal Productivity

- Utilizing time efficiently and managing workload.
- Being punctual and reliable.

Personal Responsibility

- Exercising personal responsibility and flexibility in personal, workplace and community contexts.

People Skills

- Working appropriately and productively with others.

Self Direction

- Monitoring one's own understanding and learning needs.
- Demonstrating initiative to advance professional skill levels.
- Having the ability to define, prioritize, and complete tasks without direct oversight.
- Demonstrating commitment to learning as a lifelong process.

Social Responsibility

- Acting responsibly with the interests of the larger community in mind.

School Nurse Evaluation Process

The Rubric for Evaluating School Nurses is based on the Framework for 21st Century Learning and the North Carolina Professional School Nursing Standards. The instrument is designed to promote effective leadership, quality nursing practice, and student learning while leading to improved instruction. The evaluation instrument and its accompanying processes and materials are designed to encourage professional growth, to be flexible and fair to the persons being evaluated, and to serve as the foundation for the establishment of professional goals and identification of professional development needs.

The intended purpose of the North Carolina School Nurse Evaluation Process is to assess the school nurse's performance in relation to the North Carolina Professional School Nurse Standards and to design a plan for professional growth. The school health services program supervisor, lead school nurse or other designee (hereinafter "evaluator"), will conduct the evaluation process in which the school nurse will actively participate through the use of self-assessment, reflection, presentation of artifacts, and observations of practice. It should be noted that the North Carolina Board of Nursing (See Components Of Nursing Practice For The Registered Nurse and Nursing Practice Act in Appendix A.) requires that school nurses be evaluated by a licensed registered nurse. Therefore, the principal's designee must hold such a credential in order to serve as an evaluator. The principal retains primary responsibility for overseeing this evaluation process, for ensuring its successful completion each year, and for submitting all required information to the North Carolina Department of Public Instruction. Figure 2 illustrates the components of the evaluation process.

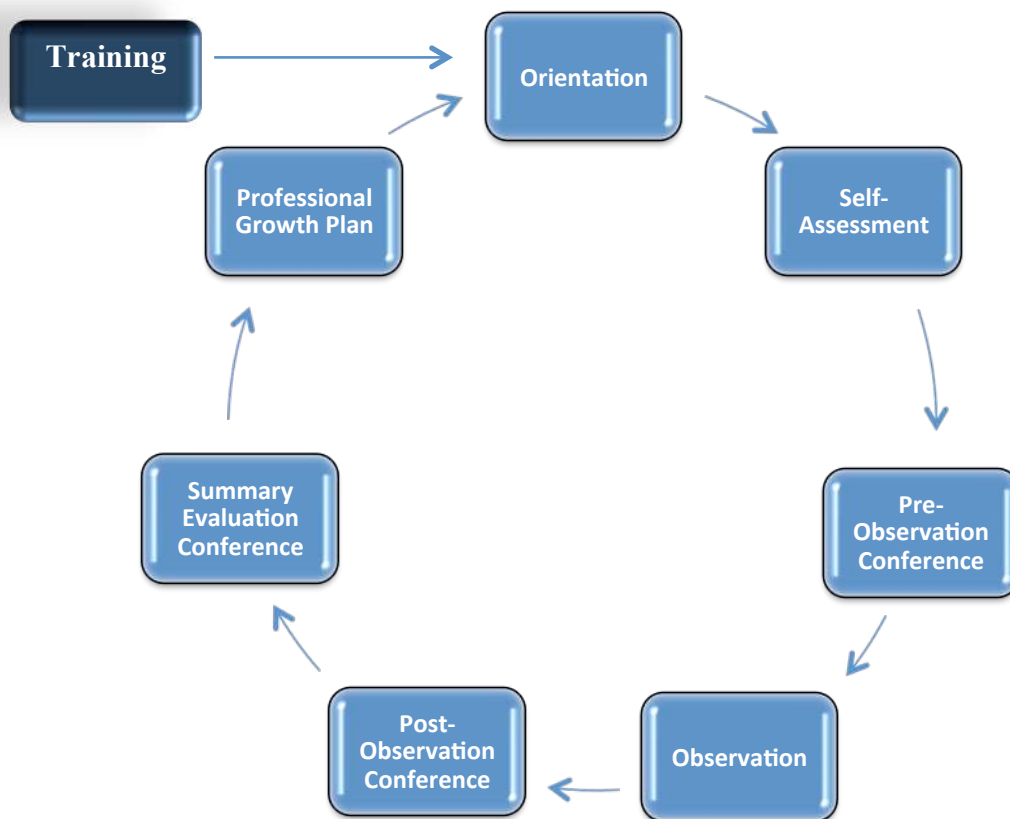


Exhibit 2: School Nurse Annual Evaluation Process

Purposes of the Evaluation

The school nurse performance evaluation process will:

- Serve as a measurement of performance for individual school nurses;
- Serve as a guide for school nurses as they reflect upon and improve their effectiveness;
- Serve as the basis for the improvement of professional practice;
- Focus the goals and objectives of schools and districts as they support, monitor, and evaluate their school nurses;
- Guide professional development programs for school nurses;
- Serve as a tool in developing coaching and mentoring programs for school nurses; and
- Inform higher education institutions as they develop the content and requirements for school nurse training programs.

Evaluation Process

Responsibilities for school nurses and their evaluators, as they complete the evaluation process, are as follows:

School Nurse Responsibilities:

- Know and understand the North Carolina Professional School Nursing Standards.
- Understand the North Carolina School Nurse Evaluation Process.
- Prepare for, and fully participate in, each component of the evaluation process.
- Gather data, artifacts, evidence to support performance in relation to standards and progress in attaining goals.
- Develop and implement strategies to improve personal performance and attain goals in areas individually or collaboratively identified.

Evaluator Responsibilities:

- Know and understand the North Carolina Professional School Nursing Standards.
- Participate in training to understand and implement the School Nurse Evaluation Process.
- Supervise the School Nurse Evaluation Process and ensure that all steps are conducted according to the approved process.
- Identify the school nurse's strengths and areas for improvement and make recommendations for improving performance.
- Ensure that the contents of the School Nurse Summary Evaluation Report contain accurate information and accurately reflect the school nurse's performance.
- Develop and supervise implementation of action plans as appropriate.

As Exhibit 2 illustrates, the North Carolina School Nurse Evaluation Process includes the following components:

Component 1: Training

Before participating in the evaluation process, all school nurses, principals, and designated evaluators must complete training on the evaluation process. After the initial training, additional changes to the process or accompanying materials will be discussed during the annual orientation that takes place within the first two weeks of school.

Component 2: Orientation

Within two weeks of a school nurse's first day of work in any school year, the principal or a designee (evaluator) will provide the school nurse with a copy of, or directions for obtaining access to a copy of:

- A. The North Carolina Educator Evaluation Process for School Nurses Users' Guide;
- B. A schedule for completing all the components of the evaluation process.

Copies may be provided by electronic means.

Component 3: Self-Assessment

Using the Rubric for Evaluating North Carolina School Nurses, the school nurse shall rate his or her own performance at the beginning of the year and reflect on his or her performance throughout the year.

Component 4: Pre-Observation Conference

Before the first formal observation, the evaluator (a licensed registered nurse) shall meet with the school nurse to discuss the school nurse's self-assessment based on the Rubric for Evaluating North Carolina School Nurses, the school nurse's most recent professional growth plan, and the session(s) or activity(ies) to be observed. The school nurse and evaluator will discuss the activities to be observed and specific plans for the observation. The goal of this conference is to prepare the evaluator for the observation. Pre-Observation conferences are not required for subsequent observations during the same school year.

Component 5: Observations

School nurses shall be evaluated annually. During the evaluation, the evaluator shall conduct at least one observation of the school nurse engaged in a session with students and/or families or during leadership activities, training sessions, or meetings. This formal observation should last at least forty-five (45) minutes or the duration of the task being performed by the school nurse. An informal observation may take place as an evaluator "drops in" while a school nurse is working with an individual student, conducting a group session with parents and/or students, leading or participating in a meeting, or provides training or consultation services to other nurses and/or educators.

During observations, the evaluator shall note the school nurse's performance in relationship to the applicable standards on the Rubric for Evaluating North Carolina School Nurses.

Component 6: Post-Observation Conference

The evaluator shall conduct a post-observation conference no later than ten (10) school days after each formal observation. During the post-observation conference, the evaluator and school nurse shall discuss and document on the Rubric the strengths and weaknesses of the school nurse's performance during the observed session.

Component 7: Summary Evaluation Conference and Scoring the School Nurse Summary Rating Form

Prior to the end of the school year and in accordance with LEA timelines, the evaluator shall conduct a summary evaluation conference with the school nurse. During the summary evaluation conference, the evaluator and school nurse shall discuss the evaluator's assessment of the school nurse's performance over the course of the school year, the school nurse's self-assessment, the most recent Professional Growth Plan, the components of the North Carolina School Nurse Evaluation Process completed during the year, observations, artifacts submitted or collected during the evaluation process, and other evidence of the school nurse's performance.

At the conclusion of the evaluation process, the evaluator shall:

- Give a rating for each Element in the Rubric;
- Provide a written comment on any Element marked "Not Demonstrated";
- Give an overall rating of each Standard;
- Provide the school nurse with the opportunity to add comments to the School Nurse Summary Rating Form;
- Review the completed School Nurse Summary Rating Form with the school nurse; and
- Secure the school nurse's signature on the Record of School Nurse Evaluation Activities and School Nurse Summary Rating Form.

Component 8: Professional Growth Plans

School nurses shall develop a Professional Growth Plan designed to serve as a guide for improving their performance during the subsequent school year. At a minimum, such a plan shall outline the standards and elements which need to be improved, goals to be accomplished, activities to be completed, and a timeline for completing all activities and/or achieving goals. The Professional Growth Plan should be discussed with and approved by the evaluator as the final step in the evaluation process.

Completing the Rubric and the Summary Rating Form

Self-Assessment

Early in the school year, the school nurse will complete a self-assessment based on the Rubric for Evaluating North Carolina School Nurses. The self-assessment is a personal reflection about one's professional practice conducted without input from others. The purposes of the self-assessment are to provide the school nurse an opportunity to reflect on his/her capabilities with respect to achieving the state's standards of performance and to contextualize anticipated levels of performance. As a part of this

process, the school nurse should consider past performance as well as the school characteristics for the current school year. These two factors jointly determine anticipated levels of performance and will help the school nurse articulate professional development, coaching, and mentoring needs in order to maintain or improve performance.

At the discretion of the school nurse, the self-assessment ratings may be used as the basis for discussions with the evaluator in order to clarify performance expectations, set goals, plan professional development and program changes, or provide input to the final, end-of-year ratings.

The school nurse should complete the rubric by checking descriptors that characterize professional practices in evidence as a part of his/her daily work. The school nurse should complete the self-assessment at the beginning of the school year and update it frequently throughout the year in light of changes to either personal performance or the school context.

Completing the Rubric Based on Observations

The evaluator will complete the Rubric for Evaluating North Carolina School Nurses during formal and informal observations as well as through reviews of artifacts. The evaluator checks descriptors that are observed during the session or as a result of review of artifacts and additional evidence. If the evaluator is not able to mark any of the descriptors for an element, then the “Not Demonstrated” column is used. In such a case, the evaluator must write a comment about the school nurse’s performance and suggestions for improvement. During a post-observation conference, the school nurse will have an opportunity to address any elements that have been rated as “Not Demonstrated” or “Developing” by providing additional evidence of performance during the evaluation period. The evaluator and school nurse will discuss and document the element and standard performance ratings as well as, more specifically, performance on individual descriptors, and determine actions that need to occur in order for the school nurse to maintain or achieve proficiency.

The evaluator should conduct at least one formal observation of the school nurse’s performance. Additional informal observations may be conducted throughout the year to supplement information gained through the formal observation and to observe elements for which additional information is needed in order to adequately and accurately rate the school nurse’s performance.

Determining Rating Levels After Completing the Rubric

The school nurse and evaluator should independently score each element within a standard to determine the level of performance for that element. The school nurse scores the rubric as a part of the self-assessment process and the evaluator scores it as a result of observations and artifact reviews. Each of the elements should be scored separately, and the combined individual element scores will determine the overall score for the standard.

The rater, whether the school nurse completing a self-assessment or the evaluator, will score each of the elements separately, and the combined individual element scores will determine the overall score for the standard. The rater should begin with the left-hand column and mark each descriptor that describes the performance of the school nurse during the period for which he or she is being evaluated. If the rater is not able to mark any of the descriptors for an element, then the “Not Demonstrated” column is used. In such a case, the rater must write a comment about what was observed and suggestions for improving performance.

The rating for each descriptor is the lowest rating for which all descriptors are marked and all descriptors below that rating are marked. As illustrated in the example on page 17, the school nurse would be rated as “Proficient” on element a, “School nurses advocate for safe and effective school nursing services that address student needs and support learning. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes,” even though at least one descriptor for “Proficient,” “Accomplished,” and “Distinguished” was marked. This is because “Proficient” is the lowest rating for which all descriptors were marked. Likewise, the example on page 18, Element a. “School nurses advocate for safe and effective school nursing services that address student needs and support learning. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes.” would be rated as “Proficient.” The school nurse in this example would also be rated “Accomplished” on Element b, “School nurses demonstrate leadership within the profession and practice setting and collaborate with the student, family, school staff, and community providers,” and on each of the remaining elements. This is likely to result in an overall rating of “Proficient” for Standard 1 for this school nurse.

Formal and informal observations of the school nurse’s practice should be conducted throughout the year. Overall ratings should not be determined until the end of the year during the Summary Evaluation Conference. When a school nurse is rated as “Developing” or “Not Demonstrated” on any element or standard during the Summary Evaluation Conference, the evaluator should strongly encourage the school nurse to develop a goal to address the area(s) where proficiency has not been reached.

Determining the school nurse’s professional practices rating involves determining the ratings for individual elements and standards. The evaluator should score each element within a standard to determine the rating level for that element.

For example, “[Standard 1: School nurses demonstrate leadership,](#)” has four elements:

Element a. School nurses advocate for safe and effective school nursing services that address student needs and support learning. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes.

Element b. School nurses demonstrate leadership within the profession and practice setting and collaborate with the student, family, school staff, and community providers.

Element c. School nurses demonstrate leadership by serving as a health expert and managing school health services.

Element d. School nurses practice ethically.

The evaluator should score each element separately. The collective individual element scores will determine the overall score for the standard and the scores for the standards will determine the overall professional practices rating. The evaluator should begin with the left-hand column of the rubric and mark every professional practice that describes the performance of the school nurse for the period for which he or she is being evaluated. The rating for each element is the highest rating for which all professional practices are marked and all professional practices below that level are marked. The school nurse would be rated as “Proficient” on element a. of Standard I. Even though at least one

professional practice under each rating level was marked, “Proficient” is the highest rating for which all professional practices were marked and all professional practices below that rating were marked.

If the rater arrives at the “Not Demonstrated” column without marking any professional practices as being observable during formal and informal observations conducted throughout the year, the school nurse is rated “Not Demonstrated” on that element and the evaluator is required to comment on the status of the school nurse with respect to this element.

Exhibit 3. Scoring the Rubric

Standard 1. School nurses demonstrate leadership. School nurses demonstrate leadership by promoting and enhancing the overall academic mission through providing health related services that strengthen student, home, school, and community partnerships to alleviate barriers to learning in the twenty-first century educational environment. School nurses are knowledgeable of relevant laws and policies and improve the profession by demonstrating high ethical standards and following the codes of ethics set out for the profession. School nurses manage school health services and effect change through school, district, and community activities.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. School nurses advocate for safe and effective school nursing services that address student needs and support learning. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes.				
The school nurse: ☒ Demonstrates knowledge of existing local, state, and federal laws governing school health programs.	... and The school nurse: ☒ Promotes solutions to social and environmental issues for healthy conditions for the entire school community. ☒ Advocates for equitable healthcare for all students.	... and The school nurse: ☐ Shapes the direction of the school nursing profession by engaging in initiatives to develop standards, competencies, role definitions, position statements, and/or clinical guidelines.	... and The school nurse: ☒ Partners with other stakeholders to influence school health, public health, and general healthcare policy. ☐ Serves on state and/or national committees to identify and address necessary policy changes.	

Exhibit 4. Example of How to Score the Rubric

Standard 1: School nurses demonstrate leadership. School nurses demonstrate leadership by promoting and enhancing the overall academic mission through providing health related services that strengthen student, home, school, and community partnerships to alleviate barriers to learning in the twenty-first century educational environment. School nurses are knowledgeable of relevant laws and policies and improve the profession by demonstrating high ethical standards and following the codes of ethics set out for the profession. School nurses manage school health services and effect change through school, district, and community activities.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. School nurses advocate for safe and effective school nursing services that address student needs and support learning. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes.				
The school nurse: ☒ Demonstrates knowledge of existing local, state, and federal laws governing school health programs.	... and The school nurse: ☒ Promotes solutions to social and environmental issues for healthy conditions for the entire school community. ☒ Advocates for equitable healthcare for all students.	... and The school nurse: ☐ Shapes the direction of the school nursing profession by engaging in initiatives to develop standards, competencies, role definitions, position statements, and/or clinical guidelines.	... and The school nurse: ☒ Partners with other stakeholders to influence school health, public health, and general healthcare policy. ☐ Serves on state and/or national committees to identify and address necessary policy changes.	
Element b. School nurses demonstrate leadership within the profession and practice setting and collaborate with the student, family, school staff, and community providers.				
The school nurse: ☒ Invites the contributions of students, families, and team members to achieve optimal outcomes. ☒ Engages in teamwork in a collaborative, respectful, and professional manner.	...and The school nurse: ☒ Functions as a liaison between the family, school and community. ☒ Participates in school nursing and school health professional organizations. ☒ Participates in committees, councils, or administrative teams in the school setting.	...and The school nurse: ☒ Serves in formal and informal leadership roles in professional organizations. ☒ Provides direction to enhance the effectiveness of the school multidisciplinary team. ☒ Uses data to determine needed changes to the school nursing program.	...and The school nurse: ☐ Participates in hiring, mentoring, and/or supporting other school nurses, interns, or school nursing students. ☒ Collaborates and mentors colleagues enhance their understanding of the school nursing and how best to meet the needs of all students.	

Standard 1: School nurses demonstrate leadership.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element c. School nurses demonstrate leadership by serving as a health expert and managing school health services.				
The school nurse: ☒ Manages school health services in assigned schools. ☒ Acts as a resource for coordinated school health programs. ☒ Adopts available technology appropriate to the work setting.	...and The school nurse: ☒ Conducts assessments to identify program needs. ☒ Implements needed health programs. ☒ Supervises health assistants, aides, and unlicensed assistive personnel (UAPs) consistent with NC Board of Nursing requirements. ☒ Interprets the role of the school nurse and school health service needs to the school and community.	...and The school nurse: ☐ Stays abreast of current health issues and trends that may affect healthcare and sources of funding. ☒ Implements long-term strategies to address ongoing health issues.	...and The school nurse: ☐ Leverages cooperation between schools and communities on public health issues. Communicates to school and district administrators, the district board of education, and other stakeholders: ☐ Findings of trend analyses. ☐ Findings of outcome evaluations. ☐ Impacts and potential impacts of health related policies and programs.	

Standard 1: School nurses demonstrate leadership.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element d. School nurses practice ethically.				
The school nurse: Adheres to the ☒ <i>Code of Ethics with Interpretive Statements for the School Nurse</i> (NASN 2010). ☒ <i>Code of Ethics for North Carolina Educators</i> ☒ <i>Code of Professional Practice and Conduct for North Carolina Educators</i> (See Appendix A) ☒ Recognizes the centrality of student and family as core members of the healthcare team. ☒ Integrates caring, kindness, and respect into nursing practice.	...and The school nurse: ☒ Assists students and families in self-determination and informed decision-making. ☒ Maintains professional role boundaries. ☒ Questions healthcare practice to maintain safety and quality practice.	...and The school nurse: ☐ Participates in interdisciplinary teams that address ethical issues. ☒ Promotes cooperation, respect, and trust by adhering to standards and applicable codes of conduct.	...and The school nurse: ☒ Consults with others to resolve ethical issues. ☐ Contributes to the establishment and implementation of district and/or state school nursing ethics committees.	

Exhibit 5. Example of Marking the Summary Rating Form

Summary Rating Form for School School Nurses	Not Demonstrated	Developing	Proficient	Accomplish	Distinguished
Standard 1. School nurses demonstrate leadership.					
Element a. School nurses advocate for safe and effective school nursing services that address student needs and support learning. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes.			✓		
Element b. School nurses demonstrate leadership within the profession and practice setting and collaborate with the student, family, school staff, and community providers.				✓	
Element c. School nurses demonstrate leadership by serving as a health expert and managing school health services.			✓		
Element d. School nurses practice ethically.			✓		
Overall Rating for Standard 1					
Standard 2. School nurses establish a safe, respectful, and inclusive environment for diverse populations.					
Element a. School nurses align practice with the requirements of the North Carolina Board of Nursing, recognized standards of nursing practice and North Carolina education goals.			✓		
Element b. School nurses foster an environment that supports success of all students.				✓	
Element c. School nurses communicate effectively in a variety of formats in all areas of nursing practice.			✓		
Element d. School nurses use environmentally safe and healthy practices.			✓		
Overall Rating for Standard 2					
Standard 3. School nurses use their knowledge of the nursing process, current nursing standards, and principles of growth and development to facilitate and enhance competent practice in the school setting.					
Element a. School nurses attain knowledge and competence that reflect current nursing practice.				✓	
Element b. School nurses integrate evidence and research findings into nursing practice.			✓		
Overall Rating for Standard 3					
Standard 4. School nurses facilitate student learning by providing individualized care using the nursing process.					
Element a. School nurses collect comprehensive data pertinent to the student's health and analyze the data to determine nursing diagnoses.				✓	
Element b. Based on the assessment, school nurses identify expected student outcomes and develop a plan with strategies to attain those outcomes.			✓		
Element c. School nurses implement the plan of care, coordinate care delivery, and evaluate the effectiveness of the plan			✓		
Element d. School nurses utilize appropriate resources to plan and provide school health services that are safe, effective, and financially responsible.				✓	
Overall Rating for Standard 4					
Standard 5. School nurses reflect on their practice.					
Element a. Quality of practice					✓
Element b. Professional practice evaluation:					✓
Overall Rating for Standard 5					

Glossary

Action Plan—A plan developed by a principal/supervisor with input from the school nurse for the purpose of articulating specific actions and outcomes needed in order to improve the school nurse performance. Action plans are developed and administrated under guidelines provided by each LEA.

Artifact—A product resulting from a school nurse’s work. Artifacts are natural by-products of a school nurse’s work and are not created for the purpose of satisfying evaluation requirements. Artifacts are used only when the evaluator and school nurse disagree on the final rating. The school nurse may use them as exemplars of their work.

Code of Ethics for North Carolina Educators—The standards of professional conduct required of educators. (See Appendix A.)

Code of Professional Practice and Conduct for North Carolina Educators—The uniform standards of professional conduct for licensed professional educators. (See Appendix A.)

Code of Ethics of the National Association of School Nurses – The code of ethics and interpretive statements of ethical beliefs adopted by the National Association of School Nurses in 2010. (See Appendix A.)

Data—Factual information used as the basis for reasoning, discussion, or planning.

Evaluator—The person responsible for overseeing and completing the school nurse evaluation process. This is usually the school principal, but it may be someone who is designated by the principal to assume these responsibilities. The North Carolina Board of Nursing requires that nursing practice be evaluated by a licensed registered nurse. Therefore, the principal’s designee should be someone who holds such a credential.

Evidence—Documents that demonstrate or confirm the work of the person being evaluated and support the rating on a given element.

Formal Evaluation Process—The process of evaluating a school nurse using the following essential components:

- 1. Training** -- Before participating in the evaluation process, all school nurses, principals, and designated evaluators must complete training on the evaluation process. After the initial training, additional changes to the process or accompanying materials will be discussed during the annual orientation that takes place within the first two weeks of school.
- 2. Orientation** -- Within two weeks of a school nurse’s first day of work in any school year, the principal or a designee (evaluator) will provide the school nurse with a copy of, or directions for obtaining access to a copy of the North Carolina Educator Evaluation Process for School Nurses Users’ Guide and a schedule for completing all the components of the evaluation process.
- 3. Self-Assessment** -- Using the Rubric for Evaluating North Carolina School Nurses, the school nurse shall rate his or her own performance at the beginning of the year and reflect on his or her performance throughout the year.
- 4. Pre-Observation Conference** -- Before the first formal observation, the evaluator (a licensed registered nurse) shall meet with the school nurse to discuss the school nurse’s self-assessment based on the Rubric for Evaluating North Carolina School Nurses, the school nurse’s most recent professional

growth plan, and the session(s) or activity(ies) to be observed. The school nurse and evaluator will discuss the activities to be observed and specific plans for the observation. The goal of this conference is to prepare the evaluator for the observation. Pre-Observation conferences are not required for subsequent observations during the same school year.

5. Observations -- School nurses shall be evaluated annually. During the evaluation, the evaluator shall conduct at least one observation of the school nurse engaged in a session with students and/or families or during leadership activities, training sessions, or meetings. This formal observation should last at least forty-five (45) minutes or the duration of the task being performed by the school nurse. An informal observation may take place as an evaluator “drops in” while a school nurse is working with an individual student, conducting a group session with parents and/or students, leading or participating in a meeting, or provides training or consultation services to other nurses and/or educators.

6. Post-Observation Conference -- The evaluator shall conduct a post-observation conference no later than ten (10) school days after each formal observation. During the post-observation conference, the evaluator and school nurse shall discuss and document on the Rubric the strengths and weaknesses of the school nurse’s performance during the observed session.

7. Summary Evaluation Conference and Scoring the School Nurse Summary Rating Form -- Prior to the end of the school year and in accordance with LEA timelines, the evaluator shall conduct a summary evaluation conference with the school nurse. During the summary evaluation conference, the evaluator and school nurse shall discuss the evaluator’s assessment of the school nurse’s performance over the course of the school year, the school nurse’s self-assessment, the most recent Professional Growth Plan, the components of the North Carolina School Nurse Evaluation Process completed during the year, observations, artifacts submitted or collected during the evaluation process, and other evidence of the school nurse’s performance.

8. Professional Growth Plans -- School nurses shall develop a Professional Growth Plan designed to serve as a guide for improving their performance during the subsequent school year. At a minimum, such a plan shall outline the standards and elements which need to be improved, goals to be accomplished, activities to be completed, and a timeline for completing all activities and/or achieving goals. The Professional Growth Plan should be discussed with and approved by the evaluator as the final step in the evaluation process.

Performance Rating Scale—The following rating scale will be used for determining the final evaluation rating for North Carolina school nurses:

- a. **Developing:** School nurse demonstrated adequate growth toward achieving standard(s) during the period of performance, but did not demonstrate competence on standard(s) of performance.
- b. **Proficient:** School nurse demonstrated basic competence on standard(s) of performance.
- c. **Accomplished:** School nurse exceeded basic competence on standard(s) of performance most of the time.
- d. **Distinguished:** School nurse consistently and significantly exceeded basic competence on standard(s) of performance.
- e. **Not Demonstrated:** School nurse did not demonstrate competence on or adequate growth toward achieving standard(s) of performance. (Note: If the “Not Demonstrated” rating is used, the Evaluator must comment about why it was used.)

Rubric for Evaluating North Carolina School Nurses – A composite matrix of the following standards, elements, and descriptors of the North Carolina Professional School Nurse Standards:

- a. ***Performance Standard*** – The distinct aspect of school nursing or realm of activities which form the basis for the evaluation of a school nurse.
- b. ***Performance Elements*** – The subcategories of performance embedded within the performance standard.
- c. ***Performance Descriptors*** – The specific performance responsibilities embedded within the components of each performance standard.

School Nurse – A person who is licensed as a Registered Nurse in North Carolina and holds or is working toward National Certification from the National Board for Certified School Nursing or American Nurses Credentialing Center per North Carolina Department of Public Instruction Guidelines and is employed to provide school nursing services within North Carolina’s public school system.

School Executives – Principals and assistant principals licensed to work in North Carolina.

Self-assessment – Personal reflection about one’s professional practice to identify strengths and areas for improvement conducted without input from others. Purposes of the self-assessment are to clarify performance expectations, guide discussions about goal-setting and professional development and program needs, and provide input to the final ratings.

Training – State-approved and sponsored training on the school nurse rubric and evaluation process required of all school nurses and individuals responsible for their evaluation.

Twenty-first Century content - Global awareness, financial, economic, business, and entrepreneurial literacy; civic literacy; and health and wellness awareness.

Twenty-first Century life skills - School nurses incorporate twenty-first century life skills deliberately, strategically, and broadly into their services. These skills include leadership, ethics, accountability, adaptability, personal productivity, personal responsibility, interpersonal skills, self-direction, and social responsibility.

Appendix A

Code of Ethics for North Carolina Educators

Code of Professional Practice and Conduct for North Carolina Educators

National Association of School Nurses Code of Ethics

Components Of Nursing Practice For The Registered Nurse

North Carolina Nurse Practices Act

Code of Ethics for North Carolina Educators

Adopted by the State Board of Education June 5, 1997

Preamble

The purpose of this Code of Ethics is to define standards of professional conduct. The responsibility to teach and the freedom to learn, and the guarantee of equal opportunity for all are essential to the achievement of these principles. The professional educator acknowledges the worth and dignity of every person and demonstrates the pursuit of truth and devotion to excellence, acquires knowledge, and nurtures democratic citizenship. The educator strives to maintain the respect and confidence of colleagues, students, parents and legal guardians, and the community, and to serve as an appropriate role model. The educator exemplifies a commitment to the teaching and learning processes with accountability to the students, maintains professional growth, exercises professional judgment, and personifies integrity. To uphold these commitments, the educator:

I. Commitment to the Student

- A. Protects students from conditions within the educator's control that circumvent learning or are detrimental to the health and safety of students.
- B. Maintains an appropriate relationship with students in all settings; does not encourage, solicit, or engage in a sexual or romantic relationship with students, nor touch a student in an inappropriate way for personal gratification, with intent to harm, or out of anger.
- C. Evaluates students and assigns grades based upon the students' demonstrated competencies and performance.
- D. Disciplines students justly and fairly and does not deliberately embarrass or humiliate them.
- E. Holds in confidence information learned in professional practice except for professional reasons or in compliance with pertinent regulations or statutes.
- F. Refuses to accept significant gifts, favors, or additional compensation that might influence or appear to influence professional decisions or actions.

II. Commitment to the School and School System

- A. Utilizes available resources to provide a classroom climate conducive to learning and to promote learning to the maximum possible extent.
- B. Acknowledges the diverse views of students, parents and legal guardians, and colleagues as they work collaboratively to shape educational goals, policies, and decisions; does not proselytize for personal viewpoints that are outside the scope of professional practice.
- C. Signs a contract in good faith and does not abandon contracted professional duties without a substantive reason

D. Participates actively in professional decision-making process and supports the expression of professional opinions and judgments by colleagues in decision making processes or due process proceedings.

E. When acting in an administrative capacity:

1. Acts fairly, consistently, and prudently in the exercise of authority with colleagues, subordinates, students, and parents and legal guardians.
2. Evaluates the work of other educators using appropriate procedures and established statutes and regulations.
3. Protects the rights of others in the educational setting, and does not retaliate, coerce, or intentionally intimidate others in the exercise of rights protected by law.
4. Recommends persons for employment, promotion, or transfer according to their professional qualifications, the needs and policies of the LEA, and according to the law.

III. Commitment to the Profession

A. Provides accurate credentials and information regarding licensure or employment and does not knowingly assist others in providing untruthful information.

B. Takes action to remedy an observed violation of the Code of Ethics for North Carolina Educators and promotes understanding of the principles of professional ethics.

C. Pursues growth and development in the practice of the profession and uses that knowledge in improving the educational opportunities, experiences, and performance of students and colleagues.

Code of Professional Practice and Conduct for North Carolina Educators

The North Carolina State Board of Education (SBE) has adopted rules to establish uniform standards of professional conduct for licensed professional educators throughout the state. These rules have been incorporated into Title 16 of the North Carolina Administrative Code and have the effect of law. These rules shall be the basis for State Board of Education review of performance of professional educators and are binding on every person licensed by the State Board of Education. Violation of the standards shall subject an educator to investigation and possible disciplinary action by the State Board of Education or local school district.

SECTION .0600 - Code of Professional Practice and Conduct for North Carolina Educators 16 NCAC 6C.0601 –

The Purpose and Applicability of the Rules of Professional Conduct for Educators

The purpose of these rules is to establish and uphold uniform standards of professional conduct for licensed professional educators throughout the State. These rules shall be binding on every person licensed by the SBE, hereinafter referred to as “educator” or “professional educator,” and the possible consequences of any willful breach shall include license suspension or revocation. The prohibition of certain conduct in these rules shall not be interpreted as approval of conduct not specifically cited.

History Note: Authority G.S. 115C-295.3;
Eff. April 1, 1998.

16 NCAC 6C.0602 - The Standards of Professional Conduct for NC Educators

The standards listed in this Section shall be generally accepted for the education profession and shall be the basis for State Board review of performance of professional educators. These standards shall establish mandatory prohibitions and requirements for educators. Violation of these standards shall subject an educator to investigation and disciplinary action by the SBE or LEA.

Professional educators shall adhere to the standards of professional conduct contained in this Rule. Any intentional act or omission that violates these standards is prohibited.

1. Generally recognized professional standards. The educator shall practice the professional standards of federal, state, and local governing bodies.
2. Personal conduct. The educator shall serve as a positive role model for students, parents, and the community. Because the educator is entrusted with the care and education of small children and adolescents, the educator shall demonstrate a high standard of personal character and conduct.
3. Honesty. The educator shall not engage in conduct involving dishonesty, fraud, deceit, or misrepresentation in the performance of professional duties including the following:
 - a. Statement of professional qualifications;
 - b. Application or recommendation for professional employment, promotion, or licensure;
 - c. Application or recommendation for college or university admission, scholarship, grant, academic award, or similar benefit;
 - d. Representation of completion of college or staff development credit;
 - e. Evaluation or grading of students or personnel;

- f. Submission of financial or program compliance reports submitted to state, federal, or other governmental agencies;
 - g. Submission of information in the course of an official inquiry by the employing LEA or the SBE related to facts of unprofessional conduct, provided, however, that an educator shall be given adequate notice of the allegations and may be represented by legal counsel; and
 - h. Submission of information in the course of an investigation by a law enforcement agency, child protective services, or any other agency with the right to investigate, regarding school-related criminal activity; provided, however, that an educator shall be entitled to decline to give evidence to law enforcement if such evidence may tend to incriminate the educator as that term is defined by the Fifth Amendment to the U.S. Constitution.
4. Proper remunerative conduct. The educator shall not solicit current students or parents of students to purchase equipment, supplies, or services from the educator in a private remunerative capacity. An educator shall not tutor for remuneration students currently assigned to the educator's classes, unless approved by the local superintendent. An educator shall not accept any compensation, benefit, or thing of value other than the educator's regular compensation for the performance of any service that the educator is required to render in the course and scope of the educator's employment. This Rule shall not restrict performance of any overtime or supplemental services at the request of the LEA; nor shall it apply to or restrict the acceptance of gifts or tokens of minimal value offered and accepted openly from students, parents, or other persons in recognition or appreciation of service.
 5. Conduct with students. The educator shall treat all students with respect. The educator shall not commit any abusive act or sexual exploitation with, to, or in the presence of a student, whether or not that student is or has been under the care or supervision of that educator, as defined below:
 - a. Any use of language that is considered profane, vulgar, or demeaning;
 - b. Any sexual act;
 - c. Any solicitation of a sexual act, whether written, verbal, or physical;
 - d. Any act of child abuse, as defined by law;
 - e. Any act of sexual harassment, as defined by law; and
 - f. Any intentional solicitation, encouragement, or consummation of a romantic or physical relationship with a student, or any sexual contact with a student. The term "romantic relationship" shall include dating any student.
 6. Confidential information. The educator shall keep in confidence personally identifiable information regarding students or their family members that has been obtained in the course of professional service, unless disclosure is required or permitted by law or professional standards, or is necessary for the personal safety of the student or others.
 7. Rights of others. The educator shall not willfully or maliciously violate the constitutional or civil rights of a student, parent/legal guardian, or colleague.
 8. Required reports. The educator shall make all reports required by Chapter 115C of the North Carolina General Statutes.
 9. Alcohol or controlled substance abuse. The educator shall not:
 - a. Be under the influence of, possess, use, or consume on school premises or at a school-sponsored activity a controlled substance as defined by N.C. Gen. Stat./90-95, the Controlled Substances Act, without a prescription authorizing such use;

- b. Be under the influence of, possess, use, or consume an alcoholic beverage or a controlled substance on school premises or at a school-sponsored activity involving students; or
 - c. Furnish alcohol or a controlled substance to any student except as indicated in the professional duties of administering legally prescribed medications.
 - d. Compliance with criminal laws. The educator shall not commit any act referred to in G.S. 115C-332 and any felony under the laws of the United States or of any state.
10. Public funds and property. The educator shall not misuse public funds or property, funds of a school-related organization, or colleague's funds. The educator shall account for funds collected from students, colleagues, or parents/legal guardians. The educator shall not submit fraudulent requests for reimbursement, expenses, or pay.
11. Scope of professional practice. The educator shall not perform any act as an employee in a position for which licensure is required by the rules of the SBE or by Chapter 115C or the North Carolina General Statutes during any period in which the educator's license has been suspended or revoked.
12. Conduct related to ethical violations. The educator shall not directly or indirectly use or threaten to use any official authority or influence in any manner that tends to discourage, restrain, interfere with, coerce, or discriminate against any subordinate or any licensee who in good faith reports, discloses, divulges, or otherwise brings to the attention of an LEA, the SBE, or any other public agency authorized to take remedial action, any facts or information relative to actual or suspected violation of any law regulating the duties of persons serving in the public school system including but not limited to these Rules.

History Note: Authority G.S. 115C-295.3;
Eff. May 1, 1998.

National Association of School Nurses Code of Ethics



Preamble: Acknowledging the diversity of the laws and conditions under which school nurses practice, NASN believes in a commonality of moral and ethical conduct.

1. Client Care

The school nurse is an advocate for students, families and members of the school community. To that end, school nurses facilitate positive responses to normal development, promote health and safety, intervene with actual and potential health problems, provide case management services, and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning. Each individual's inherent right to be treated with dignity and confidentiality is respected. All clients are treated equally regardless of race, gender, socio-economic status, culture, age, sexual orientation, disability or religion.

Interpretive Statements

- A. School nurses deliver care in a manner that promotes and preserves student, family and community client autonomy, dignity and rights.
- B. School nurses support and promote individuals' and families' ability to achieve the highest quality of life as understood by each individual and family.
- C. School nurses deliver care in an inclusive, collaborative manner that embraces diversity in the school community.
- D. School nurses maintain client confidentiality within the legal, regulatory and ethical parameters of health and education.
- E. School nurses advocate on behalf of clients' needs.

2. Professional Competency

The school nurse maintains the highest level of competency by enhancing professional knowledge and skills, and by collaborating with peers, other health professionals and community agencies while adhering to the standards of school nursing practice.

Interpretive Statements

- A. The profession of nursing is obligated to provide competent nursing care. The school nurse must be aware of the need for continued professional learning and must assume personal responsibility for currency of knowledge and skills.
- B. School nurses must evaluate their own nursing practice in relation to professional practice standards and relevant statutes, regulations and policies.
- C. School nurses must have knowledge relevant to meet the needs of clients within the school setting. Since individual expertise varies, nurses consult with peers and other health professionals with expertise and recognized competencies in various fields of practice. When in the client's best interest, the school nurse refers clients to other health professionals and community health agencies.
- D. Nurses are accountable for judgments made and actions taken in the course of nursing practice. The scope and standards of school nursing practice reflect a practice rounded in ethical commitment. The school nurse is responsible for establishing and maintaining a practice based on these standards.

3. Professional Responsibilities

The school nurse participates in the profession's efforts to advance the scope and standards of practice, expand the body of knowledge through nursing research and improve school nursing practice work environments.

Interpretive Statements

A. The school nurse is obligated to demonstrate adherence to the profession's standards by monitoring these standards in daily practice, participating in the profession's efforts to improve school health services and promoting student health and academic success.

B. The school nurse utilizes available research in developing the health programs and individual plans of care and interventions.

C. The school nurse participates in and promotes research activities as a means of advancing school health services and the health of students. This is done as appropriate to the nurse's education, position and practice environment and in adherence to the ethics that govern research, specifically:

1) Right to privacy and confidentiality,

2) Voluntary and informed consent and

3) Awareness of and participation in the mechanisms available to ensure the rights of human subjects, particularly vulnerable populations (minors, disabled, etc.)

D. The school nurse recognizes that practice environments impact the quality of client care and is cognizant of the need to work with others to improve these environments.

National Association of School Nurses (2010)

21 NCAC 36 .0224 COMPONENTS OF NURSING PRACTICE FOR THE REGISTERED NURSE

(a) The responsibilities which any registered nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:

- (1) the nurse's own qualifications including:
 - (A) basic educational preparation; and
 - (B) knowledge and skills subsequently acquired through continuing education and practice;
- (2) the complexity and frequency of nursing care needed by a given client population;
- (3) the proximity of clients to personnel;
- (4) the qualifications and number of staff;
- (5) the accessible resources; and
- (6) established policies, procedures, practices, and channels of communication which lend support to the types of nursing services offered.

(b) Assessment is an on-going process and consists of the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client, group or community.

(1) Collection of data includes:

- (A) obtaining data from relevant sources regarding the biophysical, psychological, social and cultural factors of the client's life and the influence these factors have on health status, including:
 - (i) subjective reporting;
 - (ii) observations of appearance and behavior;
 - (iii) measurements of physical structure and physiological functions;
 - (iv) information regarding available resources; and
- (B) verifying data collected.

(2) Interpretation of data includes:

- (A) analyzing the nature and inter-relationships of collected data; and
- (B) determining the significance of data to client's health status, ability to care for self, and treatment regimen.

(3) Formulation of a nursing diagnosis includes:

- (A) describing actual or potential responses to health conditions. Such responses are those for which nursing care is indicated, or for which referral to medical or community resources is appropriate; and
- (B) developing a statement of a client problem identified through interpretation of collected data.

(c) Planning nursing care activities includes identifying the client's needs and selecting or modifying nursing interventions related to the findings of the nursing assessment. Components of planning include:

- (1) prioritizing nursing diagnoses and needs;
- (2) setting realistic, measurable goals and outcome criteria;
- (3) initiating or participating in multidisciplinary planning;
- (4) developing a plan of care which includes determining and prioritizing nursing interventions; and
- (5) identifying resources based on necessity and availability.

(d) Implementation of nursing activities is the initiating and delivering of nursing care according to an established plan, which includes, but is not limited to:

- (1) procuring resources;
- (2) implementing nursing interventions and medical orders consistent with 21 NCAC 36 .0221(c) and within an environment conducive to client safety;
- (3) prioritizing and performing nursing interventions;
- (4) analyzing responses to nursing interventions;
- (5) modifying nursing interventions; and

- (6) assigning, delegating and supervising nursing activities of other licensed and unlicensed personnel consistent with Paragraphs (a) and (i) of this Rule, G.S. 90-171.20(7)d and (7)i, and 21 NCAC 36 .0401.
- (e) Evaluation consists of determining the extent to which desired outcomes of nursing care are met and planning for subsequent care. Components of evaluation include:
 - (1) collecting evaluative data from relevant sources;
 - (2) analyzing the effectiveness of nursing interventions; and
 - (3) modifying the plan of care based upon newly collected data, new problem identification, change in the client's status and expected outcomes.
- (f) Reporting and Recording by the registered nurse are those communications required in relation to all aspects of nursing care.
 - (1) Reporting means the communication of information to other persons responsible for, or involved in, the care of the client. The registered nurse is accountable for:
 - (A) directing the communication to the appropriate person(s) and consistent with established policies, procedures, practices and channels of communication which lend support to types of nursing services offered;
 - (B) communicating within a time period which is consistent with the client's need for care;
 - (C) evaluating the responses to information reported; and
 - (D) determining whether further communication is indicated.
 - (2) Recording means the documentation of information on the appropriate client record, nursing care plan or other documents. This documentation must:
 - (A) be pertinent to the client's health care;
 - (B) accurately describe all aspects of nursing care including assessment, planning, implementation and evaluation;
 - (C) be completed within a time period consistent with the client's need for care;
 - (D) reflect the communication of information to other persons; and
 - (E) verify the proper administration and disposal of controlled substances.
- (g) Collaborating involves communicating and working cooperatively with individuals whose services may have a direct or indirect effect upon the client's health care and includes:
 - (1) initiating, coordinating, planning and implementing nursing or multidisciplinary approaches for the client's care;
 - (2) participating in decision-making and in cooperative goal-directed efforts;
 - (3) seeking and utilizing appropriate resources in the referral process; and
 - (4) safeguarding confidentiality.
- (h) Teaching and Counseling clients is the responsibility of the registered nurse, consistent with G.S. 90-171.20(7)g.
 - (1) Teaching and counseling consist of providing accurate and consistent information, demonstrations and guidance to clients, their families or significant others regarding the client's health status and health care for the purpose of:
 - (A) increasing knowledge;
 - (B) assisting the client to reach an optimum level of health functioning and participation in self care; and
 - (C) promoting the client's ability to make informed decisions.
 - (2) Teaching and counseling include, but are not limited to:
 - (A) assessing the client's needs, abilities and knowledge level;
 - (B) adapting teaching content and methods to the identified needs, abilities of the client(s) and knowledge level;
 - (C) evaluating effectiveness of teaching and counseling; and
 - (D) making referrals to appropriate resources.

(i) Managing the delivery of nursing care through the on-going supervision, teaching and evaluation of nursing personnel is the responsibility of the registered nurse as specified in the legal definition of the practice of nursing and includes, but is not limited to:

- (1) continuous availability for direct participation in nursing care, onsite when necessary, as indicated by client's status and by the variables cited in Paragraph (a) of this Rule;
- (2) assessing capabilities of personnel in relation to client status and plan of nursing care;
- (3) delegating responsibility or assigning nursing care functions to personnel qualified to assume such responsibility and to perform such functions;
- (4) accountability for nursing care given by all personnel to whom that care is assigned and delegated; and
- (5) direct observation of clients and evaluation of nursing care given.

(j) Administering nursing services is the responsibility of the registered nurse as specified in the legal definition of the practice of nursing in G.S. 90-171.20 (7)i, and includes, but is not limited to:

- (1) identification, development and updating of standards, policies and procedures related to the delivery of nursing care;
- (2) implementation of the identified standards, policies and procedures to promote safe and effective nursing care for clients;
- (3) planning for and evaluation of the nursing care delivery system; and
- (4) management of licensed and unlicensed personnel who provide nursing care consistent with Paragraphs (a) and (i) of this Rule and which includes:
 - (A) appropriate allocation of human resources to promote safe and effective nursing care;
 - (B) defined levels of accountability and responsibility within the nursing organization;
 - (C) a mechanism to validate qualifications, knowledge and skills of nursing personnel;
 - (D) provision of educational opportunities related to expected nursing performance; and
 - (E) validation of the implementation of a system for periodic performance evaluation.

(k) Accepting responsibility for self for individual nursing actions, competence and behavior is the responsibility of the registered nurse, which includes:

- (1) having knowledge and understanding of the statutes and rules governing nursing;
- (2) functioning within the legal boundaries of registered nurse practice; and
- (3) respecting client rights and property, and the rights and property of others.

History Note: Authority G.S. 90-171.20(7); 90-171.23(b); 90-171.43(4);

Eff. January 1, 1991;

Temporary Amendment Eff. October 24, 2001;

Amended Eff. August 1, 2002.

State of North Carolina Nursing Practice Act

(Includes Nurses Aides Registry Act, Nurse Licensure Compact and Criminal Background Check)

AUGUST, 2009

Amendments enacted by the General Assembly in 1981, 1987, 1991, 1993, 1997, 1999, 2001, 2003, 2004, 2005, 2006, 2007 and 2009 are incorporated as they appear in the General Statutes of North Carolina. August, 2009

AN ACT TO REGULATE THE PRACTICE OF NURSING.

The General Assembly of North Carolina enacts:

Section 1. Article 9 of Chapter 90 of the General Statutes is hereby rewritten as follows:

ARTICLE 9A. Nursing Practice Act.

§ 90-171.19. *Legislative findings.* — The General Assembly of North Carolina finds that mandatory licensure of all who engage in the practice of nursing is necessary to ensure minimum standards of competency and to provide the public safe nursing care.

§ 90-171.20. *Definitions.* — As used in this Article, unless the context requires otherwise:

- (1) ‘Board’ means the North Carolina Board of Nursing.
- (2) ‘Health care provider’ means any licensed health care professional and any agent or employee of any health care institution, health care insurer, health care professional school, or a member of any allied health profession. For purposes of this Article, a person enrolled in a program that prepares the person to be a licensed health care professional or an allied health professional shall be deemed a health care provider.
- (3) ‘License’ means a permit issued by the Board to practice nursing as a registered nurse or as a licensed practical nurse, including a renewal thereof.
- (4) ‘Nursing’ is a dynamic discipline which includes the assessing, caring, counseling, teaching, referring and implementing of prescribed treatment in the maintenance of health, prevention and management of illness, injury, disability or the achievement of a dignified death. It is ministering to, assisting, and sustained, vigilant, and continuous care of those acutely or chronically ill; supervising patients during convalescence and rehabilitation; the supportive and restorative care given to maintain the optimum health level of individuals, groups, and communities; the supervision, teaching, and evaluation of those who perform or are preparing to perform these functions; and the administration of nursing programs and nursing services.
- (5) ‘Nursing program’ means any educational program in North Carolina offering to prepare persons to meet the educational requirements for licensure under this Article.
- (6) ‘Person’ means an individual, corporation, partnership, association, unit of government, or other legal entity.
- (7) The “practice of nursing by a registered nurse” consists of the following ten components:
 - a. Assessing the patient's physical and mental health including the patient's reaction to illnesses and treatment regimens.
 - b. Recording and reporting the results of the nursing assessment.
 - c. Planning, initiating, delivering, and evaluating appropriate nursing acts.
 - d. Teaching, assigning, delegating to or supervising other personnel in implementing the treatment regimen.
 - e. Collaborating with other health care providers in determining the appropriate health care for a patient but, subject to the provisions of G.S. 90-18.2, not prescribing a medical treatment regimen or making a medical diagnosis, except under supervision of a licensed physician.
 - f. Implementing the treatment and pharmaceutical regimen prescribed by any person authorized by State law to prescribe the regimen.
 - g. Providing teaching and counseling about the patient's health.
 - h. Reporting and recording the plan for care, nursing care given, and the patient's response to that care.
 - i. Supervising, teaching, and evaluating those who perform or are preparing to perform nursing functions and administering nursing programs and nursing services.
 - j. Providing for the maintenance of safe and effective nursing care, whether rendered directly or indirectly.
- (8) The “practice of nursing by a licensed practical nurse” consists of the following seven components:
 - a. Participating in the assessment of the patient's physical and mental health, including the patient's reaction to illnesses and treatment regimens.
 - b. Recording and reporting the results of the nursing assessment.
 - c. Participating in implementing the health care plan developed by the registered nurse and/or prescribed by any person authorized by State law to prescribe such a plan, by performing tasks assigned or delegated by

and performed under the supervision or under orders or directions of a registered nurse, physician licensed to practice medicine, dentist, or other person authorized by State law to provide the supervision.

- d. Assigning or delegating nursing interventions to other qualified personnel under the supervision of the registered nurse.
- e. Participating in the teaching and counseling of patients as assigned by a registered nurse, physician, or other qualified professional licensed to practice in North Carolina.
- f. Reporting and recording the nursing care rendered and the patient's response to that care.
- g. Maintaining safe and effective nursing care, whether rendered directly or indirectly.

§ 90.171.21. Board of Nursing; composition; selection; vacancies; qualifications; term of office; compensation.

(a) The Board shall consist of 14 members. Eight members shall be registered nurses Three members shall be licensed practical nurses. Three members shall be representatives of the public.

(b) Selection. The North Carolina Board of Nursing shall conduct an election each year to fill vacancies of nurse members of the Board scheduled to occur during the next year. Nominations of candidates for election of registered nurse members shall be made by written petition signed by not less than 10 registered nurses eligible to vote in the election. Nominations of candidates for election of licensed practical nurse members shall be made by written petition signed by not less than 10 licensed practical nurses eligible to vote in the election. Every licensed registered nurse holding an active license shall be eligible to vote in the election of registered nurse Board members. Every licensed practical nurse holding an active license shall be eligible to vote in the election of licensed practical nurse Board members. The list of nominations shall be filed with the Board after January 1 of the year in which the election is to be held and no later than midnight of the first day of April of such year. Before preparing ballots, the Board shall notify each person who has been duly nominated of the person's nomination and request permission to enter the person's name on the ballot. A member of the Board who is nominated for reelection and who does not withdraw the member's name from the ballot is disqualified to participate in conducting the election. Elected members shall begin their term of office on January 1 of the year following their election.

Nominations of persons to serve as public members of the Board may be made to the Governor or the General Assembly by any citizen or group within the State. The Governor shall appoint one public member to the Board, and the General Assembly shall appoint two public members to the Board. Of the public members appointed by the General Assembly, one shall be appointed by the General Assembly upon the recommendation of the President Pro Tempore of the Senate, and one shall be appointed by the General Assembly upon the recommendation of the Speaker of the House of Representatives.

Board members shall be commissioned by the Governor upon their election or appointment.

(c) Vacancies. All unexpired terms of Board members appointed by the General Assembly shall be filled within 45 days after the term is vacated. The Governor shall fill all other unexpired terms on the Board within 30 days after the term is vacated. For vacancies of registered nurse or licensed practical nurse members, the Governor shall appoint the person who received the next highest number of votes to those elected members at the most recent election for Board members. Appointees shall serve the remainder of the unexpired term and until their successors have been duly elected or appointed and qualified.

(d) Qualifications. Of the eight registered nurse members on the Board, one shall be a nurse administrator employed by a hospital or a hospital system, who shall be accountable for the administration of nursing services and not directly involved in patient care; one shall be an individual who meets the requirements to practice as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist, or a nurse practitioner; two shall be staff nurses, defined as individuals who are primarily involved in direct patient care regardless of practice setting; one shall be an at-large registered nurse who meets the requirements of subdivisions (1)a., al., and b. of this subsection, but is not currently an educator in a program leading to licensure or any other degree-granting program; and three shall be nurse educators. Of the three nurse educators, one shall be a practical nurse educator, one shall be an associate degree or diploma nurse educator, and one shall be a baccalaureate or higher degree nurse educator. All nurse educators shall meet the minimum education requirement as established by the Board's education program standards for nurse faculty. Candidates eligible for election to the Board as nurse educators are not eligible for election as the at-large member. Minimum ongoing employment requirements for every registered nurse and licensed practical nurse shall include continuous employment equal to or greater than fifty percent (50%) of a full-time position that meets the criteria for the specified Board member position.

(1) Except for the at-large member, every registered nurse member shall meet the following criteria:

- a. Hold a current, unencumbered license to practice as a registered nurse in North Carolina.
 - a 1. Be a resident of North Carolina.
- b. Have a minimum of five years of experience as a registered nurse.
- c. Have been engaged continuously in a position that meets the criteria for the specified Board position for at least three years immediately preceding election.
- d. Show evidence that the employer of the registered nurse is aware that the nurse intends to serve on the Board.

(2) Every licensed practical nurse member shall meet the following criteria:

- a. Hold a current, unencumbered license to practice as a licensed practical nurse in North Carolina.
 - a 1. Be a resident of North Carolina.
- b. Have a minimum of five years of experience as a licensed practical nurse.

- c. Have been engaged continuously in the position of a licensed practical nurse for at least three years immediately preceding election.
- d. Show evidence that the employer of the licensed practical nurse is aware that the nurse intends to serve on the Board.

(3) A public member appointed by the Governor shall not be a provider of health services or employed in the health services field. No public member appointed by the Governor or person in the public member's immediate family as defined by G.S. 90-405(8) shall be currently employed as a licensed nurse or been previously employed as a licensed nurse.

(4) The nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist member shall be recognized by the Board as a registered nurse who meets the following criteria:

- a. Has graduated from or completed a graduate level advanced practice nursing education program accredited by a national accrediting body.
- b. Maintains current certification or recertification from a national credentialing body approved by the Board or meets other requirements established by rules adopted by the Board.
- c. Practices in a manner consistent with rules adopted by the Board and other applicable law.

(e) Term. Members of the Board shall serve four-year staggered terms. No member shall serve more than two consecutive four-year terms or eight consecutive years after January 1, 2005.

(f) Removal. The Board may remove any of its members for neglect of duty, incompetence, or unprofessional conduct. A member subject to disciplinary proceedings shall be disqualified from Board business until the charges are resolved.

(g) Reimbursement. Board members are entitled to receive compensation and reimbursement as authorized by G.S. 93B-5.

§ 90-171.22. Officers. — The officers of the Board shall be a chair, a vice-chair, and any other officers the Board considers necessary. All officers shall be elected annually by the Board for terms of one year and shall serve until their successors have been elected and qualified.

§ 90-171.23. Duties, powers and meetings. —

(a) Meetings. The Board shall hold at least two meetings each year to transact its business. The Board shall adopt rules with respect to calling, holding, and conducting regular and special meetings and attendance at meetings. The majority of the Board members constitutes a quorum.

(b) Duties, powers. The Board is empowered to:

- (1) Administer this Article.
- (2) Issue its interpretations of this Article.
- (3) Adopt, amend or repeal rules and regulations as may be necessary to carry out the provisions of this Article.
- (4) Establish qualifications of, employ, and set the compensation of an executive officer who shall be a registered nurse and who shall not be a member of the Board.
- (5) Employ and fix the compensation of other personnel that the Board determines are necessary to carry into effect this Article and incur other expenses necessary to effectuate this Article.
- (6) Examine, license, and renew the licenses of duly qualified applicants for licensure.
- (7) Cause the prosecution of all persons violating this Article.
- (8) Establish standards to be met by the students, and to pertain to faculty, curricula, facilities, resources, and administration for any nursing program as provided in G. S. 90-171.38.
- (9) Review all nursing programs at least every eight years or more often as considered necessary by the Board or program director.
- (10) Grant or deny approval for nursing programs as provided in G. S. 90-171.39.
- (11) Upon request, grant or deny approval of continuing education programs for nurses as provided in G. S. 90-171.42.
- (12) Keep a record of all proceedings and make an annual summary of all actions available.
- (13) Appoint, as necessary, advisory committees which may include persons other than Board members to deal with any issue under study.
- (14) Appoint and maintain a subcommittee of the Board to work jointly with the subcommittee of the Board of Medical Examiners to develop rules and regulations to govern the performance of medical acts by registered nurses and to determine reasonable fees to accompany an application for approval or renewal of such approval as provided in G. S. 90-6. The fees and rules developed by this subcommittee shall govern the performance of medical acts by registered nurses and shall become effective when they have been adopted by both Boards.
- (15) Recommend and collect such fees for licensure, license renewal, examinations and re-examinations as it deems necessary for fulfilling the purposes of this Article.
- (16) Adopt a seal containing the name of the Board for use on all certificates, licenses, and official reports issued by it.
- (17) Enter into interstate compacts to facilitate the practice and regulation of nursing.
- (18) Establish programs for aiding in the recovery and rehabilitation of nurses who experience chemical addiction or abuse or mental or physical disabilities and programs for monitoring such nurses for safe practice.

- a. Establish programs for aiding in the remediation of nurses who experience practice deficiencies.
- (19) Request that the Department of Justice conduct criminal history record checks of applicants for licensure pursuant to G.S.114-19.11.
- (20) Adopt rules requiring an applicant to submit to the Board evidence of the applicant's continuing competence in the practice of nursing at the time of license renewal or reinstatement.
- (21) Proceed in accordance with G.S. 90-171.37A, notwithstanding G.S. 150B- 40(b), when conducting a contested case hearing in accordance with Article 3A of Chapter 150B or the General Statutes.
- (22) Designate one or more of its employees to serve papers or subpoenas issued by the Board. Service under this subdivision is permitted in addition to any other methods of service permitted by law.
- (23) Acquire, hold, rent, encumber, alienate, and otherwise deal with real property in the same manner as a private person or corporation, subject only to approval of the Governor and the Council of State. Collateral pledged by the Board for an encumbrance is limited to assets, income, and revenues of the Board.
- (24) Order the production of any records concerning the practice of nursing relevant to a complaint received by the Board or an inquiry or investigation conducted by or on behalf of the Board.

§ 90-171.24. *Executive director.* — The executive director shall perform the duties prescribed by the Board and serve as secretary/treasurer to the Board.

§ 90-171.25. *Custody and use of funds.* — The executive director shall deposit in financial institutions designated by the Board as official depositories all fees payable to the Board. The funds shall be deposited in the name of the Board and shall be used to pay all expenses incurred by the Board in carrying out the purposes of this Article. Such funds shall be annually audited in accordance with State law.

§ 90-171.26. *The Board may accept contributions, etc.* — The Board may accept grants, contributions, devices, bequests, and gifts which shall be kept in a separate fund and shall be used by it to enhance the practice of nursing.

§ 90-171.27. *Expenses payable from fees collected.*—

(a) All salaries, compensation, and expenses incurred or allowed for the purposes of carrying out this Article shall be paid by the Board exclusively out of the fees received by the Board as authorized by this Article, or funds received from other sources. In no case shall any salary, expense, or other obligation of the Board be charged against the treasury of the State of North Carolina. All moneys and receipts shall be kept in a special fund by and for the use of the Board for the exclusive purpose of carrying out the provisions of this Article.

(b) The schedule of fees shall not exceed the following rates:

Application for examination leading to certificate and license as registered nurse	\$ 75.00
Application for certificate and license as registered nurse by endorsement	\$150.00
Application for each re-examination leading to certificate and license as registered nurse	\$ 75.00
Renewal of license to practice as registered nurse (two-year period)	\$100.00
Reinstatement of lapsed license to practice as a registered nurse and renewal fee	\$180.00
Application for examination leading to certificate and license a licensed practical nurse by examination	\$ 75.00
Application for certificate and license as licensed practical nurse by endorsement	\$150.00
Application for each re-examination leading to certificate and license as licensed practical nurse	\$ 75.00
Renewal of license to practice as a licensed practical nurse (two-year period)	\$100.00
Reinstatement of lapsed license to practice as a licensed practical nurse and renewal fee	\$180.00
Application fee for retired registered nurse status or retired licensed practical nurse status	\$ 50.00
Reinstatement of retired registered nurse to practice as a registered nurse or a retired licensed practical nurse to practice as a licensed practical nurse (two-year period)	\$100.00
Reasonable charge for duplication services and materials.	

(c) A fee for an item listed in this schedule shall not increase from one year to the next by more than twenty percent (20%).

(d) No refund of fees will be made.

(e) The Board may assess costs of disciplinary action against a nurse found in violation of the North Carolina Nursing Practice Act.

§ 90-171.28. *Nurses registered under previous law.* — On June 30, 1981, any nurse who holds a license to practice nursing as a registered nurse or licensed practical nurse, issued by a competent authority pursuant to laws providing for the licensure of nurses in North Carolina shall be deemed to be licensed under the provisions of this Article, but such person shall otherwise comply with the provisions of this Article including those provisions governing licensure renewal.

§ 90-171.29. *Qualifications of applicants for examination.* — In order to be eligible for licensure by examination, the applicant shall make a written application to the Board on forms furnished by the Board and shall submit to the Board an application fee and written evidence, verified by oath, sufficient to satisfy the Board that the applicant has graduated from a course of study approved by the Board and is mentally and physically competent to practice nursing.

§ 90-171.30. *Licensure by examination.* — At least twice each year the Board shall cause an examination to be given to applicants for licensure to practice as a registered nurse or licensed practical nurse. The Board shall adopt rules, not inconsistent with this Article, governing qualifications of applicants, the conduct of applicants during the examination, and the conduct of the examination. The applicants shall be required to pass the examination required by the Board. The Board shall adopt rules which

identify the criteria which must be met by an applicant in order to be issued a license. When the Board determines that an applicant has met those criteria, passed the required examination, submitted the required fee, and has demonstrated to the Board's satisfaction that he or she is mentally and physically competent to practice nursing, the Board shall issue a license to the applicant.

§ 90-171.31. *Reexamination.* — Any applicant who fails to pass the first licensure examination may take subsequent examinations in accordance with the rules of the Board.

§ 90-171.32. *Qualifications for license as a registered nurse or a licensed practical nurse without examination.* — The Board may, without examination, issue a license to an applicant who is duly licensed as a registered nurse or licensed practical nurse under the laws of another state, territory of the United States, the District of Columbia, or foreign country when that jurisdiction's requirements for licensure as a registered nurse or a licensed practical nurse, as the case may be, are substantially equivalent to or exceed those of the State of North Carolina at the time the applicant was initially licensed, and when, in the Board's opinion, the applicant is competent to practice nursing in this State. The Board may require such applicant to prove competence and qualifications to practice as a registered nurse or licensed practical nurse in North Carolina.

§ 90-171.33. *Temporary license.* —

(a) Until the implementation of the computer-adaptive licensure examination, the Board may issue a nonrenewable temporary license to persons who are applying for licensure under G.S. 90-171.30, and who are scheduled for the licensure examination at the first opportunity after graduation, for a period not to exceed the lesser of nine months or the date of applicant's notification of the results of the licensure examination. The Board shall revoke the temporary license of any person who does not take the examination as scheduled, or who has failed the examination for licensure as provided by this act.

(b) Upon implementation of the computer-adaptive licensure examination, no temporary licenses will be issued to persons who are applying for licensure under G.S. 90-171.30.

(c) The Board may issue a nonrenewable temporary license to persons applying for licensure under G.S. 90-171.32 for a period not to exceed the lesser of six months or until the Board determines whether the applicant is qualified to practice nursing in North Carolina. Temporary licensees may perform patient-care services within limits defined by the Board. In defining these limits, the Board shall consider the ability of the temporary licensee to safely and properly carry out patient-care services. Temporary licensees shall be held to the standard of care of a fully licensed nurse.

§ 90-171.34. *Licensure renewal.* — Every unencumbered license, except temporary license, issued under this Article shall be renewed for two years. On or before the date the current license expires, every person who desires to continue to practice nursing shall apply for licensure renewal to the Board on forms furnished by the Board and shall also file the required fee. Failure to renew the license before the expiration date shall result in automatic forfeiture of the right to practice nursing in North Carolina until such time that the license has been reinstated.

§ 90-171.35. *Reinstatement.* — A licensee who has allowed license to lapse by failure to renew as herein provided may apply for reinstatement on a form provided by the Board. The Board shall require the applicant to return the completed application with the required fee and to furnish a statement of the reason for failure to apply for renewal prior to the deadline. If the license has lapsed for at least five years, the Board shall require the applicant to complete satisfactorily a refresher course approved by the Board, or provide proof of active licensure within the past five years in another jurisdiction. The Board may require any applicant for reinstatement to satisfy the Board that the license should be reinstated. If, in the opinion of the Board, the applicant has so satisfied the Board, it shall issue a renewal of license to practice nursing, or it shall issue a license to practice nursing for a limited time.

§ 90-171.36. *Inactive list.* —

(a) When a licensee submits a request for inactive status, the Board shall issue to the licensee a statement of inactive status and shall place the licensee's name on the inactive list. While on the inactive list, the person shall not be subjected to renewal requirements and shall not practice nursing in North Carolina.

(b) When such person desires to be removed from the inactive list and returned to the active list within five years of being placed on inactive status, an application shall be submitted to the Board on a form furnished by the Board and the fee shall be paid for license renewal. The Board shall require evidence of competency to resume the practice of nursing before returning the applicant to active status. If the person has been on the inactive list for more than five years, the applicant must satisfactorily complete a refresher course approved by the Board or provide proof of active licensure within the past five years in another jurisdiction.

§ 90-171.36A. *Retired nurse status; reinstatement.* —

(a) After a registered nurse or a licensed practical nurse has retired, upon payment of the one-time fee required by G.S. 90-171.27(b), the Board may issue a special license to a registered nurse or licensed practical nurse in recognition of the nurse's retired status.

(b) If a retired registered nurse or licensed practical nurse wishes to return to the practice of nursing, the retired nurse shall apply for reinstatement on a form provided by the Board and satisfy any requirements the Board deems necessary to reinstate the license.

§ 90-171.37. *Revocation, discipline, suspension, probation, or denial of licensure.* — The Board may initiate an investigation upon receipt of information about any practice that might violate any provision of this Article or any rule or regulation promulgated by the Board. In accordance with the provisions of Chapter 150B of the General Statutes, the Board shall have the power and authority to: (i) refuse to issue a license to practice nursing; (ii) refuse to issue a certificate of renewal of a license to practice nursing; (iii) revoke or suspend a license to practice nursing; and (iv) invoke other such disciplinary measures, censure, or probative terms against a licensee as it deems fit and proper; in any instance or instances in which the Board is satisfied that the applicant or licensee:

(1) Has given false information or has withheld material information from the Board in procuring or attempting to procure a license to practice nursing.

(2) Has been convicted of or pleaded guilty or nolo contendere to any crime which indicates that the nurse is unfit or incompetent to practice nursing or that the nurse has deceived or defrauded the public.

(3) Has a mental or physical disability or uses any drug to a degree that interferes with his or her fitness to practice nursing.

(4) Engages in conduct that endangers the public health.

(5) Is unfit or incompetent to practice nursing by reason of deliberate or negligent acts or omissions regardless of whether actual injury to the patient is established.

(6) Engages in conduct that deceives, defrauds, or harms the public in the course of professional activities or services.

(7) Has violated any provision of this Article.

(8) Has willfully violated any rules enacted by the Board.

The Board may take any of the actions specified above in this section when a registered nurse approved to perform medical acts has violated rules governing the performance of medical acts by a registered nurse; provided this shall not interfere with the authority of the Board of Medical Examiners to enforce rules and regulations governing the performance of medical acts by a registered nurse.

The Board may reinstate a revoked license, revoke censure or probative terms, or remove other licensure restrictions when it finds that the reasons for revocation, censure or probative terms, or other licensure restrictions no longer exist and that the nurse or applicant can reasonably be expected to safely and properly practice nursing.

§ 90-171.37A. Use of hearing committee and depositions. —

(a) The Board, in its discretion, may designate in writing three or more of its members to conduct hearings as a hearing committee to take evidence. A majority of the hearing committee shall be licensed nurses.

(b) Evidence and testimony may be presented at hearings before the Board or a hearing committee in the form of depositions before any person authorized to administer oaths in accordance with the procedure for the taking of depositions in civil actions in the superior court.

(c) The hearing committee shall submit a recommended decision that contains findings of fact and conclusions of law to the Board. Before the Board makes a final decision, it shall give each party an opportunity to file written exceptions to the recommended decision made by the hearing committee and to present oral arguments to the Board. A majority of the qualified members present and voting of the full Board shall issue a final decision.

§ 90-171.38. Standards for nursing programs. —

(a) A nursing program may be operated under the authority of a general hospital, or an approved post-secondary educational institution. The Board shall establish, revise, or repeal standards for nursing programs. These standards shall specify program requirements, curricula, faculty, students, facilities, resources, administration, and describe the approval process. Any institution desiring to establish a new nursing program shall apply to the Board and submit satisfactory evidence that it will meet the standards established by the Board. Those standards shall be designed to ensure that graduates of those programs have the education necessary to safely and competently practice nursing.

(b) Any individual, organization, association, corporation, or institution may establish a program for the purpose of training or educating any registered nurse licensed under G.S. 90-171.30, 90-171.32, or 90-171.33 in the skills, procedures, and techniques necessary to conduct examinations for the purpose of collecting evidence from the victims of first-degree rape as defined in G.S. 14-27.2, second-degree rape as defined in G.S. 14-27.3, statutory rape as defined in G.S. 14-27.7A, first-degree sexual offense as defined in G.S. 14-27.4, second degree sexual offense as defined in G.S. 14-27.5 or attempted first-degree or second-degree rape or attempted first-degree or second-degree sexual offense. The Board, pursuant to G.S. 90-171.23 (b)(14), shall establish, revise, or repeal standards for any such program. Any individual, organization, association, corporation, or institution which desires to establish a program under this subsection shall apply to the Board and submit satisfactory evidence that it will meet the standards prescribed by the Board.

§ 90-171.39. Approval. — The Board shall designate persons to survey proposed nursing programs, including the clinical facilities. The persons designated by the Board shall submit a written report of the survey to the Board. If in the opinion of the Board the standards for approved nursing education are met, the program shall be given approval.

§ 90-171.40. Ongoing approval. — The Board shall review all nursing programs in the State at least every eight years or more often as considered necessary. If the Board determines that any approved nursing program does not meet or maintain the standards required by the Board, the Board shall give written notice specifying the deficiencies to the institution responsible for the program. The Board shall withdraw approval from a program that fails to correct deficiencies within a reasonable time. The Board shall publish annually a list of nursing programs in this State showing their approval status.

§ 90-171.41. Baccalaureate in nursing candidate credits. — Every graduate of a diploma or associate degree school of nursing in this State who has passed the registered nurse examination shall, upon admission to any State-supported institution of higher learning offering baccalaureate education in nursing, be granted credit for previous experience in the diploma or associate degree school of nursing on an individual basis by the utilization of the most effective method of evaluation to the end that the applicant shall receive optimum credit and that upon graduation the applicant will have earned the baccalaureate degree in nursing.

§ 90-171.42. Continuing education programs. —

(a) Upon request, the Board shall grant approval to continuing education programs upon a finding that the program offers an educational experience designed to enhance the practice of nursing.

(b) If the program offers to teach nurses to perform advanced skills, the Board may grant approval for the program and the performance of the advanced skills by those successfully completing the program when it finds that the nature of the procedures taught in the program and the program facilities and faculty are such that a nurse successfully completing the program can reasonably be expected to carry out those procedures safely and competently.

§ 90-171.43. License required. — No person shall practice or offer to practice as a registered nurse or licensed practical nurse, or use the word ‘nurse’ as a title for herself or himself, or use an abbreviation to indicate that the person is a registered nurse or licensed practical nurse, unless the person is currently licensed as a registered nurse or licensed practical nurse as provided by this Article. If the word ‘nurse’ is part of a longer title, such as ‘nurse’s aide’, a person who is entitled to use that title shall use the entire title and may not abbreviate the title to ‘nurse’. This Article shall not, however, be construed to prohibit or limit the following:

- (1) the performance by any person of any act for which that person holds a license issued pursuant to North Carolina law;
- (2) the clinical practice by students enrolled in approved nursing programs, continuing education programs, or refresher courses under the supervision of qualified faculty;
- (3) the performance of nursing performed by persons who hold a temporary license issued pursuant to G. S. 90-171.33;
- (4) the delegation to any person, including a member of the patient's family, by a physician licensed to practice medicine in North Carolina, a licensed dentist or registered nurse of those patient-care services which are routine, repetitive, limited in scope that do not require the professional judgment of a registered nurse or licensed practical nurse;
- (5) assistance by any person in the case of emergency.

Any person permitted to practice nursing without a license as provided in subdivision (2) or (3) of this section shall be held to the same standard of care as any licensed nurse.

§ 90-171.43A. Mandatory employer verification of licensure status. —

(a) Before hiring a registered nurse or a licensed practical nurse in North Carolina, a health care facility shall verify that the applicant has a current, valid license to practice nursing pursuant to G.S. 90-171.43.

(b) For purposes of this section, ‘health care facility’ means:

- (1) Facilities described in G.S. 131E-256(b).
- (2) Public health departments, physicians' offices, ambulatory care facilities, and rural health clinics.

§ 90-171.44. Prohibited acts. — It shall be a violation of this Article, and subject to action under G.S. 90-171.37, for any person to:

- (1) Sell, fraudulently obtain, or fraudulently furnish any nursing diploma or aid or abet therein.
- (2) Practice nursing under cover of any fraudulently obtained license.
- (3) Practice nursing without a license. This subdivision shall not be construed to prohibit any licensed registered nurse who has successfully completed a program established under G.S. 90-171.38(b) from conducting medical examinations or performing procedures to collect evidence from the victims of offenses described in that subsection.
- (4) Conduct a nursing program or a refresher course for activation of a license that is not approved by the Board.
- (5) Employ unlicensed persons to practice nursing.

§ 90-171.45. Violation of Article. — The violation of any provision of this Article, except G. S. 90-171.47, shall be a misdemeanor punishable in the discretion of the court.

§ 90-171.46. Injunctive authority. — The Board may apply to the superior court for an injunction to prevent violations of this Article or of any rules enacted pursuant thereto. The court is empowered to grant such injunctions regardless of whether criminal prosecution or other action has been or may be instituted as a result of such violation.

§ 90-171.47. Reports: immunity from suit. — Any person who has reasonable cause to suspect misconduct or incapacity of a licensee or who has reasonable cause to suspect that any person is in violation of this Article, including those actions specified in G. S. 90-171.37 (1) through (8), G.S. 90-171.43 and G.S. 90-171.44, shall report the relevant facts to the Board. Upon receipt of such charge or upon its own initiative, the Board may give notice of an administrative hearing or may, after diligent investigation, dismiss unfounded charges. Any person making a report pursuant to this section shall be immune from any criminal prosecution or civil liability resulting therefrom unless such person knew the report was false or acted in reckless disregard of whether the report was false.

§ 90-171.48. Criminal history record checks of applicants for licensure. —

(a) Definitions. — The following definitions shall apply in this section:

- (1) Applicant. — A person applying for initial licensure as a registered nurse or licensed practical nurse either by examination pursuant to G.S.90-171.29 or G.S.90-171.30 or without examination pursuant to G.S.90-171.32. The term “applicant” shall also include a person applying for reinstatement of licensure pursuant to G.S. 90-171.35 or returning to active status pursuant to G.S. 90-171.36 as a registered nurse or licensed practical nurse.
- (2) Criminal history. — A history of conviction of a State crime, whether a misdemeanor or felony, that bears on an applicant’s fitness for licensure to practice nursing. The crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False

Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. The crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act in Article 5 of Chapter 90 of the General Statutes and alcohol-related offenses including sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.

- (b) All applicants for licensure shall consent to a criminal history record check. Refusal to consent to a criminal history record check may constitute grounds for the Board to deny licensure to an applicant. The Board shall ensure that the State and national criminal history of an applicant applying for initial licensure as a registered nurse or licensed practical nurse either by examination pursuant to G.S. 90-171.29 or G.S. 90-171.30 or without examination pursuant to G.S. 90-171.32 is checked. The Board may request a criminal history record check for applicants applying for reinstatement of licensure pursuant to G.S. 90-171.35 or returning to active status pursuant to G.S. 90-171.36 as a registered nurse or licensed practical nurse.

The Board shall be responsible for providing to the North Carolina Department of Justice the fingerprints of the applicant to be checked, a form signed by the applicant consenting to the criminal record check and the use of fingerprints and other identifying information required by the State or National Repositories, and any additional information required by the Department of Justice. The Board shall keep all information obtained pursuant to this section confidential.

- (c) If an applicant's criminal history record check reveals one or more convictions listed under subsection (a)(2) of this section, the conviction shall not automatically bar licensure. The Board shall consider all of the following factors regarding the conviction:
- (1) The level of seriousness of the crime.
 - (2) The date of the crime.
 - (3) The age of the person at the time of the conviction.
 - (4) The circumstances surrounding the commission of the crime, if known.
 - (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
 - (6) The person's prison, jail, probation, parole, rehabilitation, and employment records since the date the crime was committed.
 - (7) The subsequent commission by the person of a crime listed in subsection (a) of this section.

If, after reviewing the factors, the Board determines that the grounds set forth in subsections (1), (2), (3), (4), (5), or (6) of G.S. 90-171.37 exist, the Board may deny licensure of the applicant. The Board may disclose to the applicant information contained in the criminal history record check that is relevant to the denial. The Board shall not provide a copy of the criminal history record check to the applicant. The applicant shall have the right to appear before the Board to appeal the Board's decision. However, an appearance before the full Board shall constitute an exhaustion of administrative remedies in accordance with Chapter 150B of the General Statutes.

- (d) Limited immunity. — The Board, its officers and employees, acting in good faith and in compliance with this section, shall be immune from civil liability for denying licensure to an applicant based on information provided in the applicant's criminal history record check.

Section 2. The terms of members serving on the Board of Nursing on December 31, 2004, expire on that date. To establish staggered terms for the appointment of public members made pursuant to G. S. 90-171.21(b), as enacted in Section 1 of this act, the Governor shall appoint one member for a four-year term, the General Assembly, upon the recommendation of the President Pro Tempore of the Senate, shall appoint one member for a three-year term, and the General Assembly, upon the recommendation of the Speaker of the House of Representatives, shall appoint one member for a two-year term. To stagger terms for members elected to the Board, the Board shall conduct an election in 2004 pursuant to G.S. 90-171.21(b) to elect members as follows:

- (1) An at-large registered nurse and a licensed practical nurse, to serve for a one-year term.
- (2) A staff registered nurse, a registered nurse who is an associate degree or diploma nurse educator, and a licensed practical nurse, each to serve for a two-year term.
- (3) A registered nurse who is a baccalaureate or higher degree nurse educator, a registered nurse administrator employed by a hospital or a hospital system, and a licensed practical nurse, each to serve for a three-year term.
- (4) A staff registered nurse, a registered nurse who is a practical nurse educator, and either a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist, or a nurse practitioner, each to serve for a four-year term.

All members appointed and elected to the Board pursuant to this section shall begin serving their terms on January 1, 2005. After staggered terms have been established, all subsequent appointments and elections to the Board shall be for four-year terms. For the purpose of initial application of the provisions of G.S. 90-171.21(e) that limit members to eight consecutive years of service,

consecutive service as of December 31, 2004, shall count, and if the member reaches the eight-year maximum during a term of office, that person is not eligible to continue in office and a vacancy is created to be filled for the remainder of the unexpired term.

Section 3. Severability. If any provision of this Article or the application thereof to any person or circumstances is held invalid, the validity of the remainder of the act and of the application of such provision to other persons and circumstances shall not be affected thereby.

Section 4. G. S. 143-34.12 is amended by deleting line 8 which reads as follows: "Chapter 90, Article 9, entitled 'Nurse Practice Act'."

Section 5. This act is effective when it becomes law.

In the General Assembly read three times and ratified, this the 29th day of May, 2003.

As amended by the 1997 Session of the North Carolina General Assembly.

As amended by the 1999 Session of the North Carolina General Assembly.

As amended by the 2001 Session of the North Carolina General Assembly.

As amended by the 2003 Session of the North Carolina General Assembly.

As amended by the 2004 Session of the North Carolina General Assembly.

As amended by the 2005 Session of the North Carolina General Assembly.

As amended by the 2009 Session of the North Carolina General Assembly.

AN ACT TO AUTHORIZE THE BOARD OF NURSING TO ESTABLISH A NURSES AIDES REGISTRY.

The General Assembly of North Carolina enacts:

Section 1. Chapter 90 of the General Statutes is amended by adding a new Article to read:

ARTICLE 9C.

Nurses Aides Registry Act.

§ 90-171.55. Nurses Aides Registry.

(a) The Board of Nursing, established pursuant to G.S. 90-171.21, shall establish a Nurses Aides Registry for persons functioning as nurses aides regardless of title. The Board shall consider those Level I nurses aides employed in State licensed or Medicare/Medicaid certified nursing facilities who meet applicable State and federal registry requirements as adopted by the North Carolina Medical Care Commission as having fulfilled the training and registry requirements of the Board. The Board may not charge an annual fee to a nurse aide I registry applicant. The Board may charge an annual fee of twelve dollars (\$12.00) for each nurse aide II registry applicant. The Board shall adopt rules to ensure that whenever possible, the fee is collected through the employer or prospective employer of the registry applicant. Fees collected may be used by the Board in administering the registry. The Board's authority granted by this Article shall not conflict with the authority of the Medical Care Commission.

(b) (1) Each nurses aide training program, except for those operated by (i) institutions under the Board of Governors of The University of North Carolina, (ii) institutions of the North Carolina Community College System, (iii) public high schools, and (iv) hospital authorities acting pursuant to G.S. 131E-23(31), shall provide a guaranty bond unless the program has already provided a bond or an alternative to a bond under G.S. 115D-95. The Board of Nursing may revoke the approval of a program that fails to maintain a bond or an alternative to a bond pursuant to this subsection or G.S. 115D-95.

(2) When application is made for approval or renewal of approval, the applicant shall file a guaranty bond with the clerk of the superior court of the county in which the program will be located. The bond shall be in favor of the students. The bond shall be executed by the applicant as principal and by a bonding company authorized to do business in this State. The bond shall be conditioned to provide indemnification to any student, or his parent or guardian, who has suffered a loss of tuition or any fees by reason of the failure of the program to offer or complete student instruction, academic services, or other goods and services related to course enrollment for any reason, including the suspension, revocation, or nonrenewal of a program's approval, bankruptcy, foreclosure, or the program ceasing to operate.

The bond shall be in an amount determined by the Board to be adequate to provide indemnification to any student, or his parent or guardian, under the terms of the bond. The bond amount for a program shall be at least equal to the maximum amount of prepaid tuition held at any time during the last fiscal year by the program. The bond amount shall also be at least ten thousand dollars (\$10,000).

Each application for a license shall include a letter signed by an authorized representative of the program showing in detail the calculations made and the method of computing the amount of the bond pursuant to this subdivision and rules of the Board. If the Board finds that the calculations made and the method of computing the amount of the bond are inaccurate or that the amount of the bond is otherwise inadequate to provide indemnification under the terms of the bond, the Board may require the applicant to provide an additional bond.

The bond shall remain in force and effect until cancelled by the guarantor. The guarantor may cancel the bond upon 30 days notice to the Board. Cancellation of the bond shall not affect any liability incurred or accrued prior to the termination of the notice period.

- (3) An applicant that is unable to secure a bond may seek a waiver of the guaranty bond from the Board and approval of one of the guaranty bond alternatives set forth in this subdivision. With the approval of the Board, an applicant may file with the clerk of the superior court of the county in which the program will be located, in lieu of a bond:
 - a. An assignment of a savings account in an amount equal to the bond required (i) which is in a form acceptable to the Board; (ii) which is executed by the applicant; and (iii) which is executed by a state or federal savings and loan association, state bank, or national bank, that is doing business in North Carolina and whose accounts are insured by a federal depositors corporation; and (iv) for which access to the account in favor of the State of North Carolina is subject to the same conditions as for a bond in subdivision (2) of this subsection.
 - b. A certificate of deposit (i) which is executed by a state or federal savings and loan association, state bank, or national bank, which is doing business in North Carolina and whose accounts are insured by a federal depositors corporation; and (ii) which is either payable to the State of North Carolina, unrestrictively endorsed to the Board; in the case of a negotiable certificate of deposit, is unrestrictively endorsed to the Board; or in the case of a nonnegotiable certificate of deposit, is assigned to the Board in a form satisfactory to the Board; and (iii) for which access to the certificate of deposit in favor of the State of North Carolina is subject to the same conditions as for a bond in subdivision (2) of this subsection.

§ 90-171.56. Medication aide requirements.

The Board of Nursing shall do the following:

- (1) Establish standards for faculty and applicant requirements for medication aide training.
- (2) Provide ongoing review and evaluation, and recommend changes, for faculty and medication aide training requirements to support safe medication administration and improve client, resident, and patient outcomes.

This act became effective July 1, 1989.

As amended by the 1999 Session of the North Carolina General Assembly.

As amended by the 2005 Session of the North Carolina General Assembly.

As amended by the 2007 Session of the North Carolina General Assembly.

Effective July 1, 2000, the North Carolina General Assembly adopted the Nurse Licensure Compact, Article 9G of Chapter 90 as it appears below:

Section 1. Chapter 90 of the General Statutes is amended by adding a new Article to read:

ARTICLE 9G.
Nurse Licensure Compact.

§ 90-171.80. Entering into Compact.

The Nurse Licensure Compact is hereby enacted into law and entered into by this State with all other states legally joining therein, in the form substantially as set forth in this Article.

§ 90-171.81. Findings and declaration of purpose.

- (a) The General Assembly of North Carolina makes the following findings:
 - (1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to states' nurse licensure laws.
 - (2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public.
 - (3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation.
 - (4) New practice modalities and technology make compliance with individual states' nurse licensure laws difficult and complex.
 - (5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.
- (b) The purposes of this Compact are to:
 - (1) Facilitate the states' responsibility to protect the public's health and safety.
 - (2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation.
 - (3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions.
 - (4) Promote compliance with the laws governing the practice of nursing in each jurisdiction.

- (5) Through the mutual recognition of party state licenses, grant all party states the authority to hold nurses accountable for meeting all state practice laws in the states in which their patients are located at the time care is rendered.

§ 90-171.82. Definitions.

The following definitions apply in this Article:

- (1) Adverse action. — A home or remote state action.
- (2) Alternative program. — A voluntary, nondisciplinary monitoring program approved by a nurse licensing board.
- (3) Compact. — This Article.
- (4) Coordinated licensure information system. — An integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by state nurse licensing boards.
- (5) Current significant investigative information. —
 - (a) Investigative information that indicates a licensee has committed more than a minor infraction.
 - (b) Investigative information that indicates a licensee represents an immediate threat to public health and safety.
- (6) Home state. — The party state that is the nurse's primary state of residence.
- (7) Home state action. — Any administrative, civil, equitable, or criminal action permitted by the home state's laws that is imposed on a nurse by the home state's licensing board or another authority. The term includes the revocation, suspension, or probation of a nurse's license or any other action that affects a nurse's authorization to practice.
- (8) Licensee. — A person licensed by the North Carolina Board of Nursing or the nurse licensing board of a party state.
- (9) Licensing board. — A party state's regulatory agency that is responsible for licensing nurses.
- (10) Multistate licensure privilege. — Current official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical or vocational nurse in that state.
- (11) Nurse. — A registered nurse or licensed practical or vocational nurse as those terms are defined by each party state's practice laws.
- (12) Party state. — Any state that has adopted this Compact.
- (13) Remote state. — A party state, other than the home state, where the patient is located at the time nursing care is provided. In the case of the practice of nursing not involving a patient, the term means the party state where the recipient of nursing practice is located.
- (14) Remote state action. — Any administrative, civil, equitable, or criminal action permitted by the laws of a remote state that are imposed on a nurse by the remote state's nursing licensing board or other authority, including actions against a nurse's multistate licensure privilege to practice in the remote state. The term also includes cease and desist and other injunctive or equitable orders issued by remote states or their nurse licensing boards.
- (15) State. — A state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.
- (16) State practice laws. — The laws and regulations of individual party states that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for disciplining nurses. The term does not include the initial qualifications for licensure or the requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

§ 90-171.83. General Provisions and jurisdiction.

- (a) A license to practice registered nursing that is issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in each party state. A license to practice practical or vocational nursing that is issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical or vocational nurse in each party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.
- (b) Party states may, in accordance with each state's due process laws, revoke, suspend, or limit the multistate licensure privilege of any licensee to practice in their state and may take any other actions under their applicable state laws that are necessary to protect the health and safety of their citizens. If a party state takes an action authorized in this subsection, it shall promptly notify the administrator of the coordinated licensure information system. The administrator shall promptly notify the home state of any actions taken by remote states.
- (c) Every licensee practicing in a party state shall comply with the state practice laws of the state in which the patient is located at the time care is rendered. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing in a party state shall subject a nurse to the jurisdiction of the nurse licensing board and the laws and the courts in that party state.
- (d) The Compact does not affect additional requirements imposed by states for advanced-practice registered nursing. A multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if a license to practice registered nursing is required by state law as a precondition for qualifying for advanced-practice registered nurse authorization.

- (c) Persons not residing in a party state may continue to apply for nurse licensure in party states as provided for under the laws of each party state. The license granted to such persons shall not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

§ 90-171.84. *Application for licensure in a party state.*

- (a) Upon receiving an application for a license, the licensing board in a party state shall ascertain through the coordinated licensure information system whether the applicant holds or has ever held a license issued by any other state, whether there are any restrictions on the applicant's multistate licensure privilege, and whether any other adverse action by any state has been taken against the applicant's license.
- (b) A licensee in a party state shall hold licensure in only one party state at a time. The license shall be issued by the home state.
- (c) A licensee who intends to change his or her primary state of residence may apply for licensure in the new home state in advance of the change. However, a new license shall not be issued by a party state until after the licensee provides evidence of a change in his or her primary state of residence that is satisfactory to the new home state's licensing board.
- (d) When a licensee changes his or her primary state of residence by moving between two party states and obtaining a license from the new home state, the license from the former home state is no longer valid.
- (e) When a licensee changes his or her primary state of residence by moving from a nonparty state to a party state and obtaining a license from the new home state, the license issued by the nonparty state shall not be affected and shall remain in full force if the laws of the nonparty state so provide.
- (f) When a licensee changes his or her primary state of residence by moving from a party state to a nonparty state, the license issued by the former home state converts to an individual state license that is valid only in the former home state. The license does not grant the multistate licensure privilege to practice in other party states.

§ 90-171.85. *Adverse actions.*

- (a) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions, including the factual and legal basis for the actions, if known. The licensing board of a remote state shall also promptly report any current significant investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.
- (b) The licensing board of a party state may complete any pending investigation of a licensee who changes his or her primary state of residence during the course of the investigation. It may also take appropriate action against a licensee and shall promptly report the conclusion of the investigation to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any action taken against a licensee.
- (c) A remote state may take adverse action that affects the multistate licensure privilege to practice within that party state. However, only the home state may take adverse action that affects a license that was issued by the home state.
- (d) For purposes of taking adverse action, the licensing board of the home state shall give to conduct reported by a remote state the same priority and effect that it would if the conduct had occurred within the home state. The board shall apply its own state laws to determine the appropriate action that should be taken against the licensee.
- (e) The home state may take adverse action based upon the factual findings of the remote state if each state follows its own procedures for imposing the adverse action.
- (f) This Compact does not prohibit a party state from allowing a licensee to participate in an alternative program instead of taking adverse action against the licensee. If required by the party state's laws, the licensee's participation in an alternative program shall be confidential information. Party states shall require licensees who enter alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from the other party state.

§ 90-171.86. *Current significant investigative information.*

- (a) If a licensing board finds current significant investigative information as defined in G.S. 90-171.82(5)a., the licensing board shall, after giving the licensee notice and an opportunity to respond if required by state law, conduct a hearing and decide what adverse action, if any, should be taken against the licensee.
- (b) If a licensing board finds current significant investigative information as defined in G.S. 90-171.82(5)b., the licensing board may take adverse action against the licensee without first providing the licensee notice or an opportunity to respond to the information. A hearing shall be promptly commenced and determined.

§ 90-171.87. *Additional authority of party state nursing licensing boards.*

Notwithstanding any other powers, party state nurse licensing boards may do any of the following:

- (1) If otherwise permitted by state law, recover from licensees the costs of investigating and disposing of cases that result in adverse action.
- (2) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the other party state by any court of competent jurisdiction according to the practice and procedure of that court. The issuing authority shall pay any witness

fees, travel expenses, mileage, and other fees required by the laws of the party state where the witnesses or evidence are located.

(3) Issue cease and desist orders to limit or revoke a licensee's authority to practice in the board's state.

(4) Adopt uniform rules and regulations that are developed by the Compact administrators as provided in G.S. 90-171.89(c).

§ 90-171.88. *Coordinated licensure information system.*

(a) All party states shall participate in a cooperative effort to create a coordinated data base of all licensed registered nurses and licensed practical or vocational nurses. This system shall include information on the licensure and disciplinary history of each licensee, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

(b) Notwithstanding any other provision of law, all party states' licensing boards shall promptly report to the coordinated licensure information system any adverse action taken against licensees, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, and any denials of applications for licensure and the reasons for the denials.

(c) Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

(d) Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that shall not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing party state.

(e) Any personally identifiable information obtained by a party state licensing board from the coordinated licensure information system shall not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing to information.

(f) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing the information shall be expunged from the coordinated licensure information system.

(g) The Compact administrators, acting jointly and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this Compact.

§ 90-171.89. *Compact administration and interchange of information.*

(a) The executive director of the nurse licensing board of each party state or the executive director's designee shall be the administrator of this Compact for that state.

(b) To facilitate the administration of this Compact, the Compact administrator of each party state shall furnish to the Compact administrators of all other party states information and documents concerning each licensee, including a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation.

(c) Compact administrators shall develop uniform rules and regulations to facilitate and coordinate implementation of this Compact. These uniform rules shall be adopted by party states as authorized in G.S. 90-171.87(4).

§ 90-171.90. *Immunity.*

A party state or the officers, employees, or agents of a party state's nurse licensing board who act in accordance with this Compact shall not be liable for any good faith act or omission committed while they were engaged in the performance of their duties under this Compact.

§ 90-171.91. *Effective date, withdrawal, and amendment.*

(a) This Compact shall become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this Compact by enacting a statute repealing the Compact, but the withdrawal shall not take effect until six months after the withdrawing state has given notice of the withdrawal of the Compact administrators of all other party states.

(b) No withdrawal shall affect the validity or applicability of any report of adverse action taken by the licensing board of a state that remains a party to the Compact if the adverse action occurred prior to the withdrawal.

(c) This Compact does not invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with this Compact.

(d) This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

§ 90-171.92. *Dispute resolution.*

If there is a dispute that cannot be resolved by the party states involved, the following procedure shall be used:

(1) The party states shall submit the issues in dispute to an arbitration panel that shall consist of an individual appointed by the Compact administrator in the home state, an individual appointed by the Compact administrator in the remote states involved, and an individual appointed by the Compact administrators of all the party states involved in the dispute.

(2) The decision of a majority of the arbitrators shall be final and binding.

§ 90-171.93. *Construction and severability.*

This Compact shall be liberally construed so as to effectuate the purposes as stated in G.S. 90-171.81(b). The provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision of the Compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person, or

circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected. If this Compact shall be held contrary to the constitution of any party state, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

§ 90-171.94. *Applicability of compact.*

This Article is applicable only to nurses whose home states are determined by the North Carolina Board of Nursing to have licensure requirements that are substantially equivalent or more stringent than those of North Carolina.

Section 2. Any nurse whose license has been restricted by the North Carolina Board of Nursing on the date this act becomes effective shall not practice in any other party state as defined in G.S. 90-171.82(12), as enacted in Section 1 of this act, during the time in which the license is restricted unless the nurse receives prior authorization from such other party state.

Section 3. The North Carolina Board of Nursing shall report to the General Assembly on the implementation of the provisions of this Compact no later than March 1, 2005.

Section 4. This act becomes effective July 1, 2000.

**State of North Carolina
Chapter 245, 1999 Session Laws
Ratified June 22, 1999**

Appendix B- Forms

Rubric for Evaluating North Carolina's School Nurses

School Nurse Summary Rating Form

School Nurse Summary Rating Sheet

Professional Development Plan

Record of School Nurse Evaluation Activities

Rubric for Evaluating North Carolina's School Nurses (Required)

Standard 1. School nurses demonstrate leadership. School nurses demonstrate leadership by promoting and enhancing the overall academic mission through providing health related services that strengthen student, home, school, and community partnerships to alleviate barriers to learning in the twenty-first century educational environment. School nurses are knowledgeable of relevant laws and policies and improve the profession by demonstrating high ethical standards and following the codes of ethics set out for the profession. School nurses manage school health services and effect change through school, district, and community activities.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. School nurses advocate for safe and effective school nursing services that address student needs and support learning. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes.				
The school nurse: ☐ Demonstrates knowledge of existing local, state, and federal laws governing school health programs.	... and The school nurse: ☐ Promotes solutions to social and environmental issues for healthy conditions for the entire school community. ☐ Advocates for equitable healthcare for all students.	... and The school nurse: ☐ Shapes the direction of North Carolina's school nursing practice by engaging in initiatives to develop standards, competencies, role definitions, position statements, and/or clinical guidelines.	... and The school nurse: ☐ Partners with other stakeholders to influence school health, public health, and general healthcare policy. ☐ Serves on state and/or national committees to identify and address necessary policy changes.	
Element b. School nurses demonstrate leadership within the profession and practice setting and collaborate with the student, family, school staff, and community providers.				
The school nurse: ☐ Invites the contributions of students, families, and team members to achieve optimal outcomes. ☐ Engages in teamwork in a collaborative, respectful, and professional manner.	...and The school nurse: ☐ Functions as a liaison between the family, school and community. ☐ Participates in committees, councils, or administrative teams in the school setting.	...and The school nurse: ☐ Provides direction to enhance the effectiveness of the school multidisciplinary team. ☐ Uses data to determine needed changes to the school nursing program.	...and The school nurse: ☐ Participates in hiring, mentoring, and/or supporting other school nurses, interns, or school nursing students. ☐ Collaborates and mentors colleagues to enhance their understanding of the school nursing practice and how best to meet the needs of all students.	

Standard 1. School nurses demonstrate leadership.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element c. School nurses demonstrate leadership by serving as a health expert and managing school health services.				
The school nurse: ☐ Manages school health services in assigned schools. ☐ Acts as a resource for coordinated school health programs. ☐ Adopts available technology appropriate to the work setting.	...and The school nurse: ☐ Conducts assessments to identify program needs. ☐ Implements needed health programs. ☐ Supervises health assistants, aides, and unlicensed assistive personnel (UAPs) consistent with NC Board of Nursing requirements. ☐ Interprets the role of the school nurse and school health service needs to the school and community.	...and The school nurse: ☐ Stays abreast of current health issues and trends that may affect healthcare and sources of funding. ☐ Implements long-term strategies to address ongoing health issues.	...and The school nurse: ☐ Leverages cooperation between schools and communities on public health issues. Communicates to school and district administrators, the district board of education, and other stakeholders: ☐ Findings of trend analyses. ☐ Findings of outcome evaluations. ☐ Impacts and potential impacts of health related policies and programs.	
Element d. School nurses practice ethically.				
The school nurse: Adheres to the ☐ <i>Code of Ethics for North Carolina Educators</i> ☐ <i>Code of Professional Practice and Conduct for North Carolina Educators</i> ☐ <i>Code of Ethics with Interpretive Statements for the School Nurse</i> (NASN 2010). ☐ Recognizes the centrality of student and family as core members of the healthcare team. ☐ Integrates caring, kindness, and respect into practice.	...and The school nurse: ☐ Assists students and families in self-determination and informed decision-making. ☐ Maintains professional role boundaries. ☐ Questions healthcare practice to maintain safety and quality practice.	...and The school nurse: ☐ Participates in interprofessional teams that address ethical risks, benefits, and outcomes. ☐ Promotes cooperation, respect, and trust by adhering to standards and applicable codes of conduct.	...and The school nurse: ☐ Consults with others to resolve ethical issues. ☐ Contributes to the establishment and implementation of district and/or state school nursing ethics committees.	

Standard 2. School nurses establish a safe, respectful, and inclusive environment for diverse populations.

School nurses promote an environment in which individual differences are valued. They effectively use communication skills that demonstrate sensitivity necessary to work with families, students, and staff from diverse cultures and backgrounds. These cultural and background factors are incorporated into care planned by school nurses. School nurses also collect and use school, local, state, and national data to assist in promoting health and safety in the school environment. School nurses model practice in an environmentally safe and healthy manner that is consistent with the law and accepted standards.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. School nurses align practice with the requirements of the North Carolina Board of Nursing, recognized standards of nursing practice and North Carolina education goals.				
The school nurse: ☐ Understands requirements of nursing practice in the North Carolina educational environment.	... and The school nurse: ☐ Uses standard nursing practice to help students reduce health related barriers in achieving academic success.	... and The school nurse: Serves as a resource to staff and peers on: ☐ Principles of nursing practice. ☐ Health related student issues in the educational setting.	... and The school nurse: ☐ Creates opportunities to advance school nursing practice through presentations, publications, and/or work groups.	
Element b. School nurses foster an environment that supports success of all students.				
The school nurse: ☐ Recognizes the unique challenges for students in the educational environment.	... and The school nurse: ☐ Addresses the health related needs of assigned students in the educational environment.	... and The school nurse: ☐ Collaborates as an active member of school based teams that address the needs of students.	... and The school nurse: Initiates system level activities that: ☐ Foster safe, respectful, and inclusive learning environments. ☐ Ensure equitable access to support services.	
Element c. School nurses communicate effectively in a variety of formats in all areas of nursing practice.				
The school nurse: ☐ Assesses communication preferences when working with others. ☐ Adheres-to regulations to maintain the rights of privacy and confidentiality for students and families ☐ Communicates clearly and concisely using correct grammar and spelling.	... and The school nurse: ☐ Conveys information to students, families, and staff in formats that promote understanding. ☐ Contributes own professional perspective when working in groups.	... and The school nurse: ☐ Seeks continuous improvement of own communication and conflict-resolution skills. ☐ Questions the rationale supporting care and decisions when they do not appear to be in the best interest of the student. ☐ Engages in formal health counseling techniques.	... and The school nurse: ☐ Collaborates with district colleagues to design and implement communication systems to meet student and nursing needs.	

Standard 3. School nurses use their knowledge of the nursing process, current nursing standards, and principles of growth and development to facilitate and enhance competent practice in the school setting.

School nurses seek out continuing educational opportunities to expand their knowledge base and to maintain licensure and school nurse certification. School nurses are self-aware of learning needs when providing care and use current research and evidence based practices in the planning and delivery of care. School nurses share experience and expertise with peers and school staff.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. School nurses attain knowledge and competence that reflect current nursing practice.				
The school nurse: ☐ Maintains professional records that provide evidence of competence and learning. ☐ Completes annual health related trainings as required by the school district and health law.	... and The school nurse: ☐ Maintains clinical and professional skills through formal and informal learning experiences. ☐ Acquires training needed to attain or maintain national certification. ☐ Shares educational findings, experiences, and ideas with peers.	... and The school nurse: ☐ Demonstrates a commitment to life-long learning. Identifies learning needs based on : ☐ Nursing knowledge. ☐ The role of the school nurse. ☐ The changing needs of the population within the educational setting.	... and The school nurse: ☐ Expands clinical knowledge, skills, abilities, and judgment to enhance role performance by incorporating current research. ☐ Plans, designs, and implements training programs in school health at the local, state, and/or national levels	
Element b. School nurses integrate evidence and research findings into nursing practice.				
The school nurse: ☐ Complies with school district policy regarding the conduct of research. ☐ Participates in data collection such as surveys, pilot projects, and formal studies.	... and The school nurse: ☐ Uses current evidence-based nursing knowledge, including research findings, to guide practice.	... and The school nurse: ☐ Participates, as appropriate to education level and position, in the development of evidence-based school nursing practice through research.	... and The school nurse: ☐ Identifies clinical problems specific to nursing and other research. ☐ Contributes to the school nursing and school health literature. ☐ Contributes to nursing knowledge by conducting and analyzing research.	

Examples of artifacts that may be used to demonstrate performance:

- | | |
|--------------------------|---|
| ☐ | Certificate of national certification* |
| ☐ | Registered Nurse Licensure* |
| ☐ | CEU certificates |
| ☐ | Proof of presentations at local, state, or national professional meetings |
| ☐ | CPR certification/ CPR instructor certification |
| ☐ | Proof of annual trainings in OSHA and other district/hospital or health dept. required competencies |
| ☐ | Publications |
| ☐ | College degree completion. |
| ☐ | Collection of data for annual school health services report. |
| ☐ | |
| ☐ | |
| ☐ | |
| ☐ | |

Evaluator Comments: (Required for all “Not Demonstrated” ratings, recommended for all ratings.)

Comments of Person Being Evaluated: (Optional)

*Item must be reviewed and discussed annually

Standard 4. The school nurses facilitates student learning by providing individualized care using the nursing process. School nurses understand the influence of health related factors on student academic performance and achievement. School nurses use the steps of the nursing process in a problem solving manner to plan care that facilitates the ability of the student to be present in school and ready to learn.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. School nurses collect comprehensive data pertinent to the student's health and analyze the data to determine nursing diagnoses.				
The school nurse: ☐ Collects and prioritizes comprehensive data based on the student's immediate condition or on anticipated needs. ☐ Uses appropriate evidence-based assessment techniques and tools. ☐ Establishes nursing diagnoses or issues through analysis of assessment data.	... and The school nurse: ☐ Validates the diagnoses or issues with the student, family, staff, and other healthcare providers when possible and appropriate.	... and The school nurse: ☐ Conducts family assessment to include family dynamics, structure, and function. ☐ Bases the nursing diagnoses on current research, knowledge of clinical diagnoses, and normal parameters relevant to potential problem areas.	... and The school nurse: ☐ Assesses the effect of interactions among individuals, family, community, and social systems on health and illness.	

Standard 4. School nurses facilitate student learning by providing individualized care using the nursing process.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element b. Based on the assessment, school nurses identify expected student outcomes and develop a plan with strategies to attain those outcomes.				
... and The school nurse: ☐ Involves the student, family, healthcare providers, and others in formulating plan. ☐ Develops expected outcomes that facilitate continuity of care. ☐ Uses the plan to provide direction to other members of the healthcare team.	... and The school nurse: ☐ Derives culturally appropriate, developmentally suitable outcomes from the diagnoses. ☐ Modifies the plan based on the ongoing assessment of the student's response and other outcome indicators.	... and The school nurse: ☐ Integrates current scientific evidence, trends, and research into planning. ☐ Designs strategies to meet the multifaceted needs of students with complex healthcare needs	... and The school nurse: ☐ Recognizes interventions that require system-level involvement. ☐ Considers associated risks, benefits, costs, and expected outcomes in planning care.	
Element c. School nurses implement the plan of care, coordinate care delivery, and evaluate the effectiveness of the plan.				
... and The school nurse: ☐ Collaborates with school staff and family members to incorporate the healthcare plan into the education setting in a safe, realistic, and timely manner. ☐ Documents all aspects of the nursing process. ☐ Provides indicated individual and group health teaching and health counseling. ☐ Conducts a systematic, ongoing, and criterion-based evaluation.	... and The school nurse: ☐ Assumes responsibility for the safe/efficient implementation of the plan. ☐ Provides holistic care that addresses diverse needs. ☐ Manages care to maximize independence and quality of life and access to education in the least restrictive environment. ☐ Assesses and assures that interventions minimize unwarranted or unwanted side effects. ☐ Serves as a primary resource to school staff (and others) regarding health education.	... and The school nurse: ☐ Applies available healthcare technologies to maximize optimal outcomes. ☐ Provides anticipatory guidance to promote health. ☐ Disseminates the results of evaluation to student/family, healthcare provider, and others.	... and The school nurse: ☐ Partners with businesses and community organizations to leverage resources to implement sound healthcare programs. ☐ Evaluates health information resources to help students, families and staff to access quality information. ☐ Provides consultative services that build on evidence-based practice and theoretical frameworks.	

Standard 5. School nurses reflect on their practice.

School nurses demonstrate accountability for managing and delivering comprehensive school health services. School nurses analyze formal and informal data to evaluate the effectiveness of service delivery. School nurses adapt their practice based on current and relevant research findings and data to best meet the needs of students, families, schools, and communities. School nurses utilize collaborative relationships with colleagues, families, and communities to reflect upon and improve their practice.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. Quality of practice: School nurses continually strive to improve practice.				
The school nurse: ☐ Thinks systematically and critically about the impact of comprehensive school nursing services on student success.	... and The school nurse: ☐ Collects and analyzes data needed to evaluate the effectiveness of service delivery.	... and The school nurse: ☐ Uses knowledge of research and program evaluation to impact practice and student success.	... and The school nurse: ☐ Promotes the adaptation of professional practices to meet the needs of students, families, schools, and communities based on relevant research findings and data.	
Element b. Professional practice evaluation: The school nurses engage in self-evaluation of practice.				
The school nurse: ☐ Identifies links between professional growth and professional goals.	... and The school nurse: ☐ Formulates personal plans for ongoing professional growth. ☐ Uses the self-assessment process to reflect on ability to meet or exceed NC standards for school nurses.	... and The school nurse: ☐ Expands expertise in a specialized area. ☐ Applies new knowledge to professional practice.	... and The school nurse: ☐ Provides assistance to colleagues for guidance and assistance to specialized knowledge and skills.	

Examples of artifacts that may be used as evidence of performance:

- | | |
|--------------------------|--|
| ☐ | Professional growth plan |
| ☐ | Program design and implementation |
| ☐ | Membership in professional organizations |
| ☐ | Research results |
| ☐ | Participation in professional learning communities |
| ☐ | Participation in offering professional development opportunities |
| ☐ | NC Board of Nursing Continuing Competence Self Evaluation |
| ☐ | |
| ☐ | |
| ☐ | |
| ☐ | |

Evaluator Comments: (Required for all “Not Demonstrated” ratings, recommended for all others.)

Comments of Person Being Evaluated (Optional)

Rubric Signature Page

School Nurse's Signature

Date

Principal/Evaluator Signature

Date

Comments Attached: ____ YES ____ NO

Principal/Evaluator Signature

(Signature indicates question above regarding comments has been addressed)

Date

Note: The school nurse's signature on this form represents neither acceptance nor approval of the report. It does, however, indicate that the school nurse has reviewed the report with the evaluator and may reply in writing. The signature of the principal or evaluator verifies that the report has been reviewed and that the proper process has been followed according to the North Carolina State Board of Education Policy for the School Nurse Evaluation Process.

School Nurse Summary Rating Form (Required)

This form is to be jointly reviewed by the school nurse and evaluator or designee during the Summary Evaluation Conference conducted at the end of the year.

Name: _____
 School: _____ School Year: _____
 Evaluator: _____ District: _____
 Date Completed: _____ Evaluator's Title: _____

Standard 1. School nurses demonstrate leadership		Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. School nurses advocate for safe and effective school nursing services that address student needs and support learning. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes.						
Element b. School nurses demonstrate leadership within the profession and practice setting and collaborate with the student, family, school staff, and community providers.						
Element c. School nurses demonstrate leadership by serving as a health expert and managing school health services.						
Element d. School nurses practice ethically.						
Overall Rating for Standard 1						
Comments: Recommended actions for improvement: Resources needed to complete these actions:	Evidence or documentation to support rating: ☐ Annual review of National Association of School Nursing Code of Ethics* ☐ Documentation of ethics committee participation ☐ Documentation of presentations to internal and external groups ☐ Adherence to standard operating procedures that ensure confidentiality of records ☐ Needs assessment findings (QA) ☐ Validation of formal/informal leadership roles ☐ Committee/workgroup minutes ☐ ☐ ☐ ☐					

Standard 3. School nurses use their knowledge of the nursing process, current nursing standards, and principles of growth and development to facilitate and enhance competent practice in the school setting.		Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. School nurses attain knowledge and competence that reflect current nursing practice.						
Element b. School nurses integrate evidence and research findings into nursing practice.						
Overall Rating for Standard 3						
Comments:		Evidence or documentation to support rating: ☐ Certificate of national certification* ☐ CEU certification ☐ Proof of presentations at local, state, or national meetings ☐ CPR certification/CPR instructor certification ☐ Proof of annual trainings in OSHA and other district/hospital or health department required competencies ☐ Publications ☐ College degree completion ☐ Collection of data for annual school health services report ☐ ☐ ☐ ☐				
Recommended actions for improvement:						
Resources needed to complete these actions:						
(Empty space for additional comments or actions)						

Standard 4: School nurses facilitate student learning by providing individualized care using the nursing process.		Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
a.	School Nurses collect comprehensive data pertinent to the students' health and analyze the data to determine nursing diagnoses.					
b.	Based on the assessment, school nurses identify expected student outcomes and develop a plan with strategies to attain those outcomes.					
c.	School nurses implement the plan of care, coordinate care delivery, and evaluate the effectiveness of the plan.					
d.	School nurses utilize appropriate resources to plan and provide school health services that are safe, effective, and financially responsible.					
Overall Rating for Standard 4						
Comments:		Evidence or documentation to support rating: ☐ Individualized health care plans ☐ Emergency health care plans ☐ Nursing care plans ☐ Delegated teaching/monitoring records ☐ Nursing documentation records – all aspects of nursing process ☐ Meeting minutes, i.e., family meetings, collaborative teams, etc. ☐ Medication audits ☐ ☐ ☐ ☐ ☐				
Recommended actions for improvement:						
Resources needed to complete these actions:						

Not Demonstrated

Developing

Proficient

Accomplished

Distinguished

a. School Nurses collect comprehensive data pertinent to the students' health and analyze the data to determine nursing diagnoses.

--	--

[illegible]

--	--

[illegible]

b. Based on the assessment, school nurses identify expected student outcomes and develop a plan with strategies to attain those outcomes.

--	--

--	--

--	--

--	--

c. School nurses implement the plan of care, coordinate care delivery, and evaluate the effectiveness of the plan.

--	--

--	--

d. School nurses utilize appropriate resources to plan and provide school health services that are safe, effective, and financially responsible.

--	--

--	--

--	--

--	--

Overall Rating for Standard 4

--	--

--	--

--	--

Comments:

- ☐ Individualized health care plans
- ☐ Emergency health care plans
- ☐ Nursing care plans
- ☐ Delegated teaching/monitoring records
- ☐ Nursing documentation records – all aspects of nursing process
- ☐ Meeting minutes, i.e., family meetings, collaborative teams, etc.
- ☐ Medication audits
- ☐
- ☐
- ☐
- ☐

Recommended actions for improvement:

Resources needed to complete these actions:

Standard 5. School Nurses reflect on their practice.		Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
a. Quality of practice: The school nurse continually strives to improve practice.						
b. Professional practice evaluation: The school nurse engages in self-assessment of practice.						
Overall Rating for Standard 5						
Comments: Recommended actions for improvement: Resources needed to complete these actions:	Evidence or documentation to support rating: ☐ Self-assessment. ☐ Documentation of continuing education – articles, conferences. ☐ Feedback from students, community members, colleagues. ☐ Professional development syllabi. ☐ Work plans. ☐ Evaluation tool. ☐ Student outcome data. ☐ Logs. ☐ ☐ ☐ ☐					

School Nurse Signature

Date

Principal/Evaluator Signature

Date

Comments Attached: _____ YES _____ NO

Principal/Evaluator Signature
(Signature indicates questions above regarding comments has been addressed)

Date

Note: The School Nurse's signature on this form neither represents acceptance nor approval of the report. It does, however, indicate that the School Nurse has reviewed the report with the evaluator and may reply in writing. The signature of the principal or evaluator verifies that the report has been reviewed and that the proper process has been followed according to the North Carolina State Board of Education Policy for the School Nurse Evaluation Process.

Summary Rating Sheet (Optional)

This form summarizes ratings from the rubric or observation form and requires the rater to provide a description of areas needing improvement and comments about performance. It should be completed as part of the Summary Evaluation discussions conducted near the end of the year. It should be used to summarize self-assessment and evaluator ratings.

Name: _____ Date: _____
 School: _____ District: _____
 Evaluator: _____ Title: _____

Summary Rating Form for School Nurses	Not Demonstrated	Developing	Proficient	Accomplish	Distinguished
Standard 1. School nurses demonstrate leadership.					
Element a. School nurses advocate for safe and effective school nursing services that address student needs and support learning. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes.					
Element b. School nurses demonstrate leadership within the profession and practice setting and collaborate with the student, family, school staff, and community providers.					
Element c. School nurses demonstrate leadership by serving as a health expert and managing school health services.					
Element d. School nurses practice ethically.					
Overall Rating for Standard 1					
Standard 2. School nurses establish a safe, respectful, and inclusive environment for diverse populations.					
Element a. School nurses align practice with the requirements of the North Carolina Board of Nursing, recognized standards of nursing practice and North Carolina education goals.					
Element b. School nurses foster an environment that supports success of all students.					
Element c. School nurses communicate effectively in a variety of formats in all areas of nursing practice.					
Element d. School nurses practices in an environmentally safe and healthy manner.					
Overall Rating for Standard 2					
Standard 3. School nurses use their knowledge of the nursing process, current nursing standards, and principles of growth and development to facilitate and enhance competent practice in the school setting.					
Element a. School nurses attain knowledge and competence that reflect current nursing practice.					
Element b. School nurses integrate evidence and research findings into nursing practice.					
Overall Rating for Standard 3					

Summary Rating Form for School Nurses	Not Demonstrated	Developing	Proficient	Accomplish	Distinguished
Standard 4. School nurses facilitate student learning by providing individualized care using the nursing process.					
Element a. School nurses collect comprehensive data pertinent to the student's health and analyze the data to determine nursing diagnoses.					
Element b. Based on the assessment, school nurses identify expected student outcomes and develop a plan with strategies to attain those outcomes.					
Element c. School nurses implement the plan of care, coordinate care delivery, and evaluate the effectiveness of the plan					
Element d. School nurses utilize appropriate resources to plan and provide school health services that are safe, effective, and financially responsible.					
Overall Rating for Standard 4					
Standard 5. School nurses reflect on their practice.					
Element a. Quality of practice					
Element b. Professional practice evaluation:					
Overall Rating for Standard 5					

Professional Development Plan (Required)

School Year: _____

Name: _____ Position/Subject Area: _____

School: _____

NC Professional School Nursing Standards

1. Demonstrates leadership.	Standard(s) to be addressed: Elements to be addressed:
2. Establishes a safe, respectful, and inclusive environment for diverse populations.	
3. Applies the skills and knowledge of their profession facilitate and enhance competent practice in school settings.	
4. Facilitates student learning by providing individualized care using the nursing practice.	
5. Reflects on practice.	

School Nurse's Strategies

Goals for Elements	Activities/Actions	Expected Outcomes and Evidence of Completion	Resources Needed	Timeline
Goal 1:				
Goal 2:				

School Nurse's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Professional Development Plan – Mid-Year Review (Required)

To be completed by (date) _____

School Nurse: _____ Academic Year: _____

Evidence of Progress Toward Specific Standards or Elements to be Addressed/Enhanced

Narrative

School Nurse's Comments:	Administrator's Comments:
School Nurse's Signature:	Administrator's Signature:
Date:	Date:

Record of School Nurse Evaluation Activities (Required)

Name: _____ ID#: _____

School: _____ Year: _____

Position/Assignment: _____

Evaluator: _____ Title: _____

School Nurse Background: (Briefly describe the school nurse's educational background, years of experience, assignment, and any other factors that may impact the evaluation)

The North Carolina School Nurse Evaluation is based, in part, on informal and formal observations and conferences conducted on the following dates:

Activity	Date	School Nurse Signature	Evaluator Signature
Orientation			
Pre-Observation Conference			
Observation			
Post-Observation Conference			
Summary Evaluation Conference			
Professional Growth Plan Completed			



Jean M. Williams, Ph.D.
Research and Evaluation Associates
10158 Bluffmont Lane
Lone Tree, CO 80124
(303)349-9638
jean@centurylink.net