

**SLIDE 1-TITLE**

**SLIDE 2**

Hello. My name is Phyllis Mangum Rocco. I am one of 7 Communicable Disease Nurse consultants attached to the Technical Assistance and Training Program working within the Medical Consultation Unit of the Communicable Disease Branch. I am assigned to cover the 27 most western counties plus the Eastern Band of Cherokee Indians. I am also the coordinator for this course.

In this lecture we delve into legal issues that are associated with communicable disease surveillance and investigation in North Carolina as it relates to NC Nursing Law. I'll try to make this lecture as straightforward as possible and keep you from dozing off.

**SLIDE 3**

There are 3 learning objectives for this brief lecture.

- List the 2 legal references that compose the N.C. Nursing Practice Act
- Name the 4 most common nursing responsibilities of community health nurses
- List 2 uses of standing orders in public health nursing practice.

**SLIDE 4**

Let's start with the some nursing regulations. Most of our course participants are nurses or people that supervise nurses within local health departments, so we have included the Nursing Practice Act as an important law to remember when engaged in communicable disease surveillance and investigation.

The law can be found in Article 9A of the NC General Statutes. The rules that address the regulation of nursing practice in North Carolina can be found in Title 21 Chapter 36 of the NC Administrative Code which gives authority to the Board of Nursing.

Copies of both the law and the rules can be found on the NC Board of Nursing website [www.ncbon.com](http://www.ncbon.com)

## **SLIDE 5**

The practice of nursing in community health settings, which is regulated by the NC Board of Nursing, is performed by registered nurses, licensed practical nurses, nurse practitioners, clinical nurse specialists and certified nurse midwives. The title, nurse, is a legal title that should only be used by licensed personnel.

Unlicensed personnel (such as nurse aides, medical office assistants, volunteers, and other health department staff) frequently assist licensed personnel in their duties.

Licensed personnel need to be aware of duties that may be delegated, and more importantly, duties that should not be delegated to unlicensed personnel.

You are engaged in nursing practice, and therefore regulated by the NC Board of Nursing, when you are required to hold a nursing license for your position.

## **SLIDE 6**

Title 21, Chapter 36, section 224 of the NC Administrative Code, addresses components of the Nursing Practice Act for the registered nurse.

The rules clarify that the responsibilities which any registered nurse can safely accept are determined by the variables in each practice setting. These variables include: 1) the nurses own qualifications including basic educational preparation and 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.

## **SLIDE 7**

Here we have a list of the responsibilities of the registered nurse. Let me focus on just a few of these responsibilities that may have special implications for community health nursing.

Assessment is an ongoing 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.

Examples of assessment are performing STD Exams; obtaining a Nursing History, identifying head lice, identifying abnormal lab values, participating in the community health needs assessments and interpreting data i.e. gonorrhea cases among 15 -19 year olds.

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 directing the communication to the appropriate person or persons, being consistent with established policies, procedures, practices, and channels of communication, and determining whether further communication is needed.

Examples of reporting are reporting abnormal lab values to a higher level provider, validating a communicable disease based on the case definition and reporting it to the appropriate provider.

Collaborating includes safeguarding confidentiality. Collaboration occurs when we enlist our partners within and outside of our health departments in strategies to improve healthy lifestyles or in conducting an outbreak investigation all while maintaining confidentiality as outlined in law. Examples may include working with coalitions to increase awareness re: HIV/AIDS, with hospital Infection Preventionist, or with the EPI Team chair or members.

Finally, Teaching and Counseling consist of providing accurate and consistent information, demonstrations and guidance to clients, their families or significant others and includes making referrals to appropriate resources. Teaching is a large component of our role as public health nurses. We teach other professionals, clients and the community every day. Examples specific to communicable disease would be issuing control measures and explaining disease symptomology and epidemiology.

## **SLIDE 8**

Not only do the rules outline safe nursing practice but they specifically address behaviors and activities that may result in disciplinary action.

One example includes failure to make available to another health care professional any client information crucial to the safety of the client's health care.

Example: How would you handle notification of a client's doctor if the state lab or state epi office called to report that a stool specimen submitted to the State Laboratory of Public Health for a follow up culture for shigellosis, tested positive for E. Coli 0157:H7?

[Pause.]

You would immediately make sure that the physician who submitted the specimen was aware of the laboratory result (even though the laboratory shares responsibility for submitter notification).

## **SLIDE 9**

Registered nurses must also be aware, that even though communicable disease investigation and surveillance is exempt from HIPAA regulations, there is still a duty to protect the client's right to privacy whenever possible.

Nurses must be careful not to reveal identifiable data, or information obtained in a professional capacity, without prior consent of the client, except as authorized by law.

How would you handle a reporter's inquiry about a report that John Doe, the local football coach, had been admitted to the hospital with a diagnosis of bacterial meningitis and ten of his players, and possibly others, were now being treated for the same disease?.

Does the public have a right to know? What can you tell the reporter?

[Pause]

First you would refer the call to your health director, then investigate the report, confirm the diagnosis, and then, discuss with your health director and other members of the epi team how best to release the information. It may be appropriate to release the details, but hopefully, only after affected parties are informed.

## **SLIDE 10**

Let's look at this behavior: Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, by experience, or by licensure;

If you are the CD Nurse and delegate the task of completing surveillance forms to a clerical support person, and then either fail to review and approve the content, or allow interpretation of clinical/epi data by an untrained, unlicensed person, are you violating the Nursing Practice Act?

Call the Board of Nursing and they will give you an opinion. And it will not be favorable!

A question for you to think about is - If you are the health director who has delegated responsibility for the CD program, would you be in violation of the NC General Statutes if the

nurse under your supervision inappropriately delegated the responsibilities to someone who was not qualified?

### **SLIDE 11**

Pharmacology contains a very large body of knowledge. It is not possible for a registered nurse to know all of the details of every pharmaceutical regimen used to treat and manage communicable diseases. However, all of that information is readily available, in advance, for any public health intervention.

The Administrative Code states that it is the duty of the nurse to know how to access that information quickly and apply that knowledge to new situations.

The nurse should always consult with the medical director for the health department before implementing treatment regimens or testing that is not covered in Standing Orders.

The Communicable Disease Branch staff is also available 24 hours a day to assist. If they do not know an answer, or are unsure of the answer, they will talk with CDC.

### **SLIDE 12**

Let's face it, as a community health nurses, no one received training in basic educational programs to be prepared for jobs as communicable disease nurses.

New diseases, new control measures, and new treatment regimens emerge every day. The practice of professional nursing requires continuous special training to stay current and practice safely.

### **SLIDE 13**

Remember,

- It is the nurse's responsibility to accept or reject assignments.
- It is the agency's responsibility to provide support and training to the nurse.
- Communicable Disease Control is one of our core services mandated in law.
- The mission cannot be accomplished without public health nursing.

The next few slides are about provisions made through the Nursing Practice Act that allow public health nurses to get the work of public health done.

## **SLIDE 14**

In a previous slide I mentioned standing orders (s.o.). All health departments regardless of size utilize some standing orders or else we would never be able to complete the work of public health. Standing orders are a provision of the Nursing Practice Act. The N.C. Board of Nursing has been delegated by law the authority to regulate nursing practice in our state. It is also dedicated to assisting all nurses in understanding the law and how standing orders apply in various practice settings. The next few slides will discuss the legal intent of S.O. and provide examples of how s. o. may be utilized. I will also try and relate examples of s.o. used frequently in public health.

S.O.:

- 1) Allow for the facilitation of timely interventions and the removal of barriers to care
- 2) Are signed instructions of a provider authorized by state law to prescribe medical treatment and/or pharmaceutical regimen
- 3) Describe the parameters of specified situations under which a nurse may act to carry out orders for patients presenting with symptoms or needs addressed in the s.o.
- 4) Outline the assessment & interventions that a licensed nurse( RN or LPN) may perform or deliver
- 5) Must be in written form, signed & dated by the provider

## **SLIDE 15**

- 6) Must be reviewed and signed annually for necessary updates
- 7) Should be in NC Board of Nursing format

“Assures the use of a legal framework to allow nurses to take actions that would normally be outside their legal scope of practice. “

Policies, Procedures and Standing Orders/N.C. Communicable Disease Legal Conference/ Dr. Joy Reed/March 2012.

Note: S.O. may be titled “protocols” and if so, must meet all the requirements listed in the position statement.

## SLIDE 16

Standing Orders can be used when...

- Diagnosis is made via a Standing Order.
- Actions are based on objective data(e.g., lab result, physical finding, patient request)
- No decision making is required in determining what action to take (e.g., if X, then do A)

An example:

A diagnosis is determined by following the steps set forth in the standing order signed by the physician. If the lab test (objective data) shows that the client has Chlamydia, then you treat the client for Chlamydia with the medication indicated in the standing order. Nurses are not independently deciding which objective data is required to make the diagnosis of Chlamydia nor are they choosing which medications to use to treat the client.

## SLIDE 17

Standing Orders **cannot** be used when...

- Diagnosis is not determined by following a Standing Order
- Discrimination by the nurse beyond normal vs. abnormal is required or when
- Decision making by the nurse is required (e.g., based on assessment findings, do A or B or determining a specific type of rash which impacts treatment decision).

An example of how this could occur would be if a client presents with a genital lesion. The nurse by visual assessment alone cannot determine if the lesion is herpetic, syphilitic or due to some other cause. If the nurse treated this client based on the nurses' assessment then the nurse would be practicing outside the scope of nursing because it would require the nurse to go beyond determining if a lesion is normal or abnormal, deciding what type of lesion it is( making a medical diagnosis), and then choosing the treatment.

## SLIDE 18

There are several practice environments in which s.o. may be used. The next two slides list the most common situations. The most frequent use of s.o. by local health departments is in the administration of immunizations. Just imagine trying to run an immunization clinic if we did not have s.o.

## **SLIDE 19**

Other frequently used standing orders by health departments deal with orders for lab test or treatments for certain categories of patients i.e. all new prenatal clients receive a standard set of lab tests or all clients with positive gonorrhea test get treated with 2 drugs, Rocephin IM and oral Azithromycin . Many health departments also have s.o. that allow the RN to provide prophylactic medications to contacts of CD such as Pertussis or Bacterial meningitis.

## **SLIDE 20**

References used for this presentation come from:

Nursing Practice Act, G.S. 90-171.20 (7)(f) & (8)(c)

Standing Orders/Position Statement for RN and LPN Practice/N.C. Board of Nursing/ 2-2013/  
<http://www.ncbon.com/>

## **SLIDE 21**

In addition to state Public Health laws and rules counties and municipalities may have other legally binding regulations that impact Public Health.

Public Health may be included and assigned duties within official plans adopted as an ordinance by a county or city thus impacting the work of public health nurses i.e. emergency response or all-hazards plans.

It is important as the CD nurse to understand the agency's role and your role in the county's Emergency Response Plan or All-Hazards Plan. Frequently public health nurses are assigned CD surveillance and triage at disaster shelters. Mass dispensing and/or mass vaccinations are other activities that may fall to public health nursing staff as well during a public health emergency.

A local Board of Health may establish Public Health Rules. These rules generally relate to environmental health issues, however they could have nursing implications. For instance, if there is contamination of a water supply due to a breach in the well rules you as the CD Nurse may be asked to coordinate the collection of human stool samples for testing by obtaining a s.o.



## **SLIDE 22**

In conclusion, Communicable Disease nursing practice is regulated by the NC Nursing Practice Act and is guided by several bodies of law, and agency policies and procedures.

Licensed nurses play a very important role in public health. Despite the somewhat non-traditional nursing environment in which public health nurses practice, we are still subject to the regulations that govern our licensure whether we are working with communicable diseases or involved in newborn home visits. It is up to us as nursing professionals to assure that we practice within our legal scope as defined by the Nursing Practice Act in carrying out the public health law that guides our response to preventing and controlling the spread of communicable diseases and in conducting surveillance and outbreak investigations in our communities. The next presentation will focus on legal provisions made by the NC Board of Pharmacy for public health nurses only. This Act brings another level of independence and legal accountability to our practice of public health nursing.

## **SLIDE 23**

Listed here are other references for this presentation.

North Carolina Administrative Code, Board of Nursing.

<http://www.ncbon.com/Forms/NCAdminCode.pdf>

North Carolina General Assembly, General Statutes for Communicable Diseases.

[http://www.ncleg.net/Statutes/GeneralStatutes/PDF/ByArticle/Chapter\\_130A/Article\\_6.pdf](http://www.ncleg.net/Statutes/GeneralStatutes/PDF/ByArticle/Chapter_130A/Article_6.pdf)

North Carolina General Assembly, General Statutes for Nursing Practice Act.

[http://www.ncleg.net/Statutes/GeneralStatutes/PDF/ByArticle/Chapter\\_90/Article\\_9A.pdf](http://www.ncleg.net/Statutes/GeneralStatutes/PDF/ByArticle/Chapter_90/Article_9A.pdf)