

Agency Mission: To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

**Kansas State Board of Nursing
Virtual Meeting
Practice/IV Therapy Advisory Committee Agenda
June 16, 2020**

Link to access meeting:

<https://us02web.zoom.us/j/86370339566?pwd=TzJxVzRubGg4eE9NY0lsWDhhSVp6dz09>

Password: KsbnPCComm

Or iPhone one-tap :

US: +13462487799,,86370339566#,1#,372324# or
+16699006833,,86370339566#,1#,372324#

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US: +1 346 248 7799 or +1 669 900 6833 or +1 253 215 8782 or +1 312 626 6799 or +1
646 876 9923 or +1 301 715 8592

Webinar ID: 863 7033 9566

Password: 372324

International numbers available: <https://us02web.zoom.us/j/86370339566>

Website link to access meeting materials: <https://ksbn.kansas.gov/board-packet/>

Alternate Meeting Viewing Via KSBN YouTube Live:

<https://www.youtube.com/user/ksnursing>

The Committee may discuss, vote to approve, vote to disapprove, vote to table, change the sequence of any agenda item, or vote to strike or not discuss any agenda item.

In the event electronic communications are lost or compromised during the meeting, the Kansas State Board of Nursing will attempt to restore communications for a maximum of (2) two hours. If unable to restore communications the meeting will be adjourned.

Time: 3:00 p.m. – 4:00 p.m.

Committee Members: Mandy Karstetter, LPN, Chair
Julianna Rieschick, RN, MSN, NEA-BC, V. Chair
Tracie Mattivi Thomas
Christina Blanton, RN, BSN
Julie Brown, BSN, RN

Denise Rebel, RN
Jeanne Gerstenkorn, MSN, RN
Sharon Morris, MSN, RN

Staff:

Linda Davies, BSN, RN, Practice Specialist
Carol Moreland, MSN, RN, Executive Administrator
Chelsey Stephenson, Administrative Assistant
Victoria Bond, Administrative Specialist

I. Call to Order

1. Review of onsite packet
2. Additions and revisions to agenda
3. Approval of December 10, 2019 minutes
4. Complaints/concerns

II. PRACTICE

1. Unfinished Business
 - a. Delegation of Specific Nursing Tasks in the School Setting for Kansas
 - b. School Nurse and Epi Kits and Albuterol – Possible Legislation in 2020
 - c. HB 2488
2. New Business
 - a. Five Year Legislative Review Schedule
 - i. Professional and Practical Nurses
 - a) 65-1165 Delegation Provisions – due 2020
 - ii. Requirements for Licensure and Standards of Practice
 - a) 60-3-101 Licensure – due 2020
 - b) 60-3-108 Expiration Date Initial – due 2020
 - iii. Performance of Selected Nursing Procedures in School Settings
 - a) 60-15-102 Delegation Procedures – due 2019
 - b) 60-15-103 Supervision of Delegated Tasks – due 2019
 - c) 60-15-104 Medication Administration in a School – due 2019
 - b. Licensed Mental Health Technician Act Statutes
 - i. 65-4204 Title and Abbreviations – due 2020
 - ii. 65-4205 Renewal of License – due 2016
 - c. Requirements for Licensure and Standards of Practice
 - i. 60-7-101 Licensure – due 2016

III. IV THERAPY

1. Unfinished Business
 - a. Update on updated IV Regulations
 - i. K.A.R. 60-16-101
 - ii. K.A.R. 60-16-103
 - iii. K.A.R. 60-16-104
2. New Business
 - b. Updated IV Therapy Test Questions
 - c. Five Year Legislative Review Schedule

- i. Professional and Practical Nurses
 - a) 65-1136 LPN IV Therapy – due 2020

IV. Adjournment

Please Note: Additional items, which have come to the attention of the Board, will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the board or committees for discussion by committee members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or chairperson of the committee.

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Delegation of Specific Nursing Tasks in the School Setting for Kansas (see K.A.R. 60-15-101 through 104)

The following table is to be used to determine to whom **Specialized Caretaking** tasks or procedures may be delegated. Only the Registered Professional Nurse (RN) responsible for the student's nursing care may determine which nursing tasks may be delegated to an Unlicensed Assistive Person (UAP). The RN or the Licensed Practical Nurse (LPN) shall supervise all nursing tasks delegated in accordance with the criteria listed in KAR 60-15-101 through 104. Depending on parental permission and the age and maturity level of the child, many tasks may be performed by the child with oversight by the RN or LPN. **Basic Caretaking tasks (including bathing, dressing, grooming, routine dental, hair and skin care, preparation of food for an oral feeding, exercise – [excluding OT and PT], toileting and diapering, hand washing, transferring, and ambulation)** may be performed by a UAP without delegation.

After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following: 1) The nursing task involves no nursing judgment. Judgment involves substantial specialized knowledge derived from biological, behavioral and physical sciences applied to decisions, 2) The UAP skills and competency levels, and 3) The supervision criteria in KSA 65-1165 are evaluated and met.

Specialized Caretaking		Provider Order Required	RN	LPN	UAP	Self administration	Provider = Person w/legal authority to prescribe (e.g. MD, DO, DDS, and ARNP or PA with protocol authority) RN and LPN = Licensed health professionals regulated by Kansas Nurse Practice Act UAP = All other school employees assisting with health services not licensed as a RN or LPN
A = Allowed within Scope of Practice S = Within Scope of Practice with Supervision C/S = Allowed within Scope of Practice if certified (C), otherwise, RN supervision is required (S). D = Delegated task with RN or LPN supervision X = Cannot perform							
Prescription Medications: Oral, topical, inhalers, nebulizer and rectal	Yes	A	S	D*	A	*If does not require dosage calculation and nursing care plan denotes route.	
Prescription Medications: Intramuscular	Yes	A	S#	X#	A	# No, unless an emergency medication as specified per an Emergency Action Plan (EAP). RN/LPN supervision.	
Prescription Medications: Through tubes inserted into the body	Yes	A	S	X+	A	+Except a feeding tube inserted directly into the abdomen	
Prescription Medications: Intermittent Positive Pressure Breathing Machines	Yes	A	S	X	A		
Prescription Medications: Intravenous	Yes	A	S**	X	A	**According to LPN IV therapy law	
Over the Counter Medications	*	A	A	A	A	*Individual district policy may vary in requirements and limitations.	
Diabetes Care: Blood glucose monitoring and/or carbohydrate counting and/or subcutaneous insulin administration	Yes	A	S	D	A		
Catheterization	Yes	A	S	D	A		
Ostomy Care	Yes	A	S	D	A		
NG feeding: preparation and/or administrations	Yes	A	S	X	A		
G-tube feedings: preparation and/or administration	Yes	A	S	D	A		
Reinsertion of percutaneous g-tube	Yes	A	S	D	A		
First feeding after reinsertions of g-tube	Yes	A	S	X	A		
Care of skin with damaged integrity	Yes	A	C/S	D	A		
Care of skin with potential for damage	No	A	S	D	A		
Tracheostomy: Care of ostomy, trach and/or suctioning	Yes	A	C/S	D	A		
Tracheostomy: Reinsertion of established	Yes	A	S	X##	A	## No, unless an emergency procedure as specified per an Emergency Action Plan (EAP). RN/Certified LPN supervision.	
Mechanical Ventilation: Management of	Yes	A	C/S	X	A		
Measuring Vital Signs	No	A	S	D	A		
Development of Individualized Health Care Plan & EAP (Emergency Action Plan)	No	A	X	X	X		

The above document was developed in collaboration with the Kansas State Board of Nursing (KSBN) and the Kansas School Nurse Organization (KSNO). Approved by the KSBN Practice Committee on September 15, 2009. REVISED November 12, 2019



Request for revised and renamed Epi kits legislation with addition of stock albuterol

Background Information

1. In July 2009, legislation was enacted **allowing** Epinephrine kits in Kansas schools for use with students or staff members exhibiting the signs and symptoms of a severe allergic reaction (i.e. anaphylaxis). The legislation was placed into three separate statutes (see below) and requires schools **have both** a consulting pharmacist and a physician authority.

72-6283 (was 8258)

Chapter 72.--SCHOOLS

Article 62.—Student Health

EDUCATION

72-6283. Epinephrine kits; requirements. Any accredited school may maintain an epinephrine kit. An epinephrine kit may consist of one or more doses of epinephrine. Epinephrine from an epinephrine kit shall be used only in emergency situations when the person administering the epinephrine reasonably believes that the signs and symptoms of an anaphylactic reaction are occurring and if administered at school, on school property or at a school-sponsored event. A school may not maintain an epinephrine kit unless the school has consulted with a pharmacist licensed by the state board of pharmacy. The consultant pharmacist shall have supervisory responsibility for maintaining the epinephrine kit. The consultant pharmacist shall be responsible for developing procedures, proper control and accountability for the epinephrine kit. Periodic physical inventory of the epinephrine kit shall be required. An epinephrine kit shall be maintained under the control of the consultant pharmacist.

History: L. 2009, ch. 102, § 2; July 1.

65-1680

Chapter 65.--PUBLIC HEALTH

Article 16.--REGULATION OF PHARMACISTS

65-1680. Epinephrine kits in schools; rules and regulations. The state board of pharmacy may adopt any rules and regulations which the board deems necessary in relation to the maintenance of epinephrine kits under K.S.A. 2009 Supp. 72-8258, and amendments thereto.

History: L. 2009, ch. 102, § 3; July 1.

65-2872b

Chapter 65.--PUBLIC HEALTH

Article 28.--HEALING ARTS

65-2872b. Same; administration of epinephrine; limitation of liability.

(a) The practice of the healing arts shall not be construed to include any person administering epinephrine in emergency situations to a student or a member of a school staff if: (1) The person administering the epinephrine reasonably believes that the student or staff member is exhibiting the signs and symptoms of an anaphylactic reaction; (2) a physician has authorized, in writing, the school to maintain a stock supply of epinephrine; and (3) The epinephrine is administered at school, on school property or at a school-sponsored event.

(b) Any person who gratuitously and in good faith renders emergency care or treatment through the administration of epinephrine to a student or a member of a school staff at school, on school property or at a school-sponsored event shall not be held liable for any civil damages as a result of such care or administration or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

History: L. 2009, ch. 102, § 1; July 1.

2. Few schools in Kansas have implemented Epinephrine kits (more commonly called stock epinephrine) as the Kansas Board of Pharmacy has yet to adopt rules and regulations specific to the statutes citing liability concerns. The Kansas Board of Nursing pointed out the lack of rules and regulations when reviewing the latest edition of the *Guidelines for Medication Administration in Kansas Schools, 2017 edition* <http://www.ksno.org/wp-content/uploads/2011/09/2017-Guidelines-for-Medication-Administration-in-Kansas-Schools.pdf> (page 17 begins discussion of Epinephrine kits). In addition, Kansas pharmacists express reluctance to serve as a school's consulting pharmacist referencing the feasibility of meeting all the supervisory responsibilities as set forth by the current statute.
3. Kansas is ***in the minority nationally*** with its current ***epinephrine kit*** statutory language, and Kansas should consider ***adding stock albuterol***, similar to recent legislation that allowed school nurses to have stock naloxone.

Key Message

Kansas schools care for a major portion of our population five days per week throughout the school year. School nurses are on the front line of health care in the school setting and must be equipped with supplies to attend to the most common life-threatening situations. Emergency devices, such as automated external defibrillators and emergency medications, are becoming increasingly common in schools, as they are life-saving and help to fill in the gap from the time an emergency health event is detected, emergency help is summoned, and emergency help arrives. Stock epinephrine and stock albuterol assist in emergencies for both individuals with a known diagnosis, whose medication is not readily available, and for individuals with no previous diagnosis, but displaying the signs and symptoms of a severe allergic reaction or respiratory distress. Seconds count during anaphylaxis and breathing emergencies. Access to evidence-based, life saving, equipment and medications are necessary for Kansas schools. Among these are stock epinephrine, albuterol, and naloxone. Kansas is in need of a revised stock epinephrine statute with the addition of stock albuterol.

Supporting Information

1. **Incidence of Severe Allergies and Asthma in the Children in the U.S.:** It is estimated that 4 to 6% of children in the U.S. have food allergies (Centers for Disease Control and Prevention [CDC], 2018c). School nurses first began noting an increase in incidence of food allergies during the 1990s. Nearly 40% of children with food allergies have a history of experiencing at least one serious reaction including anaphylaxis (Gupta et al, 2011). Initial studies with placement of stock epinephrine in schools show that 20% to 25% of anaphylactic episodes in schools involved individuals with no known history of severe allergies (McIntyre, Sheetz, Carroll, & Young, 2005). Currently, administering epinephrine subcutaneously (SC) or intramuscularly (IM) and calling 911 are the standard of care for individuals exhibiting symptoms of anaphylaxis in the school and community setting (Schoessler & White, 2013). The 2017-2018 Kansas School Nurse Survey Summary (KDHE, 2019) reported 55 doses of epinephrine administered in Kansas schools for the

corresponding school year among the survey participants. Data collected by the Kansas School Nurse Organization for the 2018-2019 school year reported 16 doses administered:

- a. 11 stock/epi-kits and 5 individually prescribed;
- b. 9 with no known history of severe allergy;
- c. 2 self-administered, 13 administered by a registered nurse; and
- d. allergic triggers unknown in 7 of the cases.

With regard to asthma, it is estimated that 8.4% of children have asthma, and 7.5% of adults, with the disease increasing in all ages, sex, and racial groups since the early 1980s (CDC, 2019). Asthma is the leading chronic disease in children (CDC, 2018a), is the top reason for missed school days (Zahran, et al., 2018), and in 2015, 47.5 percent of children age 18 and younger who had asthma reported having one or more asthma attacks in the past year (CDC, 2018b).

CDC. (2018a). Asthma. Healthy Schools. Retrieved from <https://www.cdc.gov/healthyschools/asthma>

CDC. (2018b). Asthma - Most Recent Asthma Data. Retrieved from https://www.cdc.gov/asthma/most_recent_data.htm

CDC. (2018c). Food allergies in schools. Retrieved from <https://www.cdc.gov/healthyschools/foodallergies/index.htm>

CDC. (2019). Data, statistics, and surveillance. Asthma surveillance data. Retrieved from <https://www.cdc.gov/asthma/asthmadata.htm>

Gupta, R., Springston, E., Warriar, M., Smith, B., Kumar, R., Pongracic, J., & Holl, J. (2011). The prevalence, severity, and distribution of childhood food allergy in the United States. *Journal of Pediatrics*, 128(1), e9-e17. doi: 10.1542/peds.2011-0204

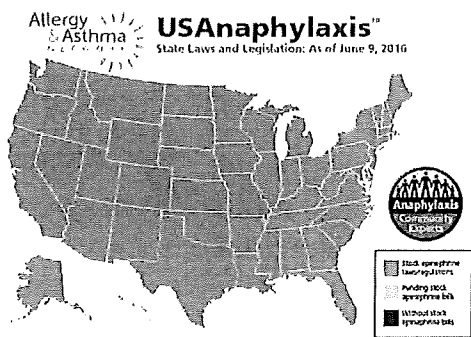
Kansas Department of Health and Environment. Bureau of Health Promotion & Bureau of Family Health. (2019). 2017-2018 School Nurse Survey Summary. Available from http://www.ksno.org/wp-content/uploads/2019/07/2017-18-School-Nurse-Survey-Results_FINAL-1.pdf

McIntyre, C., Sheetz, A., Carroll, C., & Young, M. (2005). Administration of epinephrine for life-threatening allergic reactions in school settings. *Pediatrics*, 116, 1134-1140. doi:10.1542/peds.2004-1475

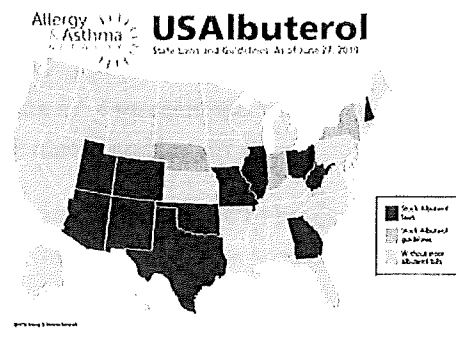
Schoessler, S. & White, M. (2013). Recognition and treatment of anaphylaxis in the school setting: The essential role of the school nurse. *NASN School Nurse*, 29: 407-415. doi: 10.1177/1059840513506014

Zahran, H., Bailey, C., Damon, S., Garbe, P. and Breyse, P. (2018). Vital Signs: Asthma in Children — United States, 2001–2016. DOI: <http://dx.doi.org/10.15585/mmwr.mm6705e1>

2. **Other States with Stock Epinephrine and Albuterol Legislation:** The Allergy and Asthma Network provides U.S. maps showing state adoption of stock epinephrine and stock albuterol legislation: <https://www.allergyasthmanetwork.org/advocacy/current-issues/stock-epinephrine/> and <https://www.allergyasthmanetwork.org/advocacy/current-issues/school-stock-albuterol-laws/> (See next page). KSNO reviewed every state's stock epinephrine legislation and did not find use of the term "consulting pharmacist" in statutory language except for Kansas's statute. An excel spread sheet with comments on the legislation is attached. The three states providing what we believe to be clear, concise, and suitable language include Indiana, Maine, and New Mexico.



Click on your state to learn more!



3. **Additional Information about Stock Albuterol:** The National Association of School Nurses provides a position brief explaining the rationale and encouraging the availability of stock albuterol in the school setting at the following link:
<https://www.nasn.org/nasn/advocacy/professional-practice-documents/positionbriefs/pb-albuterol>
4. **Cost of Stock Medication to School Districts:** Albuterol and albuterol solution are relatively inexpensive, less than the medication Naloxone recently enacted with permission for stock supply in Kansas Schools. With regard to epinephrine, the more expensive of the two medications, national programs have been in existence for several years offering free epinephrine auto-injectors to school districts upon submission of a request that includes prescribing information from the physician authority. Two programs that continue in existence include
 - a. <https://www.auvi-q.com/order>
 - b. <https://www.epipen4schools.com/>

Summary

The Kansas School Nurses Organization, Inc. desires to partner with a legislator(s) to introduce revised language for the following three statutes - modifying language to include the word “stock”, adding albuterol to stock medications allowed in school, bringing the role of the pharmacist in align with other states, and expanding the persons who may receive the medication to be any individual (not just students and staff) as long as the stock medication is administered at school, on school property or at a school-sponsored event:

72-6283. Epinephrine kits; requirements.

65-1680. Epinephrine kits in schools; rules and regulations.

65-2872b. Same; administration of epinephrine; limitation of liability.

HOUSE BILL No. 2488

By Committee on Education

1-23

1 AN ACT concerning schools; relating to school districts and nonpublic
2 schools; emergency medication kits for certain life threatening
3 conditions; requiring a prescription for distribution of emergency
4 medication to schools; administration of emergency medication by
5 school personnel; training requirements; exempting certain persons
6 from the practice of healing arts and civil liability if acting in good
7 faith; amending K.S.A. 65-1680, 65-2872b and 72-6283 and repealing
8 the existing sections.
9

10 *Be it enacted by the Legislature of the State of Kansas:*

11 Section 1. K.S.A. 65-1680 is hereby amended to read as follows: 65-
12 1680. ~~The state board of pharmacy may adopt any rules and regulations~~
13 ~~which the board deems necessary in relation to the maintenance of~~
14 ~~epinephrine kits under K.S.A. 72-6483, and amendments thereto. (a) A~~
15 *pharmacist may distribute a stock supply of standard-dose and pediatric-*
16 *dose epinephrine auto-injectors to a school pursuant to a prescription*
17 *from a physician or mid-level practitioner in the name of the school made*
18 *pursuant to K.S.A. 72-6283, and amendments thereto. A pharmacist who*
19 *distributes a stock supply of standard-dose or pediatric-dose epinephrine*
20 *auto-injectors to a school shall not be liable for civil damages resulting*
21 *from the administration of such medication pursuant to this section or*
22 *K.S.A. 65-2872b or 72-6283, and amendments thereto.*

23 (b) *A pharmacist may distribute a stock supply of albuterol metered-*
24 *dose inhalers, albuterol solution and spacers to a school pursuant to a*
25 *prescription from a physician or mid-level practitioner in the name of the*
26 *school made pursuant to K.S.A. 72-6283, and amendments thereto. A*
27 *pharmacist who distributes a stock supply of albuterol metered dose*
28 *inhalers, albuterol solution or spacers to a school shall not be liable for*
29 *civil damages resulting from the administration of such medication*
30 *pursuant to this section or K.S.A. 65-2872b or 72-6283, and amendments*
31 *thereto.*

32 (c) *The words and terms used in this section shall have the meanings*
33 *ascribed thereto in K.S.A. 72-6283, and amendments thereto.*

34 Sec. 2. K.S.A. 65-2872b is hereby amended to read as follows: 65-
35 2872b. (a) The practice of the healing arts shall not be construed to include
36 any person administering epinephrine *or albuterol* in emergency situations

1 ~~to a student or a member of a school staff an individual~~ if: (1) (A) The
2 person administering the epinephrine reasonably believes that the ~~student~~
3 ~~or staff member individual~~ is exhibiting the signs and symptoms of an
4 anaphylactic reaction; or (B) ~~the person administering the albuterol~~
5 ~~reasonably believes that the individual is exhibiting the signs and~~
6 ~~symptoms of respiratory distress~~; (2) a physician or mid-level practitioner,
7 ~~after reviewing the school's policies and procedures~~, has authorized, in
8 writing, the school to maintain a stock supply of ~~epinephrine emergency~~
9 ~~medication~~; and (3) the ~~epinephrine emergency medication~~ is administered
10 at school, on school property or at a school-sponsored event.

11 (b) Any person who gratuitously and in good faith renders emergency
12 care or treatment through the administration of ~~epinephrine emergency~~
13 ~~medication to a student or a member of a school staff an individual~~ at
14 school, on school property or at a school-sponsored event shall not be held
15 liable for any civil damages as a result of such care or administration or as
16 a result of any act or failure to act in providing or arranging further
17 medical treatment where the person acts as an ordinary reasonably prudent
18 person would have acted under the same or similar circumstances.

19 (c) ~~A physician or mid-level practitioner who writes a prescription~~
20 ~~for emergency medication or provides training to school personnel on the~~
21 ~~administration of emergency medication shall not be liable for civil~~
22 ~~damages resulting from the administration of emergency medication~~
23 ~~pursuant to this section.~~

24 (d) ~~The words and terms used in this section shall have the meanings~~
25 ~~ascribed thereto in K.S.A. 72-6283, and amendments thereto.~~

26 Sec. 3. K.S.A. 72-6283 is hereby amended to read as follows: 72-
27 6283. ~~Any accredited school may maintain an epinephrine kit. An~~
28 ~~epinephrine kit may consist of one or more doses of epinephrine.~~
29 ~~Epinephrine from an epinephrine kit shall be used only in emergency~~
30 ~~situations when the person administering the epinephrine reasonably~~
31 ~~believes that the signs and symptoms of an anaphylactic reaction are~~
32 ~~occurring and if administered at school, on school property or at a school-~~
33 ~~sponsored event. A school may not maintain an epinephrine kit unless the~~
34 ~~school has consulted with a pharmacist licensed by the state board of~~
35 ~~pharmacy. The consultant pharmacist shall have supervisory responsibility~~
36 ~~for maintaining the epinephrine kit. The consultant pharmacist shall be~~
37 ~~responsible for developing procedures, proper control and accountability~~
38 ~~for the epinephrine kit. Periodic physical inventory of the epinephrine kit~~
39 ~~shall be required. An epinephrine kit shall be maintained under the control~~
40 ~~of the consultant pharmacist. (a) As used in this section and K.S.A. 65-~~
41 ~~1680 and 65-2872b, and amendments thereto:~~

42 (1) "Albuterol" means a short-acting beta-2 agonist inhaled
43 medication, otherwise known as a bronchodilator, that is prescribed by a

- 1 *physician or mid-level practitioner for the treatment of respiratory*
2 *distress.*
- 3 (2) *"Albuterol metered-dose inhaler" means a portable drug delivery*
4 *system containing a canister of multiple premeasured doses of albuterol in*
5 *a device actuator.*
- 6 (3) *"Albuterol solution" means a liquid form of albuterol for use with*
7 *a nebulizer.*
- 8 (4) *"Anaphylaxis" or "anaphylactic reaction" means a sudden,*
9 *severe and potentially life-threatening multi-system allergic reaction.*
- 10 (5) *"Designated school personnel" means an employee, officer, agent*
11 *or volunteer of a school who has completed training documented by the*
12 *school nurse, a physician or a mid-level practitioner to administer*
13 *emergency medication on a voluntary basis outside of the scope of*
14 *employment.*
- 15 (6) *"Emergency medication" means epinephrine or albuterol.*
- 16 (7) *"Epinephrine" means a medication prescribed by a physician or*
17 *mid-level practitioner for the emergency treatment of anaphylaxis prior to*
18 *the arrival of emergency medical system responders.*
- 19 (8) *"Epinephrine auto-injector" means a device that automatically*
20 *injects a premeasured dose of epinephrine.*
- 21 (9) *"Mid-level practitioner" means the same as such term is defined*
22 *in K.S.A. 65-1626, and amendments thereto.*
- 23 (10) *"Nebulizer" means a device that is used to change a liquid*
24 *medication to a fine spray of liquid or mist for the administration of the*
25 *medication through inhalation.*
- 26 (11) *"Pharmacist" means the same as such term is defined in K.S.A.*
27 *65-1626, and amendments thereto.*
- 28 (12) *"Physician" means any person licensed by the state board of*
29 *healing arts to practice medicine and surgery.*
- 30 (13) *"Respiratory distress" means impaired ventilation of the*
31 *respiratory system or impaired oxygenation of the blood.*
- 32 (14) *"School" means any school district organized under the laws of*
33 *this state or any accredited nonpublic school that provides education to*
34 *elementary or secondary students.*
- 35 (15) *"School nurse" means a registered nurse licensed by the board*
36 *of nursing to practice nursing in Kansas or a licensed practical nurse*
37 *working under a registered nurse who is employed by a school to perform*
38 *nursing services in a school setting.*
- 39 (16) *"Spacer" means a holding chamber that is used to optimize the*
40 *delivery of aerolized albuterol from an albuterol metered-dose inhaler.*
- 41 (17) *"Stock supply" means an appropriate quantity of emergency*
42 *medication as recommended by a physician or mid-level practitioner.*
- 43 (b) *Any school may maintain a stock supply of emergency medication*

1 upon obtaining a prescription from a physician or mid-level practitioner
2 in the name of the school. A physician or mid-level practitioner shall
3 review the school's policies and procedures established pursuant to
4 subsection (c) prior to prescribing such emergency medication.

5 (1) A stock supply of epinephrine may consist of one or more
6 standard-dose or pediatric-dose epinephrine auto-injectors. A school
7 nurse or designated school personnel may administer such epinephrine in
8 an emergency situation to any individual who displays the signs and
9 symptoms of anaphylaxis at school, on school property or at a school-
10 sponsored event if such school nurse or designated school personnel
11 reasonably believes that an individual is exhibiting the signs and
12 symptoms of an anaphylactic reaction.

13 (2) A stock supply of albuterol may consist of one or more albuterol
14 metered-dose inhalers, one or more doses of albuterol solution and one or
15 more spacers or nebulizers. A school nurse or designated school
16 personnel may administer such albuterol in an emergency situation to any
17 individual who displays the signs and symptoms of respiratory distress at
18 school, on school property or at a school-sponsored event if such school
19 nurse or designated school personnel reasonably believes that an
20 individual is exhibiting the signs and symptoms of respiratory distress.

21 (c) A school that maintains a stock supply of emergency medication
22 pursuant to this section shall establish school policies and procedures
23 relating to:

24 (1) Storage of the emergency medication, which shall require that the
25 emergency medication is stored: (A) In a safe location that is readily
26 accessible to the school nurse or designated school personnel; and (B) in
27 accordance with manufacturer temperature recommendations;

28 (2) periodic monitoring of the inventory and expiration dates of
29 emergency medication;

30 (3) administration of emergency medication by designated school
31 personnel; and

32 (4) training requirements for designated school personnel, which
33 shall be conducted on no less than an annual basis for such designated
34 school personnel. Such training shall include, but not be limited to, the
35 following:

36 (A) Recognition of the symptoms of anaphylaxis and respiratory
37 distress;

38 (B) administration of emergency medication;

39 (C) calling for emergency medical system responders;

40 (D) monitoring the condition of an individual after emergency
41 medication has been administered;

42 (E) notification of the parent, guardian or next of kin; and

43 (F) safe disposal and sanitation of used equipment.

1 (d) *A school shall publish information related to the school's*
2 *emergency medication policies and procedures and shall maintain records*
3 *of the training provided to designated school personnel.*

4 (e) *Subject to the provisions of this section, a school may accept*
5 *monetary gifts, grants and donations to carry out the provisions of this*
6 *section or may accept epinephrine auto-injectors, albuterol metered-dose*
7 *inhalers, albuterol solution, spacers or nebulizers from a manufacturer or*
8 *wholesaler.*

9 Sec. 4. K.S.A. 65-1680, 65-2872b and 72-6283 are hereby repealed.

10 Sec. 5. This act shall take effect and be in force from and after its
11 publication in the statute book.

65-1165. Supervision of delegated nursing procedures.

- (a) All nursing procedures, including but not limited to administration of medication, delegated by a licensed nurse to a designated unlicensed person shall be supervised. The degree of supervision required shall be determined by the licensed nurse after an assessment of appropriate factors which may include:
 - (1) The health status and mental and physical stability of the individual receiving the nursing care;
 - (2) the complexity of the procedure to be delegated;
 - (3) the training and competency of the unlicensed person to whom the procedure is to be delegated; and
 - (4) the proximity and availability of the licensed nurse to the designated unlicensed person when the selected nursing procedure will be performed.
- (b) As used in this section, "supervision" has the meaning ascribed to such term under subsection (a) of K.S.A. 65-1136 and amendments thereto.
- (c) This section shall be part of and supplemental to the Kansas nurse practice act.

History: (L. 1995, ch. 97, § 7; July 1.)

60-3-101. Licensure.

- (a) Licensure by examination.
 - (1) Not later than 30 days before the examination date, each applicant for licensure by examination shall file with the board a completed application and tender the fee prescribed by K.A.R. 60-4-101.
 - (2) The application shall be filed on a form adopted by the board.
 - (3) Each applicant for nursing licensure shall take and pass the examination prepared by the national council of state boards of nursing.
- (b) Licensure by endorsement.
 - (1) Each applicant for licensure by endorsement shall file with the board a completed application and tender the fee prescribed by K.A.R. 60-4-101. The application shall be filed on a form adopted by the board.
 - (2) Verification of a current Kansas license shall be provided to other state boards upon request and upon payment of the prescribed fee.
- (c) Information regarding examinations.
 - (1) The examination for licensure shall be administered at designated sites.
 - (2) Each candidate shall present a validated admission card in order to be admitted to the examination center.
 - (3) Any applicant cheating or attempting to cheat during the examination shall be deemed not to have passed the examination.
 - (4) If the answer key is lost or destroyed through circumstances beyond the control of the board, the candidate shall be required to retake the examination in order to meet requirements for licensure, except that there shall be no examination fee charged to the applicant.
 - (5) Individual examination results shall be released to the school from which the examinee graduated.
 - (6) Any candidate requesting modifications to the examination procedures or materials because of a learning disability shall provide written documentation from the appropriate medical professional confirming the learning disability, an evaluation completed within the last five years by a learning disabilities evaluation team, and a letter from the nursing program confirming learning and testing modifications made during the course of study.
- (d) Application for reexamination. Any applicant who fails to make a passing score on the licensure examination may retake the examination and shall pay an examination fee for each retest as established by K.A.R. 60-4-101.

History: (Authorized by K.S.A. 65-1129; implementing K.S.A. 1997 Supp. 65-1115 and K.S.A. 1997 Supp. 65-1116; effective Jan. 1, 1966; amended Jan. 1, 1972; amended, E-74-29, July 1, 1974; modified, L. 1975, Ch. 302, Sec. 3, May 1, 1975; amended May 1, 1980; amended May 1, 1987; amended April 26, 1993; amended Jan. 29, 1999.)

60-3-108. License expiration and renewal.

- (a) Except as specified in subsection (b), all licenses for registered professional nurses and licensed practical nurses shall be renewed according to the following requirements:
 - (1) The expiration date of each license shall be the last day of the month in which the licensee's birthday occurs.
 - (2) (A) The renewal date for each licensee whose year of birth is an odd-numbered year shall be in each odd-numbered year.
 - (B) The renewal date for each licensee whose year of birth is an even-numbered year shall be in each even-numbered year.
- (b) If a licensee would otherwise be required to renew the license within six months from the date on which the licensee qualified for the license, the expiration and renewal date shall be the last day of the month following the licensee's third birthday from the date of licensure or reinstatement.

History: (Authorized by K.S.A. 65-1117 and K.S.A. 74-1106; implementing K.S.A. 65-1117; effective, E-77-8, March 19, 1976; effective Feb. 15, 1977; amended E-79-8, March 16, 1978; amended May 1, 1979; amended July 29, 2005.)

60-15-102. Delegation procedures. Each registered professional nurse shall maintain the primary responsibility for delegating tasks to unlicensed persons. The registered professional nurse, after evaluating a licensed practical nurse's competence and skill, may decide whether the licensed practical nurse under the direction of the registered professional nurse may delegate tasks to unlicensed persons in the school setting. Each nurse who delegates nursing tasks or procedures to a designated unlicensed person in the school setting shall meet the requirements specified in this regulation.

- (a) Each registered professional nurse shall perform the following:
 - (1) Assess each student's nursing care needs;
 - (2) formulate a plan of care before delegating any nursing task or procedure to an unlicensed person; and
 - (3) formulate a plan of nursing care for each student who has one or more long-term or chronic health conditions requiring nursing interventions.
- (b) The selected nursing task or procedure to be delegated shall be one that a reasonable and prudent nurse would determine to be within the scope of sound nursing judgment and that can be performed properly and safely by an unlicensed person.
- (c) Any designated unlicensed person may perform basic caretaking tasks or procedures as defined in K.A.R. 60-15-101 (g) without delegation. After assessment, a nurse may delegate specialized caretaking tasks or procedures as defined in K.A.R. 60-15-101 (h) to a designated unlicensed person.
- (d) The selected nursing task or procedure shall be one that does not require the designated unlicensed person to exercise nursing judgment or intervention.
- (e) If an anticipated health crisis that is identified in a nursing care plan occurs, the unlicensed person may provide immediate care for which instruction has been provided.
- (f) The designated unlicensed person to whom the nursing task or procedure is delegated shall be adequately identified by name in writing for each delegated task or procedure.
- (g) Each registered professional nurse shall orient and instruct unlicensed persons in the performance of the nursing task or procedure. The registered professional nurse shall document in writing the unlicensed person's demonstration of the competency necessary to perform the delegated task or procedure. The designated unlicensed person shall co-sign the documentation indicating the person's concurrence with this competency evaluation.
- (h) Each registered professional nurse shall meet these requirements:
 - (1) Be accountable and responsible for the delegated nursing task or procedure;
 - (2) at least twice during the academic year, participate in joint evaluations of the services rendered;
 - (3) record the services performed; and
 - (4) adequately supervise the performance of the delegated nursing task or procedure in accordance with the requirements of K.A.R. 60-15-103.

History: (Authorized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended March 6, 2009.)

60-15-103. Supervision of delegated tasks or procedures. Each registered professional or licensed practical nurse shall supervise all nursing tasks or procedures delegated to a designated unlicensed person in the school setting in accordance with the following conditions.

- (a) The registered professional nurse shall determine the degree of supervision required after an assessment of appropriate factors, including the following:
 - (1) The health status and mental and physical stability of the student receiving the nursing care;
 - (2) the complexity of the task or procedure to be delegated;
 - (3) the training and competency of the unlicensed person to whom the task or procedure is to be delegated; and
 - (4) the proximity and availability of the registered professional nurse to the designated unlicensed person when the selected nursing task or procedure will be performed.
- (b) The supervising registered professional nurse may designate whether or not the nursing task or procedure is one that may be delegated or supervised by a licensed practical nurse.
- (c) Each delegating registered professional nurse shall have a plan to provide nursing care when the delegating nurse is absent.

History: (Authorized by and implementing K.S.A. 1997 Supp. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998.)

60-15-104. Medication administration in a school setting. Any registered professional nurse may delegate the procedure of medication administration in a school setting only in accordance with this article.

- (a) Any registered professional nurse may delegate the procedure of medication administration in a school setting to unlicensed persons if both of the following conditions are met:
 - (1) The administration of the medication does not require dosage calculation. Measuring a prescribed amount of liquid medication, breaking a scored tablet for administration, or counting carbohydrates for the purpose of determining dosage for insulin administration shall not be considered calculation of the medication dosage.
 - (2) The nursing care plan requires administration by accepted methods of administration other than those listed in subsection (b).
- (b) A registered professional nurse shall not delegate the procedure of medication administration in a school setting to unlicensed persons when administered by any of these means:
 - (1) By intravenous route;
 - (2) by intramuscular route, except when administered in an anticipated health crisis;
 - (3) through intermittent positive-pressure breathing machines; or
 - (4) through an established feeding tube that is not inserted directly into the abdomen.

History: (Authorized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended July 29, 2005; amended March 6, 2009.)

65-4204. Title and abbreviations. Any person so licensed as a mental health technician in this state shall have the right to use the title "licensed mental health technician" and the abbreviation "L.M.H.T.," and it shall be unlawful for any person not licensed as herein provided to assume or use such title or abbreviation.

History: L. 1973, ch. 308, § 4; July 1, 1974.

65-4205. Renewal of license; application; fees; continuing education; renewal of lapsed license; notification of change in name or address or criminal conviction. (a) The board shall send a notice for renewal of license to all licensed mental health technicians at least 60 days prior to the expiration date of December 31. Every mental health technician who desires to renew a license shall file with the board, on or before December 31 of even-numbered years, a renewal application together with the prescribed renewal fee. Every licensee who is no longer engaged in the active practice of mental health technology may so state by affidavit and submit such affidavit with the renewal application. An inactive license may be requested along with payment of a fee as determined by rules and regulations of the board.

Except for the first renewal for a license that expires within 30 months following licensure examination or for renewal of a license that expires within the first nine months following licensure by reinstatement or endorsement, every licensee with an active mental health technology license shall submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such program of continuing education. Continuing education means learning experiences intended to build upon the educational and experiential bases of the licensed mental health technician for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

Upon receipt of such application and evidence of satisfactory completion of the required program of continuing education and upon being satisfied that the applicant meets the requirements set forth in K.S.A. 65-4203, and amendments thereto, in effect at the time of initial licensure of the applicant, the board shall verify the accuracy of the application and grant a renewal license.

(b) Any licensee who fails to secure a renewal license within the time specified may secure a reinstatement of such lapsed license by making verified application therefor on a form prescribed by the board together with the prescribed reinstatement fee and, satisfactory evidence as required by the board that the applicant is presently competent and qualified to perform the responsibilities of a mental health technician and of satisfying all the requirements for reinstatement. A reinstatement application for licensure will be held awaiting completion of such documentation as may be required, but such application shall not be held for a period of time in excess of that specified in rules and regulations.

(c) (1) Each licensee shall notify the board in writing of (A) a change in name or address within 30 days of the change or (B) a conviction of any felony or misdemeanor, that is specified in rules and regulations adopted by the board, within 30 days from the date the conviction becomes final.

(2) As used in this subsection, "conviction" means a final conviction without regard to whether the sentence was suspended or probation granted after such conviction. Also, for the purposes of this subsection, a forfeiture of bail, bond or collateral deposited to secure a defendant's appearance in court, which forfeiture has not been vacated, shall be equivalent to a conviction. Failure to so notify the board shall not constitute a defense in an action relating to failure to renew a license, nor shall it constitute a defense in any other proceeding.

History: L. 1973, ch. 308, § 5; L. 1983, ch. 207, § 6; L. 1993, ch. 194, § 18; L. 1995, ch. 97, § 5; L. 1997, ch. 146, § 3; L. 2007, ch. 99, § 4; July 1.

Kan. Admin. Regs. § 60-7-101

Section 60-7-101 - Licensure

- (a) The applicant shall file with the board one month preceding the examination a completed application on an adopted form with payment of the application and examination fees prescribed by K.A.R. 60-8-101.
- (b) Verification of current Kansas license shall be provided by request to other state boards upon payment of fee.
- (c) Information regarding examinations.
- (1) The examination for licensure shall be given at least twice a year.
 - (2) Each candidate shall present a validated admission card in order to be admitted to the examination center.
 - (3) Any applicant cheating or attempting to cheat during the examination shall be deemed not to have passed the examination.
 - (4) In the event that answer sheets are lost or destroyed through circumstances beyond the control of the board, the candidate shall be required to retake the examination in order to meet requirements for licensure, except that no additional charge shall be made.
 - (5) Individual examination results shall be released to the school from which the examinee graduated.
 - (6) Any candidate requesting modifications to the examination procedures or materials because of a learning disability shall provide written documentation from the appropriate medical professional confirming the learning disability, an evaluation completed within the last five years by a learning disabilities evaluation team, and a letter from the mental health technician program confirming the learning and testing modifications made during the course of study.
- (d) Application for retest. An applicant who fails to make a passing score on the licensure examination may retake the examination and shall pay an examination fee for each retest as established by K.A.R. 60-8-101.
- (e) If an individual fails to pass the licensure examination within 24 months from graduation, the individual shall petition the board in writing before being allowed to retake the licensure examination. The petition shall be on a form provided by the board and shall contain the following:
- (1) The name of the school of graduation;
 - (2) the date of graduation;
 - (3) the number of months or years since graduation;
 - (4) the number of times taking the licensure examination;

- (5) the dates of the licensure examinations;
- (6) areas of deficiency identified on the diagnostic profile for each examination;
- (7) copies of all diagnostic profiles;
- (8) any study completed since the last attempt of taking the licensure examination;
- (9) any work experience in the last two years; and
- (10) a sworn statement by the petitioner that the facts contained in the petition are true to the best of the person's knowledge and belief.

(f) An individual shall be allowed by the board to retake the licensure examination after 24 months from graduation only upon demonstrating to the board's satisfaction that the individual has identified and addressed the reasons for prior failure and that there is a reasonable probability that the individual will pass the examination. A plan of study may be required by the board before the individual retakes the licensure examination.

(g) If the board requires a plan of study before retaking the licensure examination, the plan shall contain the following:

- (1) A list of all the low performance competencies of the test plan identified by the diagnostic profile from each examination;
- (2) a specific content outline for all the low performance competencies on the diagnostic profile;
- (3) methods of study, including the following:
 - (A) Self-study;
 - (B) study groups;
 - (C) tutors; or
 - (D) any other methods as approved by the board;
- (4) a schedule for study that meets the following requirements:
 - (A) 30 hours per each low performance competency;
 - (B) a start date; and
 - (C) completion in six months or the petition shall be considered abandoned;
- (5) learning resources identified to be used in the study, meeting these requirements:
 - (A) a written bibliography in a standard documentation format, with resources no more than five years old; and
 - (B) four types for each low performance competency selected from the list as follows:
 - (i) Textbooks;
 - (ii) journals;

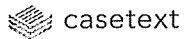
- (iii) review books;
- (iv) audiovisuals;
- (v) computer-assisted instruction; or
- (vi) computer review programs.

(h) A registered professional nurse shall provide written verification that the individual has completed a study plan.

(i) Academic mental health technician courses, clinical observations, or other learning activities to meet study requirements may also be prescribed by the board.

Kan. Admin. Regs. § 60-7-101

Authorized by K.S.A. 1997 Supp. 65-4203 and 1997 Supp. 74-1106; implementing K.S.A. 1997 Supp. 65-4203; modified, L. 1975, Ch. 302, Sec. 8, May 1, 1975; amended Jan. 29, 1999.



Intravenous Fluid therapy for Licensed Practical Nurse

Definitions. Each of the following terms, as used in this article of the board's regulations, shall have the meaning specified in this regulation:

- (a) "Administration of intravenous (IV) fluid therapy" means utilization of the nursing process to deliver the therapeutic infusion or injection of substances through the venous system.
- (b) "Admixing" means the addition of a diluent to a medication or a medication to an intravenous solution.
- (c) "Calculating" means mathematically determining the flow rate and medication dosages.
- (d) "Clock-hour" means 60 continuous minutes.
- (e) "Competency examination" means a written examination and demonstration of mastery of clinical components of IV fluid therapy.
- (f) "Discontinuing" means stopping the intravenous flow or removing the intravenous access device, or both, based on an authorized order or nursing assessment.
- (g) "Evaluating" means analyzing, on an ongoing basis, the monitored patient response to the prescribed IV fluid therapy.
- (h) "Initiating" means starting IV fluid therapy based on an authorized order by a licensed individual. Initiating shall include the following:
 - (1) Assessing the patient;
 - (2) selecting and preparing materials;
 - (3) calculating; and
 - (4) inserting and stabilizing the cannula.
- (i) "Intravenous push" means direct injection of medication into the venous circulation.
- (j) "IV" means intravenous.
- (k) "Maintaining" means adjusting the control device for continuance of the prescribed IV fluid therapy administration rate.
- (l) "Monitoring" means, on an ongoing basis, assessing, observing, and communicating each patient's response to prescribed IV fluid therapy. The infusion equipment, site, and flow rate shall be included in the monitoring process.
- (m) "Stand-alone," when used to describe a course, means an IV fluid therapy course offered by a provider that has been approved by the board to offer the course independently of an approved practical nursing program.
- (n) "Titration of medication" means an adjustment of the dosage of a medication to the amount required to bring about a given reaction in the individual receiving the medication. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended June 12, 1998; amended Oct. 29, 1999; amended June 14, 2002; amended Jan. 17, 2020.)

Stand-alone course approval procedure; competency examinations; recordkeeping. (a)
Each person wanting approval to offer a stand-alone course shall submit a proposal to the board.

The proposal shall contain the following:

- (1) The name and qualifications of the coordinator;
- (2) the name and qualifications of each faculty member of the course;
- (3) the mechanism through which the provider will determine that each licensed practical nurse seeking to take the course meets the admission requirements;
- (4) a description of the educational and clinical facilities that will be utilized;
- (5) the outlines of the classroom curriculum and the skills curriculum, including time segments. These curricula shall meet the requirements of K.A.R. 60-16-104(b);
- (6) the methods of student evaluation that will be used, including a copy of the final written competency examination and the final skills competency examination; and
- (7) if applicable, a request for continuing education approval meeting the following requirements:
 - (A) For each long-term provider, the stand-alone course provider number shall be printed on the certificates and the course roster, along with the long-term provider number; and
 - (B) for each single program provider, the single program application shall be completed.
- (b) To be eligible to enroll in a stand-alone course, the individual shall be a nurse with a current license.
- (c)(1) Each stand-alone course shall meet both of the following requirements:
 - (A) Consist of at least 30 clock-hours of instruction; and
 - (B) require at least eight clock-hours of supervised clinical or skills lab practice, which shall include at least one successful peripheral venous access procedure and the initiation of an intravenous infusion treatment modality.
- (2) Each stand-alone course, final written competency examination, and final clinical competency examination shall meet the board-approved curriculum requirements specified in K.A.R. 60-16-104(b) (1)-(23).
- (d)(1) Each stand-alone course coordinator shall meet the following requirements:
 - (A) Be licensed as a registered professional nurse;
 - (B) be responsible for the development and implementation of the course; and
 - (C) have experience in IV fluid therapy and knowledge of the IV fluid therapy standards.
- (2) Each primary faculty member shall meet the following requirements:
 - (A) Be currently licensed to practice as a registered professional nurse in Kansas;
 - (B) have clinical experience that includes IV fluid therapy within the past five years; and
 - (C) maintain competency in IV fluid therapy.
- (3) Each guest lecturer shall have professional preparation and qualifications for the specific subject in which that individual instructs.
- (e)(1) The facility in which skills practice and the competency examination are conducted shall allow the students and faculty access to the IV fluid therapy equipment and IV fluid therapy recipients and to the pertinent records for the purpose of documentation. Each classroom shall contain sufficient space, equipment, and teaching aids to meet the course objectives.

(2) There shall be a signed, written agreement between the provider and each affiliating health care facility that specifies the roles, responsibilities, and liabilities of each party. This written agreement shall not be required if the only health care facility to be used is that of the provider.

(f)(1) The stand-alone course coordinator shall perform the following:

(A) Ensure that the clinical record sheet is complete, including competencies and scores;

(B) award a certificate to each licensed nurse documenting successful completion of both the final written competency examination and the final skills competency examination;

(C) submit to the board, within 15 days of course completion, a typed, alphabetized roster listing the name and license number of each individual who successfully completed the course and the date of completion. The coordinator shall ensure that each roster meets the following requirements:

(i) RN and LPN participants shall be listed on separate rosters; and

(ii) the roster shall include the provider name and address, the single or long-term provider number, the stand-alone course provider number, and the coordinator's signature; and

(D) maintain the records of each individual who has successfully completed the course for at least five years.

(g) Continuing education providers shall award at least 32 contact hours to each LPN who successfully completes the course according to K.A.R. 60-9-106. Continuing education providers shall award 20 contact hours, one time only, to each RN who successfully completes the course.

(h) After initial approval, each change in the stand-alone course shall be provided to the board for approval before the change is implemented.

(i)(1) Each stand-alone course provider shall submit to the board an annual report for the period of July 1 through June 30 of the respective year that includes the total number of licensees taking the course, the number passing the course, and the number of courses held.

(2) The single program providership shall be effective for two years and may be renewed by submitting the single offering provider application and by paying the fee specified in K.A.R. 60-4-103(a)(5). Each single program provider who chooses not to renew the providership shall notify the board in writing of the location at which the rosters and course materials will be accessible to the board for three years.

(3) Each long-term provider shall submit the materials outlined in subsection (a) with the five-year long-term provider renewal.

(j) If a course does not meet or continue to meet the requirements for approval established by the board or if there is a material misrepresentation of any fact with the information submitted to the board by a provider, approval may be withheld, made conditional, limited, or withdrawn by the board after giving the provider notice and an opportunity to be heard. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended June 14, 2002; amended July 29, 2005; amended May 18, 2012; amended Jan. 17, 2020.)

Standards for course and program curriculum content. (a) The purpose of the intravenous fluid therapy content and stand-alone course shall be to prepare practical nursing students or licensed practical nurses to perform safely and competently the activities as defined in K.A.R. 60-16-102. The course shall be based on the nursing process and current intravenous nursing standards of practice.

(1) Intravenous fluid therapy content provided as part of a practical nursing program's curriculum as specified in K.A.R. 60-2-104 or as a stand-alone course offered by an approved provider shall meet the requirements of this regulation.

(2) Each provider of a stand-alone course shall obtain approval from the board before offering an intravenous fluid therapy course as specified in K.A.R. 60-16-103.

(3) Each provider of a stand-alone course shall submit documentation of the use of the curriculum required in this regulation to the board.

(4) Each practical nursing program administrator wanting to implement the intravenous fluid therapy curriculum as required in this regulation shall submit a major curriculum change form as specified in K.A.R. 60-2-104(g).

(b) Each stand-alone course or practical nursing program curriculum in intravenous fluid therapy shall include instruction in the following topics:

(1) Definition of intravenous fluid therapy and indications as specified in K.A.R. 60-16-101;

(2) scope of practice as specified in K.A.R. 60-16-102;

(3) types of vascular-access delivery devices;

(4) age-related considerations;

(5) legal implications for intravenous fluid therapy;

(6) anatomy and physiology;

(7) fluid and electrolyte balance;

(8) infusion equipment used in intravenous fluid therapy;

(9) patient care;

(10) infusion therapies;

(11) parenteral solutions and indications;

(12) infection control and safety;

(13) site care and maintenance;

(14) vascular-access device selection and placement;

(15) insertion of peripheral short catheters;

(16) administration, maintenance, and monitoring of peripheral intravenous fluid therapy;

(17) infusion-related complications and nursing interventions;

(18) central and peripheral vascular devices;

(19) administration, maintenance, and monitoring of central intravenous fluid therapy;

(20) documentation;

(21) patient education;

(22) a testing component through which each student is able to demonstrate competency related to intravenous fluid therapy; and

(23) a means to verify that a student has successfully completed the stand-alone course or practical nursing program curriculum in intravenous fluid therapy as specified in this

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regulation. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended Oct. 29, 1999; amended April 20, 2001; amended June 14, 2002; amended July 29, 2005; amended May 18, 2012; amended Jan. 17, 2020.)

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65-1136. Intravenous fluid therapy; qualifications of licensed practical nurses to administer; definitions; rules and regulations; advisory committee established; prohibitions; exceptions. (a) As used in this section:

(1) "Provider" means a person who is approved by the board to administer an examination and to offer an intravenous fluid therapy course which has been approved by the board.

(2) "Person" means an individual, organization, agency, institution or other legal entity.

(3) "Examination" means an intravenous fluid therapy competency examination approved by the board.

(4) "Supervision" means provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

(b) A licensed practical nurse may perform a limited scope of intravenous fluid therapy under the supervision of a registered professional nurse.

(c) A licensed practical nurse may perform an expanded scope of intravenous fluid therapy under the supervision of a registered professional nurse, if the licensed practical nurse:

(1) Successfully completes an intravenous fluid therapy course given by a provider and passes an intravenous fluid therapy examination administered by a provider; or

(2) has had one year clinical experience, has performed intravenous fluid therapy prior to July 1, 1995, and has successfully passed an examination; or

(3) has successfully completed an intravenous fluid therapy course and passed an intravenous fluid therapy examination not administered by a provider and, upon application to the board for review and approval of such course and examination, the board has determined that such course and examination meets or exceeds the standards required under this act for an approved course and approved examination; or

(4) prior to July 1, 2001, qualified under paragraph (3) of this subsection (c), as such subsection existed immediately prior to July 1, 2001, to perform an expanded scope of intravenous fluid therapy.

(d) The board may adopt rules and regulations:

(1) Which define the limited and expanded scope of practice of intravenous fluid therapy which may be performed by a licensed practical nurse under the supervision of a registered professional nurse;

(2) which restricts specific intravenous fluid therapy practices;

(3) which prescribe standards for an intravenous fluid therapy course and examination required of a provider;

(4) which govern provider record requirements;

(5) which prescribe the procedure to approve, condition, limit and withdraw approval as a provider; and

(6) which further implement the provisions of this section.

(e) An advisory committee of not less than two board members and five nonboard members shall be established by the board to advise and assist the board in implementing this section as determined by the board. The advisory committee shall meet at least annually. Members of the advisory committee shall receive amounts provided for in subsection (e) of K.S.A. 75-3223 and

amendments thereto for each day of actual attendance at any meeting of the advisory committee or any subcommittee meeting of the advisory committee authorized by the board.

(f) No licensed practical nurse shall perform intravenous fluid therapy unless qualified to perform intravenous fluid therapy under this section and rules and regulations adopted by the board.

(g) Nothing in this section shall be construed to prohibit the performance of intravenous fluid therapy by a registered professional nurse.

(h) Nothing in this section shall be construed to prohibit performance of intravenous fluid therapy by a licensed practical nurse when performed by delegation of a person licensed to practice medicine and surgery or dentistry.

(i) This section shall be part of and supplemental to the Kansas nurse practice act.

History: L. 1994, ch. 218, § 1; L. 2000, ch. 113, § 3; L. 2001, ch. 161, § 7; July 1.