

NURSING BULLETIN

**IMPLICATIONS FOR USE OF MARIJUANA AND MARIJUANA
CONTAINING PRODUCTS AMONG NURSES**



page 6

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letter from the **Chief Executive Officer**

The CE article in this issue is titled: Implications for the use of Marijuana and Marijuana Containing Products Among Nurses. We have seen an increase in the number of nurses referring to the use of CBD oil as a reason for positive drug screens. This article clearly spells out the Board's position on this topic. Also, author Kathleen Privette, RN, MSN, NEA-BC, FRE presents several scenarios that may sound familiar.

Our new board members; Racquel Ingram, Lynetta Howard, Andrea Jeppson and Tom Minowicz have taken their seats on the Board and we are getting down to business. However, as always, I want to remind you that the 2020 Board of Nursing election is scheduled for July 1st to August 15th and in this issue you will find a nomination form that needs to be filled out and returned to the Board by April 1st if you are interested in running for a seat on the Board. For specific seats available please check the nomination form on Page 20.



The year 2020 has been designated – The Year of the Nurse and Midwife– by the World Health Organization. Dr. Tedros Ghebreyesus, the Director-General of the Organization clearly noted, “Nurses and midwives are the backbone of every health system. In 2020 we’re calling on all nations to invest in nurses and midwives as part of their commitment to healthcare for all.”

In conclusion, nurses continue to be the most trusted profession and the largest segment of the healthcare workforce in the U.S. As professionals we have good reasons to be proud. I encourage all of you to celebrate this special year and to appreciate one another.

Sincerely,

Julia L. (Julie) George, RN, MSN, FRE



NORTH CAROLINA BOARD OF NURSING **CALENDAR OF EVENTS**

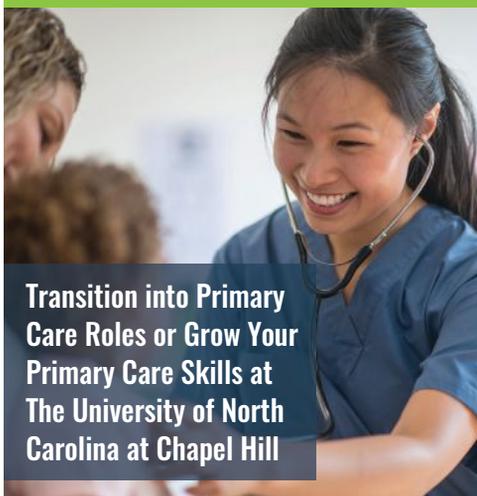


Board Meeting:
May 21-22, 2020

Education/Practice
Committee:
March 18, 2020

Hearing Committee:
March 19, 2020
April 30, 2020
June 25, 2020

Administrative Hearings:
February 27, 2020
May 21, 2020



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IMPLICATIONS FOR USE OF MARIJUANA AND MARIJUANA CONTAINING PRODUCTS AMONG NURSES

By: Kathleen Privette, RN, MSN, NEA-BC, FRE

CE 1 CONTACT HOUR

Nurses will have enhanced knowledge of federal and North Carolina laws related to the legal use of marijuana. Nurses will gain an understanding that the legal use of marijuana and CBD oil would not be a defense for THC positive drug screens.

Disclosure:

The authors and planners of this CE activity have disclosed that there are no conflicts of interest related to the content of this activity. See the last page of the article to learn how to earn CE credit.

North Carolina has approximately 162,000 licensed RNs (including Advanced Practice RNs) and LPNs. Less than 1% of North Carolina nurses are charged with violations of the Nursing Practice Act and those that are disciplined, are monitored by the Board in a carefully constructed remediation process. Through the lens of what is most important – protection of the public – the Board has the imperative to gain insight into potential threats to licensee and patient safety and to intervene when necessary to reduce the impact of such threats when identified. The central goal of this article is to provide information about marijuana and to provoke thoughtful discussion among licensees and employers about the use of marijuana and marijuana containing products by licensees in an environment punctuated by changes in state laws and lacking in science to support efficacy for use.

Introduction

Over the past decade, there has been an increase in the number of states legalizing the use of marijuana for recreational and/or medicinal purposes. Further, states are trending toward the decriminalization of marijuana despite Federal laws classifying marijuana as a Schedule I drug and prohibiting its use. In 2018, the US Drug Enforcement Agency removed hemp, a “cousin” of the marijuana plant (Cannabis) from the list of controlled substances allowing for manufacture and marketing of products including cannabidiol (“CBD”). Medical marijuana and CBD are being marketed for sale to the public without the protections afforded through the rigorous processes imposed by the Federal Drug Administration (FDA) prior to release of pharmaceutical products. While anecdotal evidence on the benefits of medical marijuana and CBD exists, with the exception of a few drugs, the FDA, has not determined their safety and efficacy for use. This lack of evidence on the safety and efficacy of medical marijuana and CBD; the prevalence of legal recreational use of marijuana with

its rising potency; the availability of marijuana laced edibles and the inability to assign a legal numerical level to define marijuana impairment or intoxication (similar to the numerical level defining Driving While Impaired) is a concern for public safety as it relates to marijuana use by healthcare workers in safety-sensitive positions, like nursing. In 2019, the North Carolina Board of Nursing (“Board”) saw an increase in the number of licensees reporting use of legally procured CBD oil as a defense in drug screens reported to be positive for delta-9 tetrahydrocannabinol (“THC”), the psychoactive chemical in marijuana. Regardless of the source of the THC, the mode of ingestion or whether the drug was legally purchased and consumed in a state or country that has legalized recreational and/ or medical use, testing positive for the presence of THC remains a violation of the North Carolina Nursing Practice Act.

Marijuana Use

Marijuana is the most commonly used illicit drug in the United States according to the National Institute of Drug Abuse (NIDA 2019). The sale, purchase,

distribution and use of marijuana remains illegal in North Carolina. In stark contrast to North Carolina laws, marijuana is legal for recreational use by adults age 21 years and older in Canada and in 11 US states and the District of Columbia. Adding to the complexity of the regulatory environment, medical marijuana is now legal in 33 US states, however neither medical nor recreational use of marijuana is legal in North Carolina. Moreover, under Federal Law, specifically the Controlled Substance Act of 1970: Title 21 United States Code (USC) Controlled Substances Act, Marijuana use remains illegal in every state. Schedule I drugs like marijuana are those determined to have no acceptable medical use, a high potential for addiction and they are determined not to be safe for use. Other Schedule I drugs include but are not limited to heroin, LSD and ecstasy.

Effects of Marijuana

Recreational users cite the pleasurable effects of the drug when ingested orally or when inhaled. The duration of effects depends on the concentration of THC in the marijuana, the amount used, and the

mode of ingestion. Inhalation causes THC to enter the circulatory system and the brain more quickly than ingestion through edibles. The drug reaches the brain within minutes of inhalation causing the mood and mind-altering effects. In the brain, THC causes the release of dopamine – a naturally occurring neurotransmitter. When a large amount of dopamine is released, the individual experiences the “high” or the pleasurable sensation. The user’s experience with marijuana is not universally pleasant. Feelings of anxiety, paranoia or psychosis have been reported when too much is used, if the user has consumed highly potent marijuana or if the consumer is self-medicating to treat an underlying mental health problem. According to the Substance Abuse and

Mental Health Services Administration (“SAMHSA”) marijuana use comes with risks which include impairment of the following:

1. Memory
2. Learning
3. Concentration
4. Attention
5. Thinking
6. Problem solving
7. Reaction time

It goes without saying that abuse of other substances, mental health disorders and/or sleep deprivation are known causes of impairment, however the topic of this article relates to what is known about marijuana. While there are no studies of the effects on healthcare workers using THC during delivery of patient care it is

worth noting that studies on drivers using marijuana have documented significant impairment in judgment, reaction time and motor coordination. Higher THC levels correlate with a higher degree of impairment (Lenne et al, 2010; Hartman et al 2013; Hartman et al 2015). Continued research on the effects of episodic use and long-term marijuana use is scant because marijuana is categorized by the federal government as a drug that has no medical value.

THC may be detected in the body for weeks after use. The level reported by the lab depends upon many factors including the date of last use, the frequency of use, and the amount and potency used. Testing positive for an illicit substance as described above is a violation of the NPA

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and as required by law, licensees “shall” be reported to the Board [§ 90-171.47].

CBD

With the removal of hemp from the federal Controlled Substance Act in 2018, the sale of CBD oil derived from hemp has exploded. Hemp and marijuana are different but from similar types of cannabis plants, and are often referred to as “cousins”. There is significant variation in the amount of psychoactive and other chemical compounds between them. Hemp does not contain an amount of THC that would produce a high. The level of THC in hemp-based CBD oil is negligible but if present at all, by law the oil cannot contain more than 0.3 % THC dry weight. Testing positive due to use of legally produced CBD oil according to package recommendations is unlikely.

There is no government oversight over the production of CBD oil marketed to the public. Hemp consumers should be aware that lack of regulation in CBD oil production means there is no required quality control of the manufacturing process and there exists the potential for contamination with other substances, including THC. CBD oil derived from hemp is legal while CBD derived from Marijuana is illegal (apart from a drug known to treat seizures in children). In 2019, the Board began to see reports of THC positive screens from licensees acknowledging use of CBD oil to self-treat chronic pain, to aid with sleep or to manage depression and anxiety. The only FDA approved CBD oil product with evidence to support a therapeutic effect is Epidiolex which became available in the US on November 1, 2018. Epidiolex is approved for use in the treatment of rare forms of childhood seizures.

Patient Safety

Drug screens reported as THC positive, are tests that have been determined by a Medical Review Officer to contain an amount the psychoactive ingredient in marijuana that measures at or above an administrative cut-off. There is no scientific mechanism to determine

the source of the THC, the date of use or the amount used. Use of CBD oil is not accepted as a defense against a THC positive drug screen. Moreover, detection of THC regardless of the source or mode of ingestion is a cause for concern for nursing regulation as it relates to the potential for impaired practice. More recently the growth in the availability of marijuana edibles raises a concern for workplace safety in that consumption of edibles is more difficult to detect in the workplace.

So why the concern? The short answer is patient safety. In 1999, the Institute of Medicine “IOM” (renamed to the National Academy of Medicine) released a landmark report called “To Err is Human: Building a Safer Health System” in which it reported nearly 98,000 patient deaths occur in hospitals each year due to preventable error. Following the release of the report, healthcare organizations recognized that efforts needed to be directed toward improving patient safety. The IOM report defined safety as “prevention of harm to patients.” The report stressed the need for quality improvement processes designed to identify and mitigate risk events before they reach the patient.

Nursing is a safety-sensitive healthcare position. Licensing of health occupations, like nursing, assures the public that controlled entry into the profession and monitoring through the regulatory Board are necessary to prevent incompetent and unsafe persons from engaging in activities that pose a risk of harm to the public. The General Assembly of North Carolina established through the Nursing Practice Act (“NPA”) that licensure of nurses is necessary “to ensure minimum standards of competency and to provide the public safe nursing care” [§ 90-171.19]. The mission of the Board is to “Protect the Public by Regulating the Practice of Nursing”. Regardless of the practice setting, nurses hold significant responsibility and accountability for performing duties in a manner that ensures that patients are

safely being cared for. This requires that the individual has the knowledge, skills and ability to engage in practice and that nurses are physically and mentally fit to perform their duties.

In a recent article published in the British Medical Journal (Panagiotti et al, 2019), the authors conducted a meta-analysis of 70 studies related to preventable patient harm. The studies included records of 337,025 patients and 47% of the studies were conducted in the US. The authors concluded that around 1 in every 20 patients across all healthcare settings is exposed to preventable harm. The incidence of preventable harm was in direct proportion to the complexity of the environment i.e. there were more incidents reported in specialty care units such as ICUs.

Mandatory Reporting § 90-171.47

When should an employer report? Employers or prospective employers receiving information on positive screens (including but not limited to THC positive screens) collected pre-employment, for-cause, post-accident or randomly are required by law to report the results to the Board. This includes but is not limited to reports on NC licensees who may be assigned through a travel nurse agency and test positive in another compact state. It also includes licensees who test positive after reported use of Marijuana in a state where it is legal recreationally. THC positive screens on Licensees who report use of CBD oil or accidental ingestion of edibles are required to be reported. In summary, any screen deemed by a Medical Review Officer to be positive for the intoxicant THC, is a mandatory reporting event regardless of whether there are signs of physical or cognitive impairment.

Testing positive for THC is a violation of the NPA. The licensee’s history in NC and in any other state or jurisdiction is taken into consideration before the Board responds. If the nurse is suffering from a Substance Use Disorder (“SUD”), he/she would most likely be offered participation in a recovery

and monitoring program. A SUD is characterized by continued use of a mood/ mind altering substance (including but not limited to marijuana and alcohol) despite adverse consequences. Patient safety is compromised when a nurse with an untreated SUD continues to practice.

Today's healthcare environment is complex, and the nature of the profession is stressful. Often the stress of the environment impacts the well-being of the nurse who may respond in unhealthy ways to cope. Coping mechanisms may include self-medicating with alcohol or drugs. Eventually, continued use of the substance interferes with the nurse's ability to carry out day to day activities including responsibilities of nursing. This is the point at which patients may be exposed to harm.

Teaching Scenarios:

Scenario A: Nurse 1, travels to

Washington state for vacation. While there, she legally purchases and smokes Marijuana. Two weeks later, after returning to work, her name appears on the list for random drug screening. Nurse 1 was informed the drug screen was positive for the presence of THC. When contacted by the Board, Nurse 1 admitted smoking marijuana but argued that the Board had no jurisdiction as she had legally obtained and used the drug while on vacation.

Board Response: Testing positive for an illicit substance is a violation of the NPA, the Board has authority to act.

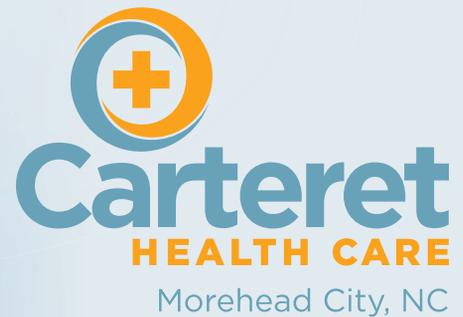
Scenario B: Nurse 2 and Nurse 3 graduated on May 12, 2019. At an after-graduation party, they consumed THC laced brownies. Prior to taking NCLEX and being licensed, both were offered positions in a new nurse residency program. Nurse 2, eager to

begin employment on July 1, 2019 took the NCLEX exam in late May 2019. He successfully passed the exam and was issued a license on June 6, 2019. Nurse 3 wanted to take an NCLEX review course prior to taking the exam. As a condition of the offer for the residency program, both submitted to a pre-employment drug screen on June 12, 2019. The following week both Nurse 2 and Nurse 3 were informed by the employer that the offer of employment was being rescinded as a result of their THC positive drug screens. Both Nurse 2 and Nurse 3 argued that they were being treated unfairly and that because they had not begun their internship programs, the Board had no authority to act.

Board Response: In this matter Nurse 2 is incorrect and Nurse 3 is correct. Why the difference? Nurse 2 held a license at the time he submitted to the screen and therefore the laws and rules of the NPA apply.

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Conversely, Nurse 3 had not taken the NCLEX exam and had not been licensed at the time she submitted to the screen. While her offer of employment was rescinded, the Board did not have the authority to act without a license having been issued to Nurse 3.

Scenario C: Nurse 4 is the holder of a multi-state NC license. He is a travel nurse and has been assigned to work a contract in Arizona. A pre-employment screen was collected in Arizona. Prior to his first day, Nurse 4 was informed that the screen was positive for THC. Nurse 4’s contract with the hospital was terminated, and he was released from employment with the travel agency. The travel agency reported the results of the drug screen to the North Carolina Board of Nursing and to the Arizona Board of Nursing. Nurse 4 argued that if any Board had authority, it was the Arizona Board of Nursing because he had provided the drug screen in Arizona.

Board Response: Nurse 4’s privilege to practice in Arizona is granted by his NC multi-state license. If he were to have been employed in Arizona, he would be held to the laws and regulations of the Arizona NPA. In this case, Nurse 4 did not actually engage in nursing practice in the state, so the Arizona Board of Nursing deferred the complaint of the positive drug screen to the NC Board of Nursing. NC, as his home state, has ultimate authority over his multi-state license regardless of which of the compact state a licensee may be employed.

Scenario D: Nurse 5 is the holder of a multi-state NC license. While caring for a combative patient with head trauma, she is struck by the patient. As part of the employer’s policy for post-incident follow up, Nurse 5 is required to submit to a drug screen. Nurse 5 was surprised to receive a call informing her that the specimen was positive for THC. Nurse 5 denied use of THC and had no plausible explanation for the result. When contacted by the

Board, Nurse 5 recalled having used CBD oil she purchased on-line. Nurse 5 argued that the Board has no authority to act when the likely cause of the THC positive screen was legally purchased CBD oil.

Board Response: Production of evidence to support the legal purchase of CBD oil does not absolve Nurse 5 in this matter. While the level of THC in CBD oil legally cannot exceed 0.3%, there are no regulations in place governing its manufacturing. The Board responds to the report of a positive specimen, regardless of the source of the THC, the mode of ingestion or whether the drug was legally purchased and consumed in a state or country that has legalized recreational and/ or medical use.

Scenario E: Nurse 6 relocated to NC from Maine 16 months ago. She began employment in NC shortly thereafter and declared NC as her home state 10 months later. Nurse 6 was issued NC multi-state license. While a resident of Maine, she held a Medical Marijuana card and was legally permitted to consume marijuana for treatment of anxiety and depression. For the past six months Nurse 6 had not been eligible to use her Maine Medical Marijuana card and subsequently began to purchase marijuana illicitly to self- treat her symptoms. Nurse 6’s employer noticed a change in her ability to concentrate and her ability to perform her duties. She was asked to submit to a for-cause drug screen which was positive for THC. When contacted by the Board, Nurse 6 acknowledged illicit purchase and use of marijuana but argued that the Board should dismiss the complaint due to the fact that she was legally able to procure medical marijuana up until 6 months prior to being confronted by her employer.

Board Response: Nurse 6’s employer was prompted to screen her when changes in her ability to perform her duties became evident. An expired prescription for medical marijuana is not accepted as a mitigating factor.

Scenario F: The Board received an anonymous complaint alleging that a

Nurse Manager determined that a positive marijuana screen was not a reportable event and therefore a complaint was never filed. When contacted by the Board, the Nurse Manager acknowledged that Nurse 7 tested positive for THC but that after consulting with HR, no report was filed. The Nurse Manager justified the agency’s decision based upon three facts: 1). no evidence of impairment; 2). Nurse 7 produced a bottle of CBD oil and 3). Nurse 7 had recently returned from a vacation in Colorado where he admitted that he had smoked marijuana legally. The agency found these to be mitigating circumstances in their decision not to report.

Board Response: The Board does not dismiss an anonymous complaint. In this scenario, the agency is in violation of the NPA and the requirements for reporting. The failure to report in a timely manner did not absolve Nurse 7 of being cited for a violation of the NPA as a result of the positive screen.

Summary

1. Use of recreational and medical marijuana is illegal in NC.
2. Production and sale of CBD oil containing 0.3% or less THC is legal in the US, however there is no regulation over its production and labeling.
3. The minute amount of THC in legally produced CBD oil is virtually undetectable and does not cause a “high”.
4. The use of CBD oil, a medical marijuana prescription, consumption of marijuana in states or countries where it is legal for recreational use, unknowingly ingesting THC or THC- laced edibles, and exposure to second-hand smoke cannot be used as a defense in a THC positive screen.
5. A positive drug screen is a violation of the NPA and results in Board action.
6. THC is known to impair key brain processes required for delivery of safe patient care.
7. Prevention of patient harm and/or

MARIJUANA

THE RISKS ARE REAL

Using marijuana carries real risks for your health and quality of life. Some might be surprising to you. So know the risks — learn before you burn, eat, or use.

Today's marijuana is stronger.

Today's marijuana has more than **3 times** the concentration of THC than marijuana from 25 years ago. More THC — the mind-altering chemical in marijuana — may lead to an increase in dependency and addiction.



Risk of addiction.

About **1 in 10** people who use marijuana may become addicted to marijuana — and **1 in 6** when use begins before age 18.

Lowers brain power.

Marijuana affects your brain development. Use by adolescents has been linked to a decline in IQ scores — up to 8 points! Those are points you don't get back, even if you stop using.



Impairs your memory.



Using marijuana can affect your memory, learning, concentration, and attention. Other effects include difficulty with thinking and problem solving.

Affects your performance.



Using marijuana can lead to worse educational outcomes. Compared with teens who don't use, students who use marijuana are more likely not to finish high school or get a college degree.

Can harm your baby.



Using marijuana when you're pregnant can affect your baby's development. It's linked to lower birth weight, preterm birth and stillbirth, increased risk of brain and behavioral problems.

Driving danger.

People who drive under the influence of marijuana can experience dangerous effects: slower reactions, lane weaving, decreased coordination, and difficulty reacting to signals and sounds on the road.



Marijuana use comes with real risks. Learn more at [SAMHSA.gov/marijuana](https://www.samhsa.gov/marijuana)

If you or someone you know needs help with a substance use disorder, including marijuana, call SAMHSA's National Helpline at 1-800-662-HELP (4357) or TTY: 1-800-487-4889, or use SAMHSA's Behavioral Health Treatment Services Locator at [SAMHSA.gov](https://www.samhsa.gov) to get help.

SAMHSA
Substance Abuse and Mental Health
Services Administration

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injury is every nurse’s responsibility.

Conclusion

Preventable medical errors continue to be a real threat to patient safety. Nurses comprise the largest healthcare workforce and remain at the forefront of keeping patients safe. Nursing requires complex mental reasoning in everyday practice, in interactions with patients and with other members of the healthcare team. Errors can occur when nurses are incompetent, stressed, fatigued, understaffed or under the influence. Use of marijuana and marijuana containing products is considered at-risk behavior, use of the drug is illegal in North Carolina and it is a violation of the NPA. Marijuana use has known side-effects on a person’s ability to perform complex tasks. Being fit for duty both mentally and physically is what we owe our patients. Eliminating exposure to and use of illicit substances for recreational or perceived therapeutic

purposes is one factor that is within the control of the individual, and one factor that when eliminated contributes positively to delivery of higher quality and safer care.

Most employers have policies in place authorizing them to request “for-cause” drug screening in situations where there may be signs of impairment or when drug diversion is suspected; or to request “post-accident/incident” screens when the employee is injured on the job. Employers considering the implementation of a true “random” workplace drug screening policy as an adjunct to a drug-free workforce policy should engage the workforce in an educational campaign on how a drug-free workplace policy improves patient safety and mitigates risk for the organization. Through an educational blitz, drug screening policies should be explained to employees making it clear that even in the absence of a “cause” to screen,

the employer has the right to screen. Consequences for positive screens and/or failure to comply with drug screening should be included in the policies and communicated through educational programs.

For more information on substance use disorders, readers may refer to the Board’s website under Drug Monitoring Programs. Additional resources are available through the National Council of State Boards of Nursing (“NCSBN”) at <https://www.ncsbn.org/resources.htm>. Nurses are encouraged to read the U.S. FDA brief “what you need to know (and what we are working to find out)” about products containing cannabis to cannabis-derived compounds, including CBD. <https://www.fda.gov/consumers/consumer-updates/what-you-need-know-and-what-were-working-find-out-about-products-containing-cannabis-or-cannabis>

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EARN CE CREDIT - "Implications for use of Marijuana and Marijuana Containing Products Among Nurses" (1 CH)

INSTRUCTIONS

Read the article, online reference documents (if applicable).

RECEIVE CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over "Nursing Education"; under "Continuing Education," select "Board Sponsored Bulletin Offerings," scroll down to the link, "Implications for use of Marijuana and Marijuana Containing Products Among Nurses." When you register, please write down your confirmation number, complete, and submit the evaluation; and print your certificate immediately.

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, please provide your full name and the name of the CE offering (Implications for use of Marijuana and Marijuana Containing Products Among Nurses).

PROVIDER ACCREDITATION

The North Carolina Board of Nursing is an approved provider of nursing continuing professional development on by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

NCBON CE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

The following disclosure applies to the NCBON continuing nursing education article entitled "Implications for use of Marijuana and Marijuana Containing Products Among Nurses."

Participants must read the article, online reference documents (if applicable) in order to be awarded CE contact hours. Verification of participation will be noted by online registration, and the completion and submission of the online evaluation form. Neither the author nor members of the planning committee have any conflicts of interest related to the content of this activity.

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WHAT IS A SEXUAL ASSAULT NURSE EXAMINER?



*Crystal Tillman, DNP, RN, NP-BC, FRE, NCBON Director of Education and Practice
Heather Waleski, MSN, FNP-C, SANE-A, Atrium Health Forensic Program Coordinator*

What is a SANE?

Forensic Nursing is an innovative and exciting specialty in nursing that has evolved over the past several decades. Since 1997 the American Nurses Association has recognized forensic nursing as a nursing specialty. The forensic nurse is a liaison between medical care and the criminal justice system.

A Sexual Assault Nurse Examiner (SANE) is a registered nurse specifically trained in the physical exam, injury identification, evidence collection, and medical history of patients who have experienced sexual assault. Nurses who complete SANE training have specialized knowledge related to trauma-informed care, physical examinations, photography, and advanced skills such as speculum and anogenital exams.

A SANE practicing in North Carolina (NC) is authorized to perform the full forensic-medical sexual assault examination of patients after successful completion of a North Carolina Board of Nursing (NCBON) approved SANE training program. Nurses working in facilities without SANEs who have not completed SANE training may still be asked to collect samples from patients. Non-SANE nurses completing forensic-medical sexual assault examinations should not perform any advanced skills for which he/she has not successfully completed an NCBON approved SANE course.

Where do SANEs work and how do I get involved?

NC SANEs practice in emergency departments, family justice centers, and free-standing rape crisis centers. Many hospitals have dedicated forensic nursing programs, while others have only a few SANEs to care for patients. Unfortunately, there is a shortage of SANEs in NC and there is inconsistent access to this specialized area of nursing care.

Nurses interested in SANE training can access NCBON approved training programs and other law and rules related to NC SANE practice via the NCBON website. The NC Chapter of the International Association of Forensic Nurses (IAFN) holds quarterly meetings and has members and expert SANEs across

the state. Meeting dates, locations and contact information for active SANEs can be accessed via the NC IAFN website.

What are the requirements and training for SANEs?

NC registered nurses who wish to practice as a SANE are required to successfully complete an NCBON approved SANE course. For NC RNs who wish to practice as a SANE are required to successfully complete: 1) a SANE education course composed of 40 didactic hours, and 2) a minimum of 16 clinical practice hours, performing sexual assault examinations with evidence collection and documentation. A certificate of completion (not certification) is issued by the program and must be retained by the SANE as evidence of meeting education and clinical practice requirements. SANE certification is voluntary and can be obtained through the IAFN Commission for Forensic Nursing Certification which currently offers professional credentials as Sexual Assault Nurse Examiner-Adult/Adolescent (SANE-A®) or Sexual Assault Nurse Examiner-Pediatric (SANE-P®).

SANEs who have not practiced for two or more years or completed an out-of-state online SANE course must complete a minimum of 24-hours of SANE training. SANEs who were practicing in another state within the last 2 years and are relocating to NC must be currently licensed in NC and complete an 8-hour curriculum focusing on NC specific SANE practices. The training must be based on the national recommendations of the IAFN and include NC specific SANE practices, such as the evidence collection kit, current state forensic practices, and NC law and rules.

If you are interested in learning more about becoming a SANE and obtaining a certification of completion, please visit:

- NC Board of Nursing SANE information:
<https://www.ncbon.com/practice-sexual-assault-nurse-examiner>
- International Association of Forensic Nurses (IAFN):
www.ncforensicnurses.org



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Opioid Prescribing Study



The UNC Injury Prevention Research Center Study Team is looking for nurse practitioners to participate in a research study about the implementation of the opioid prescribing limits from the North Carolina Strengthen Opioid Misuse Prevention (STOP) Act passed in 2017.

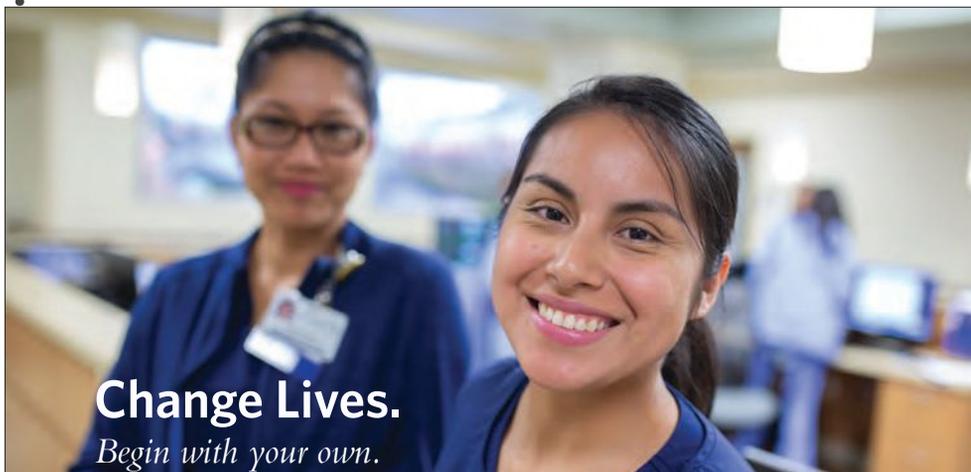
In this study, we want to understand:

- How prescribing limits have impacted prescribers across the State,
- How you have implemented these limits in your

organization, and

- How to improve opioid prescribing policies for patients and providers.

Interviews will be no more than one hour (by phone) and your responses will be kept strictly confidential. There will be no identifiers linking you or your institution to any responses. For more information, contact Natalie Blackburn at nblackbu@live.unc.edu or by telephone at 919-833-0155.



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Crystal Tillman, DNP, RN, NP-BC, FRE
Director of Education and Practice

EMERGENCY PREPAREDNESS AND WORKPLACE VIOLENCE Licensed nurses (RN and LPN) have a duty to care for clients and have a professional responsibility to not abandon or neglect them. It is possible, however, that a nurse may have to choose between the duty to provide safe client care and the responsibility to protect the nurse's own life during an emergency, including but not limited to, disasters, infectious disease outbreaks, bioterrorism events, and workplace violence. Workplace violence includes a broad spectrum of behaviors that include violent acts by strangers, clients, visitors, and/or coworkers that result in a concern for personal and client safety. Standards of nursing practice, nursing ethical guidelines, and agency policies and procedures approved by nursing management/administration should provide guidance for appropriate actions in such situations. These situations are challenging for all nurses and their employers; therefore, the Board recommends policies and procedures be developed, and periodically reviewed to provide clear guidance and direction to nurses in order for clients to receive safe and effective care.

Question:

Are supervising physicians and back-up supervising physicians responsible for the medical acts of Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs)?

Answer:

Yes, supervising physicians are always responsible for the medical acts of the NP they supervise. Back-up supervising physicians are only responsible for the medical acts of the NP when they are actively supervising the NP. A NP is only required to have one supervising physician. CRNAs and CNSs do not have supervising physicians.



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NOMINATION FORM FOR 2020 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for our next election. In 2020, the Board will have three openings: APRN, Staff Nurse, Nurse Educator (PN). This form is for you to tear out and use. This nomination form must be completed on or before April 1, 2020. Read the nomination instructions and make sure the candidate(s) meet all the requirements. *Please note there are no LPN positions in this year's election.*

Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed petition signed by no fewer than 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership on it are as follows:

1. Hold a current unencumbered license to practice in North Carolina
2. Be a resident of North Carolina
3. Have a minimum of five years experience in nursing
4. Have been engaged continuously in a position that meets the criteria for the specified Board position, for at least three years immediately preceding the election.

Minimum ongoing-employment requirements for both RNs and LPNs shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position, except for the RN at-large position.

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job

Description and other Board-related information. You also may contact Chandra, Executive Assistant, at chandra@ncbon.com or (919) 782-3211, ext. 232. After careful review of the information packet, you must complete the nomination form and submit it to the Board office by April 1, 2020.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are not acceptable
3. The certificate number of the nominee and each petitioner must be listed on the form.
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. The envelope containing the petition must be postmarked on or before April 1, 2020, for the nominee to be considered for candidacy. Petitions received before the April 1, 2020, deadline will be processed on receipt.
9. Elections will be held July 1 and August 15, 2020. Those elected will begin their terms of office in January 2021.

Please complete and return nomination forms to 2020 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.

Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2020

We, the undersigned currently licensed nurses, do hereby petition for the name of _____, APRN, Staff Nurse, Nurse Educator(PN) (circle one), whose Certificated Number is _____, to be placed in nomination as a Member of the N.C. Board of Nursing in the category of (check one):

- APRN Staff Nurse Nurse Educator(PN)

Address of Nominee: _____

Telephone Number: (Home) _____ (Work) _____

E-mail Address: _____

PETITIONER - (At least 10 petitioners per candidate required. Only RNs may petition for RN nominations).

TO BE POSTMARKED ON OR BEFORE APRIL 1, 2020

NAME	SIGNATURE	CERTIFICATE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Hospice and Home Care Foundation of North Carolina Receives Grant to Address the Serious Shortage of RN's in Home Health and Hospice Agencies

Susan L. Harmuth, MS and Kathy B. Turner, RN, BSN

Home Health and Hospice agencies across North Carolina are experiencing serious shortages of RN's, particularly in rural areas. These shortages can negatively impact patients and families by potentially delaying access to care, result in avoidable hospitalization/rehospitalization, etc. Traditionally, home health and hospice agencies do not hire newly graduated RN's due to limited patient care experience, limited or no opportunity during training for clinical rotation experience in these settings, and the autonomous and unique nature of providing care in the home. To help mitigate current and projected future RN shortages in these settings, the Hospice and Home Care Foundation of North Carolina was awarded a \$468,196 three-year grant, beginning May 2019, that will result in new approaches to training, recruiting, and integrating newly graduated nurses into home health and hospice care. The project is being funded by the State Employees Credit Union Foundation (\$268,196) and the Golden LEAF Foundation (\$200,000), with an additional \$58,433 of in-kind support provided by the Association for Home and Hospice Care of North Carolina.

The project being implemented will develop, pilot, and evaluate: 1) a recommended model for meaningful "real life"

clinical rotation experiences for both associate and bachelor degree nursing students; and 2) a comprehensive, employer based, preceptor led, on-boarding program for newly graduated nurses employed by home health and hospice agencies. Eight pilot project partnerships, each comprised of a nurse education program and a home health/hospice agency, have been selected to pilot the models developed. Nurse education pilot participants include both community college and university-based programs. Home Health and Hospice pilot project partner agencies cover both urban and rural counties but will more heavily target non-urban counties.

This project will broaden the pool of RN's for home health and hospice care by providing a new employment option for newly graduated nurses, particularly in rural communities. The quotes below illustrate the interest in and potential impact of this project:

Lori Byrd, DPN, Associate Director Academic Programs, Health Sciences – NC Community College System:

"As healthcare continues to change and grow, nurse education must change to meet the workforce demands. Hospice and home health are critical in health care."

Pursuit of positive patient outcomes require us to develop a workforce that will be prepared to meet critical needs in home health and hospice.

Linda Burhans, PhD, Senior Regulatory Consultant, NC Board of Nursing:

“The NC Board of Nursing supports the implementation of this grant as it tests solutions to significant issues. By providing for expansion of clinical site experiences into the home health and hospice arena, the pressure for student experiences in acute care facilities may be decreased. In addition, staffing shortages brought on by the growth of home-based services may be alleviated through the preparation of nursing students and new graduate nurses into this setting.”

Kristy Bradshaw, RN, BSN, Director of Quality Management, 3HC Home Health and Hospice Care, Inc.

“This project will open new doors for the homecare industry

to strategically and structurally expose nursing students to the complexity and rewards of community health nursing and engage new graduate nurses to pursue a career path in this growing and rewarding field of nursing which best supports patients and their families and their utmost desire: to stay at home.”

At the conclusion of the project, the Hospice and Home Care Foundation will work with the Association for Home and Hospice Care of NC, the NC Board of Nursing, the NC Community College System, and other key stakeholders to facilitate statewide roll-out of the clinical rotation and on-boarding models as well as conduct on-going tracking of program impacts. Once finalized, the on-boarding model will serve as the industry recognized standard for North Carolina’s home health and hospice agencies hiring newly graduated RN’s into their organizations.

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The North Carolina Board of Nursing is committed to communicating with the nurses and public of North Carolina. In order to keep you updated and informed about nursing regulation in our state, the NCBON uses a variety of communication tools to reach you, including our website, this magazine, email marketing and just recently we’ve added social media to the mix.

The NCBON joined Facebook in November 2017 and we’re happy to report that over 11,200 people have liked and followed our page to remain engaged with nursing in our state. We routinely post updates about the new enhanced Nurse Licensure Compact (eNLC), regulation affecting your license, license renewal reminders, updates on Board Meetings, office closures, nursing in the news and much more!

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CE Opportunities

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An NCBON education & practice consultant is available to provide educational presentations upon request from agencies or organizations. To request an education & practice consultant to speak at your facility or via webinar, please complete the [Presentation Request Form](#) online and submit it per form instructions. The NCBON will contact you to arrange a presentation. A minimum of 30 licensed nurses (APRN, RN, or LPN) are required for presentations.

Standard presentations offered are as follows:

- Continuing Competence (1 CH) 1 hour Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.
- Legal Scope of Practice (2.0 CHs) – 2 hours – Defines and contrasts each scope, explains delegation and accountability of nurse with unlicensed assistive personnel, and provides examples of exceeding scope. Also available as webcast.
- Delegation: Responsibility of the Nurse - 1 CH 1 hour Provides information about delegation that would enhance the nurse's knowledge, skills, and application of delegation principles to ensure the provision of safe competent nursing care.
- Understanding the Scope of Practice and Role of the LPN (1 CH) – 1 hour – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice. Also available as webcast.
- Nursing Regulation in NC (1 CH) – 1 hour – Describes Board authority, composition, vision, function, activities, strategic initiatives, and resources.
- Introduction to Just Culture and NCBON Complaint Evaluation Tool (1.5 CHs) – 1 hour and 30 minutes Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested for audience NOT familiar with Just Culture.
- Introduction to the NCBON Complaint Evaluation Tool (1 CH) 1 hour – Provides brief information about Just Culture concepts and instructions for use of the NC Board of Nursing's Complaint Evaluation Tool, consultation with NCBON about practice errors, and mandatory reporting. Suggested for nurses in leadership positions already familiar with Just Culture.

To access online CE articles, webcasts, session registration, and the presentation request form, go to www.ncbon.com - Nursing Education - Continuing Education

ONLINE BULLETIN ARTICLES

- Implications for Use of Marijuana and Marijuana Containing Products Among Nurses (1 CH). No fee.
- Am I Within My Scope? (1 CH). No fee.
- Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances (1 CH). No fee.
- Continuing Competence Self-Assessment: Have You Met Your Professional Responsibility? (1 CH). No fee.

More offerings on www.ncbon.com

ORIENTATION SESSION FOR ADMINISTRATORS OF NURSING SERVICES AND MID-LEVEL NURSE MANAGERS

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Session Dates

March 24, 2020 April 23, 2020
October 6, 2020 November 18, 2020

\$40.00 fee (non-refundable)

Register online at www.ncbon.com. Registration at least two weeks in advance of a scheduled session is required. Seating is limited. If you are unable to attend and do not have a substitute to go in your place, please inform the NCBON so someone on the waiting list can attend.

WEBCASTS

- Understanding the Scope of Practice and Role of the LPN (1 CH) Provides information clarifying the LPN scope of practice. An important course for RNs, LPNs, and employers of LPNs. No fee.
- Legal Scope of Practice (2.3 CHs) ~ Provides information and clarification regarding the legal scope of practice parameters for licensed nurses in North Carolina. \$40.00 Fee

PODCASTS

- Just Culture Podcast & Resources
- Continuing Competence Requirements

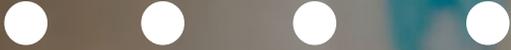
<https://www.ncbon.com/news-publications-statistics-podcasts>
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CAROLINA



NURSING



Newly Revised NCBON and OEMS Joint Position Statement

Joyce Winstead, MSN, RN, FRE

In October 2019, the Joint Position Statement, *Alternative Practice Settings for EMS Personnel*, was collaboratively revised and updated by the NC Board of Nursing (BON) and Office of Emergency Medical Services (OEMS) to reflect current healthcare practices and changes that have occurred in the Emergency Medical Services (EMS) Rules [10A NCAC 13P]. The purpose of the revised Joint Position Statement is to provide guidance for healthcare entities that are interested in developing alternative practice settings (formerly referred to as non-traditional settings) for EMS personnel, and to provide clarification of EMS and nursing personnel roles and responsibilities in these settings.

The original Joint Position Statement, *Non-Traditional Practice Settings for EMS Personnel*, was collaboratively established and approved by the BON and OEMS in 2007. This original Joint Position Statement has served to clarify questions regarding the expansion of EMS personnel practice settings to include non-traditional practice settings. The BON and OEMS have worked collaboratively since the implementation of the original Joint Position Statement to assure that patients through the healthcare system are well served.

The revised Joint Position Statement includes the following updates:

- A change in title from, *Non-Traditional Practice Settings for EMS Personnel*, to *Alternative Practice Settings for EMS Personnel*. This change reflects current language in EMS Rule [10A NCAC 13P.0102 (4)] which defines “alternative practice settings” as “a practice setting that utilizes credentialed EMS personnel that may not be

affiliated with or under the oversight of an EMS System or EMS System Medical Director”.

- Specifications for EMS personnel functioning in alternative practice settings that are not affiliated with an EMS system.
- Clarification that the responsibility for the supervision of EMS personnel in alternative practice settings is determined by delegation protocols and policies.
- Clarification that the RN remains responsible and accountable for all aspects of the nursing care of assigned patients when collaborating within an interdisciplinary team.
- Clarification that the RN’s responsibilities and accountabilities include the comprehensive assessment, development and revision of the plan of care, implementation of appropriate interventions including the delegation of activities to competent individuals, evaluation and reassessment of the effectiveness of nursing care and medical interventions, supervision of nursing care delivery, and patient teaching and counseling.

Questions specific to EMS responsibilities should be addressed with the OEMS at www.ncems.org or 919-855-3935. Questions specific to nursing responsibilities should be addressed with the BON at www.ncbon.com or 929-782-3211.

To view this and other position statements, visit www.ncbon.com > Practice > Position Statements



SUMMARY of ACTIVITIES

Administrative Matters:

Approved for Permanent Rule:

- 21 NCAC 36 .0405 Approval of Nurse Aide Education Courses

Approved Amendments to the following Rules:

- 21 NCAC 36 .0226 Nurse Anesthesia Practice
- 21 NCAC 36 .0228 Clinical Nurse Specialist Practice
- 21 NCAC 36 .0323 Records and Reports
- 21 NCAC 36 .0801 Definitions
- 21 NCAC 36 .0802 Scope of Practice
- 21 NCAC 36 .0803 Nurse Practitioner Registration
- 21 NCAC 36 .0804 Process for Approval to Practice
- 21 NCAC 36 .0805 Education and Certification Requirements for Registration as a Nurse Practitioner
- 21 NCAC 36 .0806 Annual Renewal
- 21 NCAC 36 .0807 Continuing Education (CE)
- 21 NCAC 36 .0808 Inactive Status
- 21 NCAC 36 .0809 Prescribing Authority
- 21 NCAC 36 .0810 Quality Assurance Standards for a Collaborative Practice Agreement
- 21 NCAC 36 .0812 Disciplinary Action
- 21 NCAC 36 .0815 Reporting Criteria

Approved Adoption of Rules:

- Declaratory Ruling
- Petition for Rulemaking

Education Matters:

Ratification of Determination of Program Approval Status

- Caldwell Community College, Hudson – LPN

Ratification of Full Approval Status

- Asheville-Buncombe Technical Community College, Asheville – ADN
- Blue Ridge Community College, Flat Rock – ADN
- Catawba College, Salisbury – BSN
- Winston-Salem State, Winston-Salem – BSN

Ratification of Approved Enrollment Expansions

- ECPI University, Charlotte – ADN, increase enrollment by 30 for a total program enrollment of 120 students beginning November 2019
- Fayetteville State University,

Fayetteville – BSN, increase enrollment by 20 for a total program enrollment of 200 students beginning January 2020

- Sampson Community College, Clinton – ADN, increase enrollment by 15 for a total program enrollment of 105 students beginning August 2019
- South Piedmont Community College, Monroe – ADN, increase enrollment by 80 for a total program enrollment of 160 students beginning August 2020
- Robeson Community College, Lumberton – ADN, increase enrollment by 38 for a total program enrollment of 120 students beginning August 2019
- Wingate University, Wingate – BSN, increase enrollment by 19 for a total program enrollment of 59 students beginning August 2019

Ratification of Approval of NA II Courses

- Carteret Community College, Morehead City – Continuing Education Traditional and Curriculum Traditional Hybrid
- Effinity Health Care Training, LLC, Greenville – Proprietary School Traditional Hybrid
- Roanoke-Chowan Community College, Ahoskie – Continuing Education Traditional Hybrid

Notification of Alternate Scheduling Options

- Caldwell Community College, Hudson – LPN to ADN Transition Option
- Foothills Nursing Consortium, Spindale – LPN to ADN Option
- Halifax Community College, Weldon – Paramedic to ADN Option
- Surry Community College, Dobson – LPN to ADN Option

FYI Accreditation Decisions by ACEN for Initial or Continuing Approval – Next Visit Date

- Central Piedmont Community College, Charlotte – ADN – Continuing Accreditation – Fall 2027
- Edgecombe Community College, Rocky Mount – ADN and LPN – Continuing Accreditation
- Gardner-Webb University, Boiling Springs – BSN and ADN – Continuing Accreditation with Conditions – Spring 2027

- Wake Technical Community College, Raleigh – ADN – Continuing Accreditation – Spring 2027
- Watts School of Nursing, Durham – Diploma – Continuing Accreditation – Closing Fall 2021
- Western Piedmont Community College, Morganton – ADN – Continuing Accreditation – Spring 2027
- Wingate University, Wingate – BSN – Continuing Accreditation – Spring 2027

FYI Accreditation Decisions by CCNE for Initial or Continuing Approval – Next Visit Date

- Lenoir-Rhyne University, Hickory – BSN – Continuing Accreditation – Spring 2029
- Methodist University, Fayetteville – BSN – Continuing Accreditation – Spring 2029
- University of North Carolina at Wilmington, Wilmington – BSN – Continuing Accreditation – Fall 2028

FYI Accreditation Decisions by CNEA for Initial or Continuing Approval – Next Visit Date

- Asheville-Buncombe Technical Community College, Asheville – ADN – Pre-Accreditation Status Granted – June 2021
- Craven Community College, New Bern – ADN and LPN – Pre-Accreditation Status Granted – October 2022
- Forsyth Technical Community College, Winston-Salem – ADN and LPN – Continuing Accreditation Status Granted – Fall 2024
- Pitt Community College, Greenville – ADN – Initial Accreditation Granted – Fall 2024
- Robeson Community College, Lumberton – ADN – Pre-Accreditation Status Granted – October 2021
- Sandhills Community College, Pinehurst – ADN – Pre-Accreditation Status Granted – June 2021
- Stanly Community College, Locust – ADN – Pre-Accreditation Status Granted – June 2020
- Wilkes Community College, Wilkesboro – ADN – Pre-Accreditation Status Granted – June 2022

Ratification of Resolution of Non-Disciplinary Consent Order

- South University, High Point – BSN

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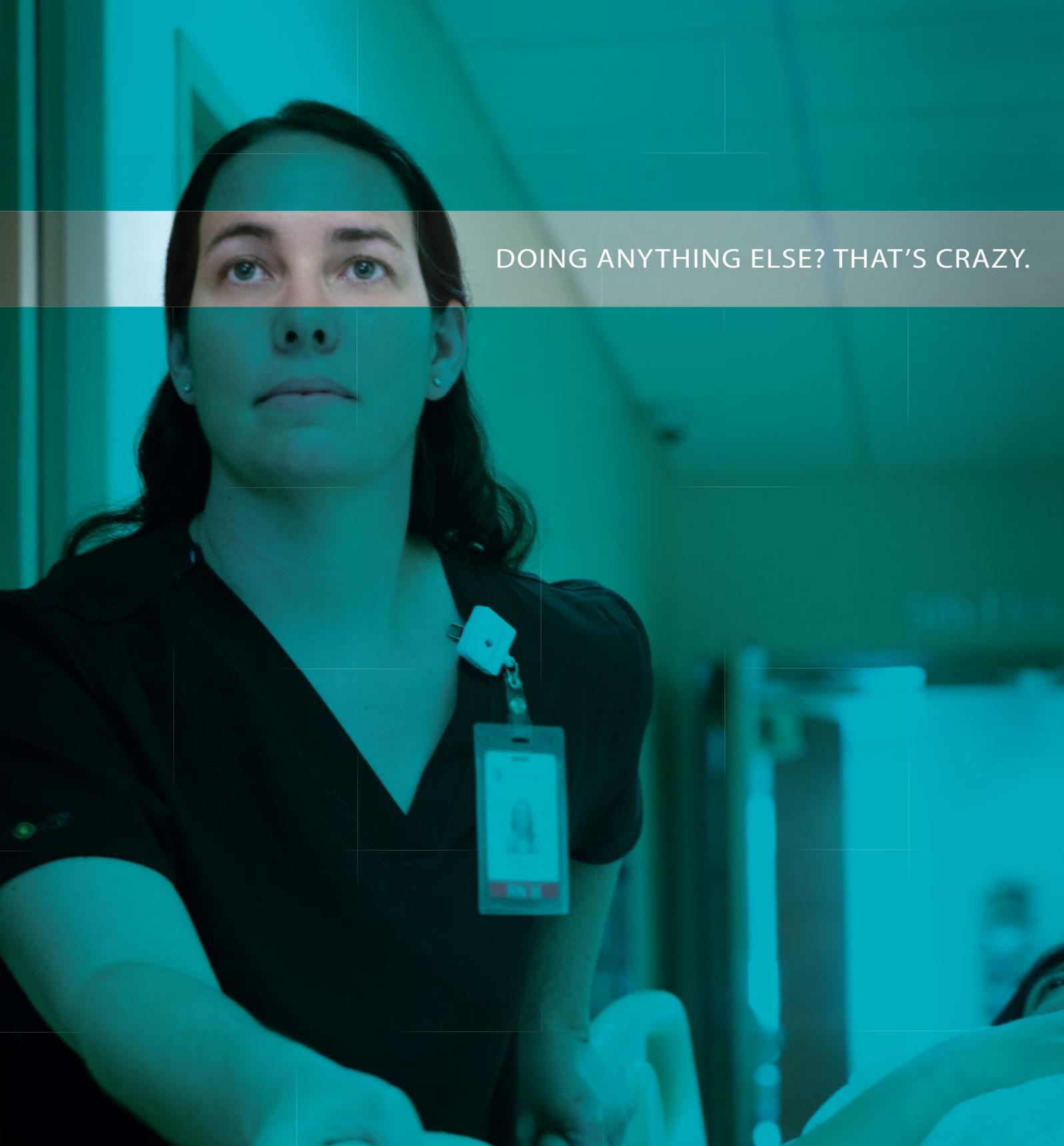


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