

HAWAII ADMINISTRATIVE RULES

TITLE 16

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

CHAPTER 89

NURSES

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SUBCHAPTER 1

GENERAL PROVISIONS

§16-89-1 Objective. This chapter is intended to clarify and implement chapter 457, Hawaii Revised Statutes, to the end that the provisions thereunder may be best effectuated and the public interest most effectively served. [Eff 6/18/79; am and ren §16-89-1, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-1)

§16-89-2 Definitions. As used in this chapter:

"Accredited" means certification by the appropriate board of nursing that the nursing program meets established nursing education standards;

"Board" means the board of nursing;

"Career ladder" means a program in nursing which offers the opportunity to pursue a course of study which enables the student to prepare for more than one level of nursing;

"Code of ethics" means standards of behavior which the board accepts as criteria for professional conduct for licensees;

"External degree or certification by examination" means a degree or certificate approved by the appropriate state board of nursing conferred upon the completion of a series of standardized examinations which are used to document the theory and practice equivalent to the minimum curriculum required of nursing programs in this State;

"Major program revision" means a nursing program in which significant changes occur in the philosophy, objectives, conceptual framework, professional conduct of graduates, curriculum, admission requirements, and methods of implementation;

"National Council" means the National Council of State Boards of Nursing, Inc.;

"Nursing program" means a course of study in nursing which includes philosophy, objectives, conceptual framework, professional conduct of graduates, curriculum, admission requirements, and methods of implementation; and

"Permit" means a temporary license to legally practice nursing as a registered nurse (RN) or licensed practical nurse (LPN) during the period specified on the permit, pending receipt of a permanent license or until notified of cancellation. [Eff 6/18/79; am and ren §16-89-2, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-2)

§16-89-3 Licensure requirement. (a) A nurse engaged in practice as a registered nurse or licensed practical nurse shall possess a current Hawaii license. Until such time as a license is issued, the nurse may not be employed as either an RN or LPN.

(b) Nurses not licensed in Hawaii, whether United States citizens or aliens, who are enrolled in accredited nursing education programs (practical nurse ("PN"), associate degree ("AD"), bachelor of science ("BS"), graduate) shall not be in violation of the law provided the practice of nursing is incidental to the program of study as stated in section 457-13, HRS.

(c) Nurses not licensed in Hawaii, whether United States citizens or aliens, who are enrolled in ancillary health training programs, which are not regulated by the board shall not be in violation of the law provided the practice of nursing is incidental to the ancillary health training programs.

(d) Faculty members whose Hawaii licenses are pending shall provide instruction in theory only. Instruction in the clinical area shall not be provided until the Hawaii license is issued. [Eff 6/18/79; am and ren §16-89-3, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-7, 457-8, 457-13)

## SUBCHAPTER 2

### LICENSE BY EXAMINATION

§16-89-7 Registration, time, and place. Registration for and the time and place for the National Council Licensure Examination (NCLEX) shall be designated by the National Council unless otherwise determined by the board.

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[Eff 6/18/79; am and ren §16-89-7, 6/22/81; comp 3/20/82; am and comp 9/18/82; comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

§16-89-8 License requirements. (a) Persons applying for a license by examination shall submit to the board:

- (1) An application prescribed by the board accompanied by the required fee;
- (2) A student final record or official transcript sent directly from the applicant's school to the board to establish compliance with sections 16-89-10, 16-89-11, or 16-89-12; and
- (3) Applicants whose school of nursing records are unobtainable because of events beyond the control of the applicant shall be considered on an individual basis when the following is found to be satisfactory to the board:
  - (A) Evidence of graduation from a school of nursing that is recognized by the board; or
  - (B) Evidence of previous licensure as a nurse in another state or a United States jurisdiction; and
  - (C) Two notarized letters from official agencies or previous colleagues.

(b) A letter of completion received by the board directly from the appropriate college authority which states that the student shall have completed the nursing program by the examination date shall be accepted to qualify for the appropriate examination. However, the license shall not be issued until the final transcript is filed showing graduation from the nursing program.

(c) Foreign school graduates applying for a license by examination shall submit an application prescribed by the board and accompanied by the required fee. Applicants shall have their transcripts evaluated by a professional educational credential evaluator recognized by the board. Applicants shall work with the evaluator and their schools of nursing. Applicants shall comply with procedures and requirements prescribed on the application form and instruction sheet of the board. Applicants shall arrange to have the evaluator send a report directly to the board.

(d) A candidate for license by examination shall not be granted a license until all applicable requirements of chapter 457, HRS, and this chapter have been met, including passing a nurse licensing examination recognized by the board. [Eff 6/18/79; am and ren §16-89-8, 6/22/81; am and comp 3/20/82; am

and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-7, 457-8)

§16-89-9 Examination policies. (a) Standard scores of one thousand six hundred or above on the NCLEX-RN, three hundred fifty or above on the NCLEX-PN, or a result of "pass" shall be considered passing. All passing scores, for the NCLEX-RN and the NCLEX-PN shall be established by the National Council unless otherwise determined by the board. A minimum score of three hundred fifty in each part of the five part exam shall be considered passing for the State Board Test Pool Exam (SBTPE).

(b) Candidates may take the examination an unlimited number of times, provided candidates register for each examination.

(c) Applicants for licensure by endorsement, who do not meet the minimum passing score required by the board for the NCLEX-RN, NCLEX-PN, or the SBTPE shall not be licensed until they pass the NCLEX-RN or NCLEX-PN in accordance with subsections (a) and (b) above.

(d) Graduates from programs which are outside the United States who have been granted licensure in another state or a United States jurisdiction shall be required to pass the NCLEX-RN or NCLEX-PN or the SBTPE (Canadian provinces only) before a license is granted.

(e) The board determination regarding candidate eligibility for examination shall be made after receipt of complete application as described in section 16-89-8(a), (b) or (c).

(1) The board shall notify the testing service of eligibility status of the candidate.

(2) The frequency of retests by unsuccessful candidates shall be as established by the National Council unless otherwise determined by the board.

(f) Confidentiality of NCLEX-RN, NCLEX-PN, and SBTPE scores shall be maintained as follows:

(1) Scores on licensing examinations shall be released only to:

(A) The candidate;

(B) The school of nursing from which the candidate graduated;

(C) Board members; and

(D) Other state boards of nursing when requested for endorsement;

(2) Request for scores for research purposes shall be referred for board action. Scores, when released, shall not include names;

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- (3) Test scores received from other state boards of nursing for nurses who applied for licensure in Hawaii by endorsement shall not be released; and
- (4) The board shall advise candidates, at the time of initial release of their scores to them, that the use of scores for any purpose other than licensure is not appropriate and, therefore, the board shall not provide a copy of licensee's examination scores to a prospective employer or to a graduate nursing program. [Eff 6/18/79; am and ren §16-89-9, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-7, 457-8)

§16-89-10 Eligibility for registered nurse examination. Graduates of the following nursing programs shall be eligible to take the NCLEX-RN provided the requirements of section 16-89-47 have been met:

- (1) A state-approved or nationally accredited baccalaureate, associate degree or diploma nursing program in the United States or a United States jurisdiction;
- (2) A foreign nursing school.
  - (A) Applicants shall have their transcripts evaluated by a professional education credentials evaluator recognized by the board and shall have a report sent directly to the board by the evaluator; and
  - (B) Applicants whose reports from a board-recognized education credentials evaluator indicate that they have successfully completed a nursing program which is comparable to an accredited nursing program in the United States shall be deemed qualified as having met the educational requirements set forth in chapter 457, HRS, and this chapter;
- (3) A state-approved external degree nursing program. [Eff 6/18/79; am and ren §16-89-10, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-7)

§16-89-11 Eligibility for licensed practical nurse examination. Graduates of the following programs shall be eligible to take the NCLEX-PN provided the requirements of section 16-89-48 have been met:

- (1) Any state-approved or National League of Nursing accredited practical nursing program in the United States or a United States jurisdiction;
- (2) Armed forces programs which have been approved by the board in the state where the program is located;
- (3) Foreign nursing schools. Applicants shall have their transcripts evaluated by professional education credentials evaluators designated by the board and shall have a report sent directly to the board by the evaluator; and
- (4) A state-approved certificate by examination program. [Eff 6/18/79; am and ren §16-89-11, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-8)

§16-89-12 Other eligible candidates. The following shall be eligible to take the NCLEX-PN provided the requirements of section 16-89-48 have been met:

- (1) Nursing students who withdrew in good standing from state-approved programs which prepare graduates for practice as registered nurses, who have successfully completed the minimum curriculum requirements for LPN licensure and have submitted acceptable evidence to the board; and
- (2) Nursing students presently enrolled in state-approved programs which prepare graduates for practice as registered nurses who have successfully completed the minimum curriculum requirements for LPN licensure and have submitted acceptable evidence to the board. [Eff 6/18/79; am and ren §16-89-12, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-7, 457-8)

SUBCHAPTER 3

LICENSE WITHOUT EXAMINATION

§16-89-16 License requirements. An applicant for license without examination shall submit to the board:

- (1) An application prescribed by the board accompanied by the required fee;
- (2) A verification of license completed by the originating state board verifying licensure; completion of U.S. accredited nursing program or nursing program approved by state board as being equivalent to a U.S. accredited nursing education program; licensing exam score(s) and exam series; number of times applicant wrote exam; and whether or not there are any encumbrances on the license.
- (3) The verification of license form shall be signed and sealed by the originating state board showing that the eligibility requirements of this chapter, including the requirements of sections 16-89-17 or 16-89-18 have been met. [Eff 6/18/79; am and ren §16-89-16, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-7, 457-8)

§16-89-17 Eligibility for registered nurse license without examination (endorsement). The following shall be eligible; provided all applicable requirements of this chapter and chapter 457, HRS, have been met:

- (1) Applicants who are graduates of accredited United States schools of nursing including graduates of external degree programs recognized by the board who meet the requirements of section 16-89-9;
- (2) Applicants who are graduates of nursing schools located outside the United States who have met the requirements of section 16-89-9; or
- (3) Applicants who passed a registered nurse state board constructed licensing examination in another jurisdiction of the United States prior to the inception of the SBTPE in that jurisdiction. [Eff 6/18/79; am and ren §16-89-17, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-7)

§16-89-18 Eligibility for practical nurse license without examination (endorsement). The following shall be eligible; provided all applicable requirements of this chapter and chapter 457, HRS, have been met:

- (1) Applicants who are graduates of accredited United States schools of practical nursing, and who meet the requirements of section 16-89-9;
- (2) Applicants who are graduates of schools of practical nursing located outside the United States who have met the requirements of section 16-89-9; or
- (3) Applicants who have passed a practical nurse state board constructed licensing examination in another jurisdiction of the United States prior to the inception of the SBTPE in that jurisdiction. [Eff 6/18/79; am and ren §16-89-18, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-8)

#### SUBCHAPTER 4

#### TEMPORARY PERMITS

§16-89-22 Eligibility. Temporary permits shall be granted to nurses who have been licensed by another state board of nursing, have passed a professional licensing examination recognized by the board, and have filed:

- (1) An application prescribed by the board and accompanied by the required fee;
- (2) Satisfactory evidence of a current license in another state, provided that the applicant submits proof that the applicant has requested from the originating state board a verification of licensure; and
- (3) Verification of employment by a Hawaii employer when the temporary permit is granted.

The temporary permit shall be valid for only that employer and shall be in effect until the verification of licensure is received from the originating state board, provided it is received within three months. The board may grant an extension if verification receipt is delayed for good reasons beyond applicant's control. [Eff 6/18/79; am and ren §16-89-22, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-13(3))

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§16-89-23 Conditions. (a) A second temporary permit shall not be granted.

(b) Temporary permits may be invalidated in accordance with section 457-15, HRS. [Eff 6/18/79; am and ren §16-89-23, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-13(3))

SUBCHAPTER 5

LICENSE RENEWAL

§16-89-27 Notice. Notices to renew licenses shall be made available biennially to holders of active licenses to the address of record. Failure to receive the notice shall not be a valid reason for non-renewal. Each licensee shall be responsible for ensuring timely renewal of his or her own nursing license. [Eff 6/18/79; am and ren §16-89-27, 6/22/81; am and comp 3/20/82; comp 9/18/82; comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-9)

§16-89-28 Dishonored checks. Licensees who submit checks which are not honored by the bank and who do not make their checks good on or before June 30 of the year of renewal shall be subject to the penalty for late renewal in addition to the renewal fee. [Eff 6/18/79; am and ren §16-89-28, 6/22/81; am and comp 3/20/82; comp 9/18/82; comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-9)

§16-89-29 Inactive status. Licensees who do not intend to practice nursing in Hawaii may request inactive status by writing to the board or by indicating so on the license renewal form. It shall be the responsibility of each licensee on inactive status to keep abreast with current licensing and renewal requirements. [Eff 6/18/79; am and ren §16-89-29, 6/22/81; comp 3/20/82; comp 9/18/82; comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-9)

§16-89-30 Return to active status. Return to active status shall require written notice to the board, payment of the current renewal fee and the compliance resolution fund fee, provided under section 16-53-27 and fulfillment of the current licensing and license renewal requirements. [Eff 6/18/79; am and ren §16-89-30, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-9, 26-9)

§16-89-31 Right to proceed. Placing a nursing license in inactive status shall not deprive the board of jurisdiction to proceed with disciplinary proceedings pursuant to chapter 91, HRS, and chapter 16-201, Administrative Practice and Procedures. [Eff and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5, chapter 91)

## SUBCHAPTER 6

### APPROVAL OF NURSING EDUCATION

§16-89-33 Definitions. As used in this subchapter:

"Semester credit" means a minimum of fifteen hours of classroom instruction or a minimum of thirty hours of laboratory or clinical instruction, or equivalent quarter hours which means a minimum of ten hours of classroom instruction or a minimum of twenty hours of laboratory or clinical instruction. [Eff and comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-34 Types of approval. (a) Approval is a process established to insure that educational programs meet minimum standards in preparing safe practitioners as set forth in chapter 457, HRS, and this chapter.

(b) Approval shall be granted when all requirements of chapter 457, HRS, and this chapter and an accrediting body recognized by the board have been met.

(c) Probationary approval shall be granted if the board determines that any approved nursing education program is not maintaining the standards required by law and by the board, notice thereof in writing specifying the discrepancies shall be immediately given to the institution conducting the program. A program which fails to correct these conditions to the satisfaction of the board within a reasonable time may be subject to losing board approval after a hearing held in

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conformance with chapter 91. [Eff 6/18/79; am and ren §16-89-34, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-35 Denial of approval. Prior to denial of approval or change of approval status, a hearing shall be held pursuant to chapter 91, HRS, and chapter 16-201, administrative practice and procedure. A hearing may be petitioned by the board after a program has been given two consecutive warnings and has not presented sufficient evidence of meeting prescribed rules. [Eff 6/18/79; am and ren §16-89-35, 6/22/81; comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-36 Survey of approved programs. Hawaii nursing education programs which are approved shall be surveyed on a four-year cycle beginning 1976 unless budgetary or other constraints beyond the control of the board renders surveyance impractical or impossible. Programs granted probationary approval may be surveyed at a time interval of less than four years at the board's discretion. [Eff 6/18/79; am and ren §16-89-36, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-37 Accreditation. (a) Any Hawaii nursing education program awarded a certificate of accreditation by an accrediting body recognized by the board may apply to the board for approval provided the applicant:

- (1) Holds a certificate with a designation of full accreditation; and
- (2) Submits a copy of the certificate and the accrediting body's accreditation evaluation report.

(b) The board may renew the approval following recertification by the accrediting body recognized by the board if the nursing education program:

- (1) Completes and submits a self-study report;
- (2) Submits a copy of the reevaluation report and certificate of accreditation after each survey performed by the accrediting body;
- (3) Submits a copy of responses to any recommendation made by the accrediting body and subsequent action of the accrediting body;

- (4) Immediately reports any change or loss of full accreditation including the reasons for the action, and the plans made by the program for reinstatement; and
- (5) Maintains compliance with the board's standards for nursing programs as set forth in subchapter 8. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

## SUBCHAPTER 7

### DEVELOPMENT OF A NEW NURSING PROGRAM

§16-89-40 Requirements. (a) Control of the new nursing program shall be vested in the governing body of a university or community college. A new program in nursing may be given initial approval after completion of the requirements of this section.

- (b) Phase I - twelve months prior to intended opening of school.
  - (1) Any agency or institution considering the establishment of a school shall advise the board of its intent in writing;
  - (2) The following information shall be submitted in writing:
    - (A) Purpose of establishing the school;
    - (B) Philosophy, objectives, and accreditation status of the controlling agency or institution;
    - (C) Type of educational program to be established;
    - (D) Relationship to the controlling agency or institution;
    - (E) Financial resources of the program;
    - (F) Need and readiness of the community to support the program;
    - (G) Source of potential students;
    - (H) Clinical and physical facilities for program;
    - (I) Recruitment activities relative to securing a director of the program; and
    - (J) Tentative timetable for initiating the program.
- (c) Phase II - six months prior to the intended opening of the school.
  - (1) The agency or institution shall submit a progress report, which shall include the following information:
    - (A) Statements of philosophy and purposes;
    - (B) Curriculum and its objectives;
    - (C) Admission policies and plans for student welfare;

- (D) Statements of policy necessary for operation of the program;
  - (E) Plans for resources and facilities, including clinical facilities and services;
  - (F) Tentative program calendar;
  - (G) Budget plan;
  - (H) Qualifications and curriculum vitae of the director shall be submitted to the board; the date employment will begin shall be specified;
  - (I) Timetable for employment of faculty and documentation of availability of qualified instructors; and
  - (J) Organizational chart showing agency control, relationships, and lines of authority;
- (2) Continuing approval may be granted by the board at this time, if all the conditions of the law and the rules have been fulfilled. Approval shall be effective until the time of the report of the first accreditation survey; and
- (3) Provisions shall be made for accepting students. Students shall not be accepted until continuing approval has been granted by the board.
- (d) Phase III - three months prior to the opening of the school. Progress reports on the development of the program shall be made by the director to the board. Qualified faculty members sufficient to initiate the program shall be employed.
- (e) Phase IV - after opening of the school. An interim report on the form provided by the board shall be submitted six months after the commencement of the school year. [Eff 6/18/79; am and ren §16-89-40, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

## SUBCHAPTER 8

### STANDARDS FOR NURSING PROGRAMS

§16-89-44 Philosophy or mission. The philosophy or mission of all nursing programs approved in this State shall be as follows:

- (1) The formulation of statements of philosophy or mission is the responsibility of the faculty;
- (2) The philosophy as stated shall be in agreement with the philosophy of the controlling institution;
- (3) The needs of the consumer of nursing services and the needs of the student in nursing shall be included in the statements of philosophy or mission;
- (4) The statement of philosophy or mission shall be used by the faculty in planning the total educational program;
- (5) The philosophy shall reflect the beliefs of the faculty in relation to education, nursing, learning, and faculty responsibility for direction and guidance of learning experiences;
- (6) The mission shall be comprehensive in scope, consistent with the stated philosophy and with the resources available; and
- (7) The program objectives or outcomes shall specifically identify the competencies in nursing for which the graduate is prepared. [Eff 6/18/79; am and ren §16-89-44, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-45 Organization and administration. (a) The control of the school shall be vested in the controlling institution. The function of the controlling institution shall be to insure that the facilities and leadership will provide the best possible services to students and faculty and provide for a sound educational program. Each institution shall have an organizational chart showing agency control, relationships, and lines of authority.

(b) Sufficient funds shall be available for carrying out objectives of the program. A budget shall be prepared in accordance with sound educational and financial practices.

(c) Organization of the faculty shall enable it to carry fully its responsibility for planning, implementing, and evaluating the philosophy, mission, objectives, and curriculum of the educational program. The following shall be available for review:

- (1) Chart showing faculty organization;
- (2) Minutes of faculty meetings;
- (3) Faculty handbook; and

- (4) Curriculum vita of each faculty member.
- (d) In addition to a current Hawaii RN license, minimum faculty and administrator qualifications and preparation to be completed by the date of application shall include the following:
  - (1) The administrator (person directly responsible) for the master's degree in the nursing program shall hold a minimum of:
    - (A) A master's degree in nursing;
    - (B) An earned doctorate from an accredited institution; provided the education shall include academic credit in curriculum development, evaluation, or teaching methods; and
    - (C) Academic preparation for administration or administrative experience or both;
  - (2) The administrator (person directly responsible) for the baccalaureate nursing program shall hold a minimum of:
    - (A) A master's degree in nursing;
    - (B) Preferably, an earned doctorate from an accredited institution; provided the education shall include academic credit in curriculum development, evaluation, or teaching methods; and
    - (C) Academic preparation for administration or administrative experience or both;
  - (3) The administrator (person directly responsible) for the associate degree nursing program shall hold a minimum of:
    - (A) A master's degree in nursing which shall include academic credit in curriculum development, evaluation, or teaching methods; and
    - (B) Academic preparation for administration or administrative experience or both;
  - (4) The administrator (person directly responsible) for the practical nursing program shall hold a minimum of:
    - (A) A master's degree in nursing which shall include academic credit in curriculum development, evaluation, or teaching methods; and
    - (B) Academic preparation for administration or administrative experience or both;
  - (5) Faculty members in a program which prepares advanced practice registered nurses shall be recognized as an advanced practice registered nurse by the board and hold a minimum of:

- (A) A master's degree in nursing;
  - (B) Preferably, an earned doctorate from an accredited institution;
  - (C) Clinical nursing experience, of which at least one year shall be in their area(s) of teaching responsibility; and
  - (D) Preferably education in curriculum development, evaluation, or teaching methods; or related experience in the above.
- (6) Faculty members in a program which prepares registered nurses shall hold a minimum of:
- (A) A master's degree in nursing with one year of nursing experience in their area(s) of teaching responsibility; or
  - (B) If a bachelor's degree in nursing is the highest degree obtained, at least three years of nursing experience in their area(s) of teaching responsibility; and
  - (C) Preferably education in curriculum development, evaluation, or teaching methods; or related experience in the above;
- (7) Faculty members in a program which prepares practical nurses shall hold a minimum of:
- (A) Preferably, a master's degree in nursing with one year of nursing experience in their area(s) of teaching responsibility; or
  - (B) If a bachelor's degree is the highest degree obtained, at least three years of nursing experience shall be in their area(s) of teaching responsibility; and
  - (C) Preferably education in curriculum development, evaluation, or teaching methods; or related experience in the above.
- (e) The maximum instructional load shall permit the faculty member opportunities for professional development, curriculum development, student guidance, scholarship, research, and service as appropriate to the nursing program.
- (f) In the clinical area, the faculty shall be adequately prepared in education and experience to develop and implement the program approved by the board to meet the requirements of sections 16-89-47 and 16-89-48.

- (g) Faculty shall determine policies in the following areas in regard to students:
  - (1) Admission;
  - (2) Progression; and
  - (3) Graduation.
- (h) Physical facilities shall include:
  - (1) Educational facilities, which shall include:
    - (A) Offices for administrative and instructional personnel; and
    - (B) Adequate classrooms, library, laboratories, and conference rooms to accommodate the program; and
  - (2) Clinical facilities, which shall be subject to the following conditions:
    - (A) All agencies and institutions shall maintain a memorandum of agreement used for the educational experiences which shall be available to the board;
    - (B) The selection of clinical facilities shall consider: the number of clients; variety of health conditions; adequate and appropriately qualified nursing staff and other members of the health care team; and accreditation by appropriate associations.
- (i) The student-teacher ratio shall be:
  - (1) In accordance with national education standards for advanced practice registered nurse programs; and
  - (2) Preferably eight to one for registered nurse and practical nurse programs, but at no time more than ten to one for direct supervision. The ratio shall be established in accordance with acuity of client needs, objective of learning experiences, level of students, geographic placement of students, environment, other requirements as established by the clinical agency, and teaching methods. Any deviation from the ratio shall first be approved by the board and justified to the satisfaction of the board.
- (j) The institution conducting the educational program of nursing shall publish and make available an accurate description of the program in effect.
- (k) An institution may request suspension of a program for not more than one year. After one year of inactivity, the institution must reapply as stated in subchapter 7.
- (l) The board shall be notified one year before the proposed closing date. Appropriate arrangements shall be made by the program for the enrolled students.

(m) The institution shall maintain an adequate records system. Student records shall include data which are pertinent to educational performance. Before a program is discontinued, a written statement shall be submitted by the governing body at least one year prior to the proposed closing date of the program indicating where student records or copies thereof shall be kept.

(n) Exceptions to this section may be granted on an individual basis for a limited period of time depending on the needs of the individual nursing program.

(o) Any program which fails to meet the requirements of this subchapter in a timely manner shall be so notified by the board in writing. The program shall have sixty days from the day of receipt of notice to request a hearing in accordance with chapter 91, HRS. [Eff 6/18/79; am and ren §16-89-45, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

§16-89-46 Curriculum. Curriculum shall be subject to the following requirements. The curriculum shall be:

- (1) Planned, implemented, and evaluated by faculty;
- (2) Based on the philosophy or mission and program objectives of outcomes of the nursing education program;
- (3) Consistent with the policies of the controlling institution, current standards and competencies of nursing practice, and laws governing the practice of nursing;
- (4) Logically organized and sequenced appropriately; and
- (5) For a period of time that shall ensure sufficient preparation for the safe and effective practice of nursing. [Eff 6/18/79; am and ren §16-89-46, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; comp 6/22/90; comp 9/5/97; comp 8/9/01; am and comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-47 The minimum curriculum for programs preparing registered nurses. (a) The curriculum shall be approved by a national accrediting nursing organization recognized by the board. A new nursing program shall apply for national accreditation at the earliest possible date as defined by the accrediting agency.

(b) The curriculum shall include courses in the biological and physical sciences, social and behavioral sciences, and the arts or humanities.

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- (c) The curriculum shall include courses in nursing that include, but are not limited to:
- (1) Theory and clinical experiences based on the nursing process;
  - (2) Nursing care of clients, as individuals and groups, through the lifespan in a variety of settings for the promotion, maintenance, and restoration of health; and
  - (3) Legal and ethical issues, history and trends in nursing, and professional responsibility.
- (d) The curriculum shall be comprised of a minimum of:
- (1) One hundred twenty semester credits for a bachelor's degree in nursing of which at least forty per cent of the credits shall be laboratory or clinical instruction; and
  - (2) Sixty four semester credits for an associate degree in nursing of which at least forty per cent of the nursing credits shall be laboratory or clinical instruction. [Eff 6/18/79; am and ren §16-89-47; 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; comp 9/5/97; comp 8/9/01; am and comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-11)

§16-89-48 The minimum curriculum for programs preparing practical nurses. (a) The curriculum shall include a minimum of thirty semester credits of which at least forty per cent of the nursing credits are laboratory or clinical instruction.

- (b) The curriculum shall have courses in:
- (1) Biological sciences and social or behavioral sciences; and
  - (2) Nursing:
    - (A) Nursing care of clients, as individuals and families based in nursing process throughout the lifespan;
    - (B) Assisting clients in all age groups to meet relatively stable, predictable nursing requirements;
    - (C) Assisting the registered nurse in complex nursing situations; and
    - (D) Ethical and legal aspects of nursing relevant to the practical nurse. [Eff 6/18/79; am and ren §16-89-48, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp

6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-11)

§16-89-49 The minimum curriculum for programs preparing advanced practice registered nurses. The minimum curriculum for nursing programs preparing advanced practice registered nurses shall meet national accreditation standards. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-50 Annual report required. (a) The institution conducting the educational program of nursing shall submit an annual report of statistical data and qualitative program information to the board by September 1 of each year. The board may extend the deadline if the institution is unable to timely submit the report for reasons satisfactory to the board.

(b) The report shall include, but not be limited to, the following information:

- (1) Pass rates of NCLEX-RN and NCLEX-PN candidates of the school in the last twelve months;
  - (2) Number of full-time and part-time faculty, rationale for non-nurse faculty or faculty who do not meet the requirements of section 16-89-45, and curriculum vita of new faculty;
  - (3) Data regarding student applications, enrollment, graduation rates, and anticipated number of graduates for each academic year;
  - (4) Any changes or anticipated changes to the curriculum;
  - (5) Changes in fiscal resources or administrators; and
  - (6) Other substantive information as deemed necessary by the board.
- (c) General guidelines for reports:
- (1) The board shall review reports for approval or continued approval of nursing education programs only when the board is in a formal meeting in accordance with chapter 92, HRS;
  - (2) Reports shall be submitted to the board no less than two weeks prior to the meeting at which the report will be reviewed;

- (3) The school shall be informed in writing of deficiencies in the report or items required in subchapter 7, corrective measures which are needed, and the time frame in which the corrective measures shall be completed; and
- (4) Failure to timely correct deficiencies to the satisfaction of the board may result in the withdrawal or suspension of approval after a hearing in accordance with chapter 91, HRS. [Eff and comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-51 Closing of an approved nursing education program. (a) Voluntary closing. When the governing institution anticipates the closing of a nursing education program, it shall notify the board in writing, stating the reason, plan and date of the intended closing. Notice of intent to discontinue a nursing program shall be transmitted to the board at least thirty days prior to public announcement. The governing institution shall choose one of the following closing procedures:

- (1) The program shall continue until the last class enrolled graduates:
    - (A) The program shall continue to meet the standards for approval until all of the enrolled students graduate;
    - (B) The date of closure is the date on the degree, diploma, or certificate of the last graduate;
    - (C) The governing institution shall notify the board of the actual closing date.
  - (2) The program shall close after the governing institution has made reasonable effort to transfer its students to other approved programs:
    - (A) The program shall make reasonable effort to continue to maintain the standards until date of closing; and
    - (B) A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution.
- (b) Closing as a result of denial or withdrawal of approval. When the board denies or withdraws approval of a program, the governing institution shall:
- (1) Close the program after the governing institution has made what the board considers a reasonable effort to assist in the transfer of students to other approved programs. A time frame for the transfer process shall be established by the board;

- (2) Submit to the board a list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution;
  - (3) Submit in writing to the board thirty days prior to public announcement the expected date of closing, and submit in writing to the board thirty days prior to the actual closing the actual date of closing of the program.
- (c) Custody of record. Provision shall be made for custody of records as follows:
- (1) Safe storage of vital records, including permanent records of all graduates of the program; and
  - (2) Notification to the board as to where the records will be stored and how they may be accessed by appropriate request. [Eff and comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-11)

## SUBCHAPTER 9

### MAJOR REVISION OF NURSING PROGRAM

§16-89-52 Phase I - twelve months prior to initiating revised program. Any agency or institution considering major revision of the nursing program shall advise the board of its intent in writing. The following information shall be submitted in writing:

- (1) Justification for revision;
- (2) Need and readiness of community to support the program; and
- (3) Tentative timetable for planning, organizing, and initiating the new curriculum. [Eff 6/18/79; am and ren §16-89-52, 6/22/81; am and comp 3/20/82; comp 9/18/82; comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-11)

§16-89-53 Phase II - six months prior to initiating revised program. The following documented evidence of readiness to implement the new program which shall be submitted to the board in writing:

- (1) Statements of philosophy and purpose;
- (2) Curriculum framework;

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- (3) Curriculum and its objectives including terminal behaviors of the graduates;
- (4) Admission policies and plans for student welfare;
- (5) Statements of policy necessary for operation of the program;
- (6) Plans for resources and facilities including clinical facilities and services; and
- (7) Tentative program calendar. [Eff 6/18/79; am and ren §16-89-53, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-11)

SUBCHAPTER 10

SEAL OF THE BOARD

§16-89-57 Description. The official seal of the state with the inscription of the name of the board shall be and is the adopted seal of this board. [Eff 6/18/79; am and ren §16-89-57, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

SUBCHAPTER 11

UNPROFESSIONAL CONDUCT

§16-89-59 Unprofessional conduct. Nursing behavior which fails to conform to legal standards and accepted standards of the nursing profession and which reflect adversely on the health and welfare of the public shall constitute unprofessional conduct. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-60 Types of unprofessional conduct. The types of unprofessional conduct covered in this provision shall include, but are not limited to, the following:

- (1) Submitting information to the board pursuant to an application for licensure, renewal of licensure, or reinstatement of licensure which

is fraudulent, deceitful, or contains misrepresentations regarding the applicant's or licensee's educational background, passing of a licensure examination, pending disciplinary actions, or licensure status;

- (2) Impersonating any applicant, or acting as proxy for the applicant in any nurse licensure examination, allowing any person to use one's nursing license, or the aiding, abetting, or assisting an individual to violate or circumvent chapter 457, HRS, or this chapter;
- (3) Practicing nursing within this State without a valid current license, or after the temporary license has expired;
- (4) Misrepresenting that the person is a licensed practical nurse or licensed registered nurse, verbally or in writing, when the person does not possess the appropriate license;
- (5) Failing to report to the board any revocation, suspension, or other disciplinary actions against the applicant or licensee by another state or jurisdiction of the United States for any act or omission which would constitute unprofessional conduct;
- (6) Performing unsafe or unacceptable patient care or failing to conform to professional standards required of a nurse which poses a danger to the welfare of a patient which shall include:
  - (A) Intentionally or negligently causing physical or emotional injury to a patient;
  - (B) Administering medication and treatment in a careless or negligent manner;
  - (C) Failing to take appropriate action or to follow policies and procedures in the practice setting designed to safeguard the patient;
  - (D) Failing to take appropriate action in safeguarding a patient from incompetent health care practices;
  - (E) Performing nursing techniques or procedures without proper education and training;
  - (F) Violating the confidentiality of information or knowledge concerning the patient or failing to safeguard the patient's dignity and right to privacy; and
  - (G) Leaving a nursing assignment or abandoning a patient without properly notifying appropriate personnel; and
- (7) Engaging in any act inconsistent with the practice of nursing as defined in section 457-2, HRS, for that of a licensed practical nurse or a registered nurse including:

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- (A) Engaging in conduct which evidences a lack of ability or fitness to discharge the duty owed by the licensee to a patient;
- (B) Practicing nursing when physical or mental ability to practice is impaired by alcohol or drugs, or because of other physical, psychological, or mental impediment;
- (C) Willfully, or deliberately, falsifying or altering a patient's, health care facility's, or employee's record;
- (D) Unauthorized use or removal of drugs, supplies, or property from a patient or health care facility, institution or other work place location, or diverting or attempting to divert drugs or controlled substances for unauthorized use or appropriating money, supplies, or equipment;
- (E) Possessing, obtaining, furnishing, or administering prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; and
- (F) Failing to supervise persons to whom nursing functions have been delegated under one's supervision. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-61 Repealed. [R 6/22/90]

§16-89-62 Voluntary surrender of license. Voluntary surrender of license to practice nursing or placing the nursing license on inactive status shall not deprive the board of jurisdiction to proceed with disciplinary proceedings pursuant to chapter 91, HRS, and chapter 16-201. [Eff 6/18/79; am and ren §16-89-62, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-63 Disciplinary action. (a) In disciplining a licensee pursuant to a proceeding held in accordance with chapter 91, HRS, and chapter 16-201, administrative practice and procedures, the board, in addition to having the power to deny, revoke, or suspend any license to practice nursing may limit the license

by restricting the field of practice in which the licensee may engage in, place the licensee on probation, or both.

(b) The board may impose conditions and shall determine whether and when limitations or conditions shall be removed with respect to a registered nurse or a licensed practical nurse who has been placed on probation, or whose license has been suspended or limited in any way. [Eff and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-64 Examination not required. An examination may not be required for an applicant whose license has been revoked by the board, provided that the applicant applies for licensure within three years after the date of revocation. [Eff and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-12)

## SUBCHAPTER 12

### PRACTICE AND PROCEDURE

§16-89-66 Administrative practice and procedure. The rules of practice and procedure for nurses shall be as provided in chapter 16-201, the rules of practice and procedure of the department of commerce and consumer affairs, which are incorporated by reference and made a part of this chapter. [Eff and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §§91-2, 457-5) (Imp: HRS §§91-2, 457-5)

## SUBCHAPTER 13

### ORAL TESTIMONY

§16-89-70 Oral testimony. (a) The board shall accept oral testimony on any item which is on the board's agenda, provided that the testimony shall be subject to the following conditions:

- (1) Each person seeking to present oral testimony is requested to so notify the board not later than forty-eight hours prior to the meeting, and at that time shall state the item on which testimony is to be presented;

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- (2) The board may request that any person providing oral testimony submit the remarks, or a summary of the remarks, in writing to the board;
- (3) The board may rearrange the items on the agenda for the purpose of providing for the most efficient and convenient presentation of oral testimony;
- (4) Persons presenting oral testimony shall, at the beginning of the testimony, identify themselves and the organization, if any, that they represent;
- (5) The board may limit oral testimony to a specified time period but in no case shall the period be less than five minutes, and the person testifying shall be informed prior to the commencement of the testimony of the time constraints to be imposed; and
- (6) The board may refuse to hear any testimony which is irrelevant, immaterial, or unduly repetitious to the agenda item on which it is presented.

(b) Nothing in this section shall require the board to hear or receive any oral or documentary evidence from a person on any matter which is the subject of another proceeding pending subject to the hearings relief, declaratory relief, or rule relief of chapter 16-201.

(c) Nothing in this section shall prevent the board from soliciting oral remarks from persons present at the meeting or from inviting persons to make presentations to the board on any particular matter on the board's agenda. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §92-3)

## SUBCHAPTER 14

### ADVANCED PRACTICE REGISTERED NURSE

§16-89-75 Objective. This subchapter is intended to recognize the performance of additional acts performed by registered nurses practicing in expanded specialized roles, and to set standards for nurses practicing as advanced practice registered nurses in order to protect and safeguard the welfare of the public. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

§16-89-77 Definitions. As used in this subchapter:

"Advanced practice registered nurse (APRN)" means a registered nurse licensed to practice in this State who has met the qualifications set forth in chapter 457, HRS, and this subchapter, who, because of advanced education and specialized training, is authorized to perform acts of assessment, prevention, and the utilization of medical, therapeutic, or corrective measures.

"Certification" means a form of specialized credentialing, under sponsorship of a recognized national certifying body that has verified an applicant's advanced knowledge, skills, and abilities in defined areas of nurse practice specialties as listed in section 16-89-85.

"Midwife" means a person who is recognized as an advanced practice registered nurse in accordance with chapter 457 and this subchapter to practice midwifery.

"Prescribed medical orders" means requisitions for resources to be allocated in particular ways for specific patients, which includes prescription drug orders, signed by the delegating physician, standing medical orders, standing delegation orders, or other orders or protocols.

"Recognized national certifying body" means credentialing agencies recognized by the board which include the American Nurses Credentialing Center; the National Certification Board of Pediatric Nurse Practitioners/Nurses; the National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties; the American College of Nurse Midwives Certification Council; the American Academy of Nurse Practitioners; and the American Association of Nurse Anesthetists Certifying Council. [Eff and comp 9/5/97; am and comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

§16-89-79 Title. (a) A registered nurse who has been recognized by the board to have satisfactorily met the requirements of chapter 457, HRS, and this subchapter shall be called an advanced practice registered nurse and authorized to use the abbreviation A.P.R.N., or the specialty practice abbreviation designated by the board recognized national certifying body as listed in section 16-89-85.

(b) No person shall practice or offer to practice as an advanced practice registered nurse, or use the A.P.R.N. abbreviation, or the specialty practice abbreviation designated by the board recognized national certifying body, or any other title, words, letters, signs or figures to indicate that the person is an advanced practice registered nurse unless the person has met all appropriate requirements of this subchapter. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

§16-89-81 Practice specialties. (a) The four areas of advanced practice registered nurses recognized by the board from which the practice specialties are derived are:

- (1) Nurse practitioner;
- (2) Certified registered nurse anesthetist;
- (3) Certified nurse-midwife; and
- (4) Clinical nurse specialist.

(b) In addition to those functions specified for the registered nurse, the advanced practice registered nurse may perform the following generic acts which include, but are not limited to:

- (1) Provide direct nursing care by utilizing advanced scientific knowledge, nursing theory and skills to assess, plan, and implement appropriate health and nursing care to patients;
- (2) Provide indirect nursing care. Plan, guide, evaluate and direct the nursing care given by other personnel associated with the health care team;
- (3) Teach and counsel individuals or groups. Utilize theories and skills to increase communication and knowledge among all members of the health care team;
- (4) Serve as a consultant and resource of advanced nursing knowledge and skills to those involved directly or indirectly in patient care; and
- (5) Participate in joint and periodic evaluation of services rendered.

(c) The scope of practice for each of the four areas of practice specialties shall be in accordance with nationally recognized standards of practice which are consistent with the following:

- (1) Nurse practitioner scope of practice:
  - (A) Evaluate the physical and psychosocial health status of the patient through a comprehensive health history and physical examination, using skills of observation, inspection, palpation, percussion, and auscultation, and using or ordering diagnostic instruments or procedures that are basic to the nursing evaluation of physical signs and symptoms;
  - (B) Assess the normal and abnormal findings from the history, physical examination, and diagnostic reports;
  - (C) Plan, implement, and evaluate care;
  - (D) Consult with the patient, support systems, and members of the health care team to provide for acute and ongoing health care or referral of the patient;
  - (E) Manage the plan of care prescribed for the patient;

- (F) Initiate and maintain accurate records, appropriate legal documents, and other health and nursing care reports;
  - (G) Develop individualized teaching plans with the patient based on overt and covert health needs;
  - (H) Counsel individuals, families, and groups about health and illness and promotion of health maintenance;
  - (I) Recognize, develop, and implement professional and community educational programs related to health care;
  - (J) Participate in periodic and joint evaluation of services rendered;
  - (K) Conduct research and analyze the health needs of individuals and populations and design programs which target at-risk groups and cultural and environmental factors which foster health and prevent illness;
  - (L) Participate in policy analysis and development of new policy initiatives in the area of practice specialty; and
  - (M) Contribute to the development, maintenance, and change of health care delivery systems to improve quality of health care services and consumer access to services.
- (2) Certified registered nurse anesthetist scope of practice:
- (A) Be responsible for total anesthesia care of patient including, but not limited to, pre-anesthetic preparation and evaluation, and selection and administration of anesthetic agents or other agents administered in the management of anesthetic care, anesthesia induction, maintenance, emergence, and post anesthesia care;
  - (B) Support life functions during the peri-operative period;
  - (C) Recognize and be able to take appropriate action for untoward patient responses during anesthesia;
  - (D) Observe and manage the patient's emergence from anesthesia;
  - (E) Participate in the life support of the patient including, but not limited to, peri-anesthetic and clinical support functions; and
  - (F) Participate in periodic and joint evaluation of services rendered including, but not limited to, chart reviews, case reviews, patient evaluations, and outcome of case statistics.
- (3) Certified nurse-midwife scope of practice:
- (A) Provide independent management of women's health care, focusing particularly on pregnancy, childbirth, the

- postpartum period, care of the newborn, and the family planning and gynecological needs of women; and
- (B) Practice in accordance with the standards for the practice of nurse-midwifery of the American College of Nurse-Midwives, unless otherwise indicated by the board. The standards include but do not limit the nurse midwife to:
    - (i) Providing primary care services for women and newborns;
    - (ii) Taking histories and performing physical exams;
    - (iii) Ordering and interpreting diagnostic tests;
    - (iv) Operating within a health care system that provides for consultation, collaborative management, or referral as indicated by the status of the client; and
    - (v) Admitting clients for inpatient care at facilities licensed as hospitals or birth centers in the State.
  - (4) Clinical nurse specialist scope of practice:
    - (A) Evaluate the physical and psychosocial health status of patients through a comprehensive health history, physical examination, or mental status examination, using skills of observation, inspection, palpation, percussion, and auscultation, and using or ordering diagnostic instruments or procedures that are basic to nursing evaluation of physical and psychological signs and symptoms;
    - (B) Assess the normal and abnormal findings from the history, physical, and mental status examinations, and diagnostic reports;
    - (C) Plan, implement, and evaluate the care of patients and groups of patients (including individuals, couples, groups, families, and communities) with complex needs in the area of practice specialty;
    - (D) Provide advanced management of health care for selected client populations;
    - (E) Consult, as needed, with members of health care teams concerning physiological, psychological, social, educational, and ethical issues in area of expertise;
    - (F) Teach biological, pharmacologic, physical, sociocultural, or psychological aspects of the patient's or client's health care;
    - (G) Counsel clients, patients, families, or groups concerning problems related to health or well-being;

- (H) Conduct research and analyze the health needs of individuals and populations and design programs which target at-risk groups and cultural and environmental factors which foster health and prevent illness;
- (I) Participate in policy analysis and development of new policy initiatives in the area of practice specialty;
- (J) Contribute to the development, maintenance, and change of health care delivery systems to improve quality of health care services and consumer access to services; and
- (K) Initiate and maintain accurate records, appropriate legal documents, and other health and nursing care reports.

(d) Nothing in this section shall allow an APRN to prescribe any substance included in schedules I, II, III, IV, or V of chapter 329, HRS. It shall be unlawful for any nurse not granted prescriptive authority under chapter 16-89C, to prescribe, offer to prescribe, or to use any sign, card, or device to indicate that the nurse is so authorized.

(e) Nothing in this section shall preclude a licensed nurse from carrying out prescribed medical orders of a licensed dentist, physician, osteopath, or podiatrist licensed in accordance with chapters 448, 453, 460, or 463E, HRS, or the orders of a recognized advanced practice registered nurse.

(f) Nothing in this section shall limit a certified registered nurse anesthetist from providing total anesthesia care as designated in subsection (c)(2). [Eff and comp 9/5/97; am and comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

§16-89-83 Requirements for recognition as an advanced practice registered nurse. In addition to having a current, unencumbered license as a registered nurse in this State and satisfying the requirements set forth in chapter 457, HRS, the applicant for recognition as an advanced practice registered nurse shall arrange to have the following sent directly to the board:

- (1) A completed application prescribed by the board accompanied by the required fees;
- (2) Proof of having an unencumbered license as a registered nurse in all other states in which the nurse is licensed;
- (3) An official complete transcript of the master's degree in clinical nursing or nursing science sent directly from the school, or evidence of current certification in the nursing specialty sent directly from the recognized national certifying body, or if currently licensed by the state department of health, in accordance

with chapter 321, HRS and chapter 11-141, evidence of a valid unencumbered license;

- (4) Documentation relating to any disciplinary action ordered by or pending before any board of nursing in any state or jurisdiction of the United States; and
- (5) Documentation from the appropriate agencies or parties regarding any criminal conviction, which the applicant has been the subject of, within the past twenty years, in which the conviction was not annulled or expunged. This includes, but is not limited to, certified copies of any court records, orders, or other documents that state the facts and statutes upon which the applicant was convicted, the judgment of the court with regard to the conviction, the sentence imposed, the actual terms of the sentence, and whether sentence was completed. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

§16-89-85 Recognized national certifying body; certification. (a) National certifying bodies recognized by the board to certify the advanced practice registered nurse specialty include:

- (1) The American Nurses Credentialing Center;
  - (2) The National Certification Board of Pediatric Nurse Practitioners/Nurses;
  - (3) The National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;
  - (4) The American College of Nurse-Midwives Certification Council;
  - (5) The American Association of Nurse Anesthetists; and
  - (6) The American Academy of Nurse Practitioners;
- (b) The board may recognize other national bodies which provide competency-based certification examinations reflective of APRN knowledge of and expertise in their nursing specialties.
- (c) A national certifying body which is a successor to any body listed in this section is also recognized by the board, provided the body maintains or exceeds the standards of its predecessor.
- (d) A board-recognized advanced practice registered nurse shall have the right to use the title(s) designated by the certifying bodies, provided the nurse has met all licensing, recognition, and certification requirements of this chapter.
- (e) No other person shall assume any of the titles designated by the certifying bodies in subsection (a), or any other words, letters, signs, or devices to

indicate that the person using the title is so qualified. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

§16-89-87 Renewal of recognition. (a) All recognition for advanced practice registered nurses shall expire on June 30 of every odd-numbered year and shall be renewed biennially. In each odd-numbered year, the board shall make available to all licensees an application for renewal of recognition to be submitted to the board by the deadline set forth by the board. Applicants shall be currently licensed as registered nurses in this State and shall submit:

- (1) Evidence of current national certification if the advanced practice registered nurse does not hold a master's degree in clinical nursing or nursing science in a board recognized practice specialty, or if licensed by the state department of health, in accordance with chapter 321, HRS and chapter 11-141, evidence of current annual registration;
- (2) Documentation from agencies or parties relating to any disciplinary action ordered by or pending before any board of nursing in any state or jurisdiction of the United States within the two years prior to application for renewal of recognition;
- (3) Information regarding any criminal conviction within the past two years which has not been annulled or expunged; and
- (4) The required renewal non-refundable fee.

(b) When renewing an APRN recognition, the applicant may elect to be placed on inactive status by indicating so on the renewal form provided by the board and paying all appropriate fees. Advanced practice registered nurses wishing to reactivate their recognition at any time during the biennial period shall comply with the requirements of subsection (a).

(c) Advanced practice registered nurses who fail, neglect, or refuse to renew their recognition on or before June 30 of each odd-numbered year shall have their recognition forfeited. Recognition may be restored within six months of renewal date, in compliance with subsection (a), and payment of renewal and penalty fees. Failure to restore within the time period provided shall constitute a termination of the recognition and the applicant shall file for recognition pursuant to section 16-89-83.

(d) Licensees who fail to renew their recognition as advanced practice registered nurses as provided in subsection (a), or who have placed their APRN recognition on inactive status as provided in subsection (b) and continue to practice as advanced practice registered nurses shall be subject to penalties provided for violations of chapter 457, HRS, and this chapter. [Eff and comp

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9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-9, 457-8.5)

§16-89-89 Discipline. The board shall have the same power to deny, revoke, limit, or suspend any recognition of an advanced practice registered nurse for any of the actions subject to disciplinary action as prescribed in chapter 457, HRS, and this chapter. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-91 Encumbered recognition. Encumbrances based on disciplinary action ordered by the board to be imposed on the recognition of an advanced practice registered nurse shall also be placed on all nurse licenses and prescriptive authority held. Any encumbrance on one license, recognition, or prescriptive authority shall automatically and similarly affect the other. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-93 Reinstatement following completion of a board ordered suspension. An advanced practice registered nurse seeking reinstatement of APRN recognition following a board ordered suspension or limitation shall comply with all conditions of the order of suspension or limitation which may include applying as a new applicant meeting the requirements of section 16-89-83. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §436B-20)

§16-89-95 Fees. (a) The fees for advanced practice registered nurses shall be:

- |     |                                                                           |         |
|-----|---------------------------------------------------------------------------|---------|
| (1) | Application fee                                                           | \$40.00 |
| (2) | Recognition fee                                                           | \$20.00 |
| (3) | Renewal fee                                                               | \$20.00 |
| (4) | Inactive (renewal)                                                        | \$20.00 |
| (b) | Fees provided in chapter 16-53, shall supersede the fees in this section. |         |

(c) All fees are non-refundable. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §26-9) (Imp: HRS §§26-9, 457-8.5, 457-9)

§16-89-97 Advanced practice registered nurse requesting prescriptive authority. An advanced practice registered nurse who requests prescriptive authority also shall comply with the eligibility requirements to be granted prescriptive authority by the department of commerce and consumer affairs, as set forth in chapter 89C. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-8.6) (Imp: HRS §457-8.6)

## SUBCHAPTER 15

### DELEGATION OF SPECIAL TASKS OF NURSING CARE TO UNLICENSED ASSISTIVE PERSONNEL

§16-89-100 Purpose. Only a registered nurse has authority to practice professional nursing; therefore, only the registered nurse has authority to delegate nursing.

It is the intent of the board that the delegation of special tasks of nursing care to unlicensed assistive personnel be the exception rather than the rule unless the registered nurse can justify the need for delegation.

The board believes that unlicensed assistive personnel can be utilized to provide special tasks of nursing care under the specific delegation and supervision of a registered nurse and not under any licensed practical nurse. Nothing in this subchapter shall limit a licensed practical nurse from providing care within the scope of their practice.

A registered nurse may delegate in any setting at any time; provided that when the registered nurse is not regularly scheduled and not available to provide direct supervision, the registered nurse shall provide indirect supervision.

The purpose of this subchapter is to address those settings where a registered nurse is not required. [Eff 7/16/98; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §§457-2, 457-5)

§16-89-101 Definitions. "Delegation" means the act of authorizing one to act for another.

"Direct supervision" means that the registered nurse assesses the condition to be treated, authorizes each special task to be performed, remains on the premises, and personally evaluates the performance of the unlicensed assistive personnel.

"Indirect supervision" means that the registered nurse assesses the condition to be treated, is familiar with the client's medical history, and personally

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authorizes each special task to be performed. The presence of the registered nurse is not required; provided that the registered nurse shall be available for consultation.

"Special tasks" means procedures that require nursing education or that require nursing education and training in order to be performed safely.

"Supervision" means the process of critical watching, directing, and evaluating another's performance.

"Teaching" means that the registered nurse instructs an unlicensed assistive person in the appropriate method of performing a special task of nursing care.

"Unlicensed assistive person" means an individual who is not licensed to practice nursing, but who provides tasks of nursing care delegated by a licensed registered nurse. [Eff 7/16/98; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

§16-89-102 Settings. (a) These rules on the delegation of special tasks apply only in settings where a registered nurse is not regularly scheduled and not available to provide direct supervision. These settings include, but are not limited to:

- (1) Supervised group living settings;
- (2) Supervised or sheltered work settings;
- (3) Independent living or assisted living settings;
- (4) Schools; and
- (5) Day care centers.

(b) These rules do not apply to acute care or long term care settings or any other setting where the regularly scheduled presence of a registered nurse is required by law.

(c) These rules govern registered nurses who practice in settings where the delegation of special tasks may occur, rather than the setting itself. [Eff 7/16/98; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

§16-89-105 Non-delegable nursing tasks. The following nursing tasks require nursing knowledge, judgment, and skill and shall not be delegated:

- (1) Initial nursing assessment or intervention;
- (2) Development of nursing diagnosis;
- (3) Establishment of the nursing care goal;
- (4) Development of the nursing care plan;

- (5) Evaluation of the client's progress, or lack of progress toward goal achievement; and
- (6) Any nursing task which requires nursing knowledge, judgment, and skill. [Eff 7/16/98; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

§16-89-106 Delegable nursing tasks. (a) A registered nurse may delegate the special task of nursing care to an unlicensed assistive person. The delegating registered nurse retains accountability for the special tasks, provided the unlicensed assistive person is taught by the delegating registered nurse.

- (b) Special tasks of nursing care delegated by the registered nurse shall:
  - (1) Be within the area of responsibility of the delegating registered nurse;
  - (2) Be such that, in the judgment of the delegating registered nurse, it can be properly and safely performed by an unlicensed assistive person without jeopardizing the client's welfare; and
  - (3) Be a task that a reasonable and prudent registered nurse using sound nursing judgment would delegate.
- (c) A special task delegated by the registered nurse shall not require the unlicensed assistive personnel to exercise nursing judgment or intervention. [Eff 7/16/98; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

§16-89-108 Medication administration. (a) Administration of medication is a part of the practice of nursing as a registered nurse. As such the registered nurse retains full responsibility for medication administration.

- (b) The following activities related to medication administration shall not be delegated except as provided in subsection (c):
  - (1) Calculation of any medication dose;
  - (2) Administration of medications by injection route;
  - (3) Administration of medications used in intermittent positive pressure breathing or other methods involving medication inhalation treatments;
  - (4) Administration of medications by way of a tube inserted into a cavity of the body; and
  - (5) Administration of medication by intravenous route.
- (c) Exceptions:

- (1) Administration of medication may be delegated by a registered nurse provided the criteria for delegation in section 16-89-110 is met. The registered nurse shall be accountable for the decision to delegate as provided in section 16-89-112.
- (2) The registered nurse shall determine the appropriateness of the order.
- (3) Medication shall be administered as prescribed and when limited to:
  - (A) Pharmacy or authorized practitioner-prepared medication in aerosol forms;
  - (B) Doses of oral medications by mouth, gastrostomy, or J-tube, but not including PRN;
  - (C) Subcutaneous injections of pre-measured maintenance doses of medication or medication or doses calculated by the nurse;
  - (D) Enemas and rectal suppositories;
  - (E) Topical medications; and
  - (F) Ophthalmic and otic medications. [Eff 7/16/98; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

§16-89-110 Criteria for delegation. (a) The delegating registered nurse shall teach an unlicensed assistive person special tasks of nursing care and verify the unlicensed assistive person's competency to perform the special tasks, provided the delegating registered nurse shall first:

- (1) Consider the nature of the special task to be provided, its complexity, the risks involved, and the skills needed to satisfactorily carry out the task;
- (2) Assess the client's condition and determines that there is no jeopardy to the client if the unlicensed assistive person performs the task in the absence of direct supervision by the registered nurse;
- (3) Assess the ability of the unlicensed assistive person to perform the special task;
- (4) Determine if the unlicensed assistive person is prepared to effectively deal with the consequences, if there is some risk involved to the client;
- (5) Determine how frequently the client's condition shall be reassessed by the delegating registered nurse to determine whether the

continued delegation of the task to the unlicensed assistive person is appropriate;

- (6) Determine the frequency of supervision of unlicensed assistive person;
- (7) Document the process used in deciding whether the task can be delegated to the unlicensed assistive person without jeopardizing the client's safety; and
- (8) Determine that the unlicensed assistive person will obtain the same or similar result as the delegating registered nurse in performing the special task.

(b) After completing the factors listed in subsection (a) the registered nurse shall do the following prior to delegating a task:

- (1) Teach as appropriate and verify the competency of the unlicensed assistive person being assigned the special task;
- (2) Observe the unlicensed assistive person's performance of the special task to ensure the special task can be carried out safely and accurately;
- (3) Leave written instructions, including a contingency plan to deal with unexpected occurrences for the unlicensed assistive person to use as a reference for performing a special task;
- (4) Instruct the unlicensed assistive person that the special task being delegated is specific to that client only, shall not be applied to other clients, and shall not be taught to other care providers; and
- (5) Document how the special task was taught; the unlicensed assistive person's understanding of, execution of, and reception to teaching; the content and type of instructions left for the unlicensed assistive person; evidence that the unlicensed assistive person understands any risks involved in performing the special task; evidence that the unlicensed assistive person was instructed that the special task is client-specific and not applicable to other clients and should not be taught to other care providers; how frequently the client should be reassessed by the registered nurse regarding continued delegation of the special task to the unlicensed person, and how frequently the unlicensed assistive person should be supervised.

(c) The registered nurse shall have the authority to immediately rescind at any time the delegation of a special task. [Eff 7/16/98; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

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§16-89-112 Accountability. When the registered nurse delegates the responsibility to perform a special task to an unlicensed assistive person, the nurse shall be held accountable for the decision to delegate. The registered nurse shall be accountable for the adequacy of nursing care to the client, provided that the unlicensed assistive person performed the special task as instructed and directed by the delegating registered nurse. [Eff 7/16/98; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

§16-89-114 Supervision. (a) Supervision of an unlicensed assistive person requires that the delegating registered nurse perform the following activities:

- (1) Provide initial evaluation of the client;
- (2) Develop a written nursing plan and program in accordance with professionally recognized standards of nursing care, including long and short-term goals;
- (3) Continuously assess the training, education, experience, and competence of unlicensed assistive personnel to perform delegated special tasks;
- (4) Select and delegate appropriate portions of the treatment plan and program;
- (5) Direct and supervise unlicensed assistive personnel in delegated functions;
- (6) Reevaluate the client and adjust the nursing plan as acceptable nursing practice requires, consistent with the delegated special task; and
- (7) Provide discharge planning.

(b) The supervision of unlicensed assistive personnel shall be by a registered nurse currently licensed pursuant to chapter 457, HRS, and this chapter, and the requirements on the utilization of unlicensed assistive personnel as defined in this subchapter shall also be in accordance with professionally recognized standards of nursing care. [Eff 7/16/98; comp 8/9/01; comp 5/5/05] (Auth: HRS §457-5) (Imp: HRS §457-5)

Amendments to and compilation of chapter 16-89, Hawaii Administrative Rules, on the Summary page dated December 3, 2004, were adopted on December 3, 2004, following a public hearing held on December 3, 2004, after public notice was given in the Honolulu Star-Bulletin, The Garden Island, Hawaii Tribune-Herald, West Hawaii Today, and The Maui News on November 1, 2004.

They shall take effect ten days after filing with the Office of the Lieutenant Governor.

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/s/ Darryl N. Ing  
DARRYL N. ING, Chairperson  
Board of Nursing

APPROVED AS TO FORM:     Date 12/3/04

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/s/ Shari J. Wong  
Deputy Attorney General

APPROVED:                     Date 4/18/05

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/s/ Mark E. Recktenwald  
MARK E. RECKTENWALD, Director  
Commerce and Consumer Affairs

APPROVED:                     Date 4/25/05

\_\_\_\_\_  
/s/ Linda Lingle  
LINDA LINGLE  
Governor  
State of Hawaii

\_\_\_\_\_  
April 25, 2005  
Filed

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Amendment and Compilation of Chapter 16-89  
Hawaii Administrative Rules

December 3, 2004

SUMMARY

1. §16-89-10 is amended.
2. A new §16-89-33 is added.
3. §§16-89-44 through 16-89-51 are amended.
4. Chapter 89 is compiled.

This material can be made available for individuals with special needs. Please call the Program Specialist, Professional and Vocational Licensing Division, DCCA, at 586-2692, to submit your request.

Effective 5/5/05