

Note: All FAQs are drawn from actual queries to the board. They are edited for length and clarity and identifying details are masked. Updated 6-28-16 Please see the link under Delegation to see if there are other questions that may be under your area of interest.

PRACTICE QUESTION: Scope of Practice and Ethics

Question:

Where can I locate the scope of practice for licensee/certificate holders in the Nurse Practice Act?

Response:

COMAR is located on the MBON home page, green ribbon, top Right hand corner under NPA.

The Scope of Practice for each license/certification regulated by the MBON is located in COMAR at the chapter numbers provided below:

10.39.05.03: Standards of Practice of the CNA

10.39.07: Code of Ethics for CNA/CMT

10.27.05.10 &.11: Practice of Nurse Midwifery

10.27.06-08: Practice of Nurse Anesthetist

10.27.07.07: Practice of the Nurse Practitioner

10.27.09: Standards of Practice for the RN

10.27.11.05: Delegating Nursing Functions

10.27.10.03 & .04: Standards of Practice for the LPN

10.27.19: Code of Ethics for Nursing

10.27.21.04: Registered Nurse—Forensic Nurse Examiner

10.27.27.05: Practice of Clinical Nurse Specialist

10.39.03.04-.06: Certified Medicine Aides

10.39.04.10 Certified Medication Technicians

10.27.11.05G (3) Certified Medication Technicians

10.27.14 Certified Medicine Technicians OHCQ regulations under Hospitals/Assisted Living

PRACTICE QUESTION: Scope of Practice

Question:

I work with a film production company planning to shoot a film in [Maryland] involving a Full Body Burn (lighting a person on fire). We are working through what the company needs to do to address fire and life safety. One of the things we are requiring of the production company is on-site medical care, mainly in case the actress gets burned but also to deal with any other medical issues prior to the arrival of EMS. The film company has hired an RN licensed in Maryland, but that individual is not an EMT. I have checked with our local EMT medical director to see if this is permitted and he advised me to contact the board of nursing.

Is an RN permitted to serve in this type of role, providing pre-arranged pre-hospital care? My concern is not necessarily the individual's abilities but will this person have the equipment and supplies necessary to care for someone, especially a burn patient prior to the arrival of an EMS transport unit? Based on the credentials provided, I would assume this individual is fairly new to the RN field and I also don't want to see this person jeopardize the license by doing something that the nurse may not be aware is disallowed.

Response:

The Maryland Board of Nursing would not be able to answer "Yes" or "No" to your question, but rather refer you to the regulations that govern nursing practice.

These regulations can be found in COMAR 10.27.09. There are specialty regulations which govern specialty care transport (COMAR 10.27.09.04.C) However, these regulations focus on the RN and transport from one facility to another. In COMAR 10.27.09.03. J with special note to (b) and (c):

J. Refusal.

(1) The RN has the right and the responsibility to refuse to perform, assign, or delegate nursing acts.

(2) Measurement Criteria.

(a) The RN has the right and responsibility to refuse to perform a nursing act which is beyond the parameters of the nurse's education, capabilities, and clinical competency.

(b) The RN shall obtain appropriate education, training, and supervision as required to perform nursing functions which are beyond the parameters of the nurse's education and clinical competence.

(c) The RN has the right to refuse to accept responsibility and accountability for supervising, monitoring, instructing, or evaluating an unlicensed person performing a nursing task that has not been delegated by that nurse.

I share your concerns that the equipment that may be needed to tend to a burn victim would not be available. Many questions come to mind that you yourself asked. What equipment does the RN have available? Who does the employee have a contract with for services? What documented experience and competency in the area of emergency care does the RN have?

While the board cannot speak to the employer's (film production company, in this case) legal and ethical

responsibilities and potential liabilities, your question raises the serious issues for the professional nurse to consider when accepting employment for such an assignment.

PRACTICE QUESTION: Work Site Policies

Question:

I am reaching out on behalf of (a) Delegate.

In recent months we have been working with a constituent who is employed as a nurse. This constituent brought to our attention the very real concern of both patient and employee safety regarding breaks for nurses. In their professional opinion, it is critical that nurses, and those that work long shifts (some nurses work 12 hour shifts) should be allotted time for scheduled breaks. It is important that individuals who work in high stress environments and who are tasked with providing vital care to patients receive the needed breaks that almost all other professions receive, even if it is a mere 15-30 minutes.

Having worked on this concern for some time now, we understand that this is far from a clean cut issue. We understand the demands of this profession and how having nurses on breaks during a critical time or moment could prove harmful to the hospital patients or other staff members. This issue is complex.

However, our constituent believes that not having a policy in place that allows for breaks could be just as damaging to patient and employee safety.

We are reaching out to you in hopes that you may be able to assist us in searching for a mutually beneficial resolution to this concern. Is there already something in place to address this issue in MD? If not, has it been discussed?

We look forward to hearing back from you soon and hope that we can work together to better understand this issue.

Response:

Thank you for contacting the Maryland Board of Nursing with a question about the board's role in employer policies, specifically whether we already have regulations in place mandating employee breaks in an acute care setting or plan to consider this in future. Please be aware that our consultation is limited to directing customers to applicable statutes, regulations, and possibly other evidence-based guidelines. Members of the board staff do not provide practice or delegation opinions, nor do we speak to employer policies.

We are currently rebuilding our website to provide a sampling of frequently asked questions and I have copied and pasted one below that is similar to your question:

Question: Employer Policies *I work at a facility that mandates to fill holes in schedule; is this legal?*

Response: *Thank you for contacting the Maryland Board of Nursing with a question about scheduling work hours and your employer's scheduling practices. The mission of the MBON is to advance safe quality care in Maryland through licensure, certification, education and accountability for public protection. We exist to protect the public and draw our authority to do so from the Nurse Practice Act and Regulations. Nothing in the NPA and Regs addresses*

scheduling practices, employer-employee relations, or workers' rights. While you may look to employment laws and your agency's HR dept for guidance, I encourage you to engage your supervisors and nursing leadership in a meaningful discussion around patient safety outcomes to advance your concerns.

In this case, you are wondering if the MBON could support nurse employees in seeking some kind of mandatory breaks. You wrote, "...our constituent believes that not having a policy in place that allows for breaks could be just as damaging to patient and employee safety. We are reaching out to you in hopes that you may be able to assist us in searching for a mutually beneficial resolution to this concern. Is there already something in place to address this issue in MD? If not, has it been discussed?"

The response from the copied FAQ above stands in this case. The Board's mission is to protect the public and not to advocate for the profession. The American Nurses Association, which does advocate for nurses, has published many position statements on nurse safety in the workplace. Both federal and state employment laws address meal breaks. If your constituent wishes to draw on those professional and legal statements for evidence to support a position, he or she certainly may do so.

However, I strongly emphasize the final sentence in the paragraph above: *I encourage you to engage your supervisors and nursing leadership in a meaningful discussion around patient safety outcomes to advance your concerns.*

You might also point the constituent to look at California where nursing work-site regulations were legislated in an attempt to force employer policies; suggest they research what the actual outcomes for nurses and patient safety ended up to be in a state that chose the regulatory route to deal with professional issues. At this time, the MBON has no plans to adopt regulations in the area of employee policies for meal/rest/work cycles for nurses.

PRACTICE QUESTION: Licensure Requirements for Out of State School Nurses

Question:

We do many out of state field trips and I would like to know if you could supply me with information on your state nursing laws relating to nurses from (NON-COMPACT STATE) traveling to or thru your state. Information needed: do our nurses have to do anything to be able to complete their job as the school nurse on a field trip to your state? Example: contact the State board of Nursing? Apply for a temporary license? Or is there an exemption for travel if less than a specific amount of time?

Response:

Thank you for contacting the Maryland Board of Nursing with a question about school nurses from a non-compact state traveling through Maryland.

Please see the portion of the Nurse Practice Act that addresses your inquiry below. I have highlighted in red what you may want to focus on. You can view the full Annotated Code of Maryland (COMAR) online. This does not pertain to a nurse who is administering nursing care to a patient who is a Maryland resident unless the nurse was licensed in another Compact state (the National Licensure Compact provides a privilege to practice in all of the participating states.

HO section 8-301(c) and COMAR [10.27.01.03](#):

HO section 8-301:

(a) Except as otherwise provided in this title, an individual shall be licensed by the Board before the individual may practice registered nursing in this State.

...

(c) This section does not apply to:

...

(3) An individual permitted to practice registered nursing or licensed practical nursing under rules and regulations adopted by the Board, if the individual:

(i) Otherwise has qualified to practice registered nursing or licensed practical nursing in any other state or country and is in this State temporarily;

COMAR 10.27.01.03A. Registered nurses or licensed practical nurses who hold a current active license in any other state or jurisdiction may render nursing care:

(1) For not more than 30 days, to an individual who is visiting the State for medical or personal reasons;

(2) For the purpose of the interstate transport and care of patients traveling to and from Maryland; and

(3) During an emergency situation.

Thank you contacting us and best wishes in your field trip experience.

PRACTICE QUESTION: Nursing care provided while traveling through Maryland

Question:

I am planning a school sponsored field trip from A NON-COMPACT STATE to Washington DC. The Middle School students and staff will be staying in Maryland during the trip and a licensed RN will be traveling with them. My home STATE does not participate in the Nurse Licensure Compact. We have been instructed by the STATE Department of Health, School Health Advisors that nurses must request and receive permission from the respective state's board of nursing, to practice in another state (NCSBN, 2012). The nurse must also know the nursing laws/regulations of that state and practice accordingly. This includes the laws regarding delegation of tasks to a non-nurse school staff member and performing the necessary health services (NCSBN, 2012). How do the nurses receive this permission from your state? Where can I locate Maryland's laws and regulations for school nurses? Thank you for your assistance.

Response:

Thank you for your inquiry. Based on your representation that an actively licensed RN from the STATE will be accompanying the students while they stay in Maryland, please refer to Md. Code Ann., Health

Occupations Article, section 8-301(c)(3)(i), which governs the practice of actively licensed RNs who are in Maryland temporarily. It states as follows:

8-301

(a) Except as otherwise provided in this title, an individual shall be licensed by the Board before the individual may practice registered nursing in this State.

...

(c) This section does not apply to:

...

(3) An individual permitted to practice registered nursing or licensed practical nursing under rules and regulations adopted by the Board, if the individual:

(i) Otherwise has qualified to practice registered nursing or licensed practical nursing in any other state or country and is in this State temporarily;

Further, under the Code of Maryland Regulations, the Board has set out rules that govern temporary practice in this State. The relevant provision states as follows:

COMAR 10.27.01.03A. Registered nurses or licensed practical nurses who hold a current active license in any other state or jurisdiction may render nursing care:

(1) For not more than 30 days, to an individual who is visiting the State for medical or personal reasons;

Under these two provisions, an actively licensed RN from STATE would be permitted to render nursing care to students while in Maryland temporarily, so long as the period of care does not exceed 30 days.

You can reference the laws governing nurses in Maryland by accessing the Nurse Practice Act at: [https://govt.westlaw.com/mdc/Index?transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/mdc/Index?transitionType=Default&contextData=(sc.Default)). You will find the Act under the Health Occupations Article, Title 8. Nurses.

You can reference the regulations governing nurses in Maryland by accessing the Code of Maryland Regulations at: <http://www.dsd.state.md.us/COMAR/ComarHome.html>. The relevant regulations are found under Title 10, Subtitle 27.

There are no provisions in the Maryland Nurse Practice Act or the regulations that require a licensed RN who is in Maryland temporarily to seek permission before practicing under the provisions cited above. published 3/2016

PRACTICE QUESTION: Chemotherapy

Question:

I am a compact state RN.

Can you please inform me at your earliest convenience whether specific advanced credentialing is required in the state of MD. for RNs to administer high risk chemotherapy agents via central lines in a clinic setting ?
Thank you in advance for your time.

Response:

Thank you for contacting the Maryland Board of Nursing with a question about chemotherapy.

Please see this excerpt from the Annotated Code of Maryland (regulations):

10.27.20.06 Infusion Therapy Acts-RN

....

B. The RN, upon completion of a second specialized educational program in infusion therapy which includes didactic content and a clinical practicum consistent with the standards established by the ONS or other bodies approved by the Board and with documented evidence of clinical competency, may perform the following additional infusion therapy activities:

(1) Administer antineoplastic agents;

(2) Aspirate fluid from an intraventricular reservoir;

(3) Administer fluids and medications via an intraventricular reservoir;

(4) Manage implantable pumps by programming and filling with fluids and medications;

(5) Insert, repair, and remove PICC and midclavicular catheters;

(6) Insert and remove midline catheters;

(7) Manage specialized catheters for analgesia;

(8) Remove nonsurgically placed central and arterial catheters;

(9) Administer pharmacological agents to de-clot or restore blood return; and

(10) Repair a catheter.

Thank you for your interest in supporting our mission: to advance safe quality care in Maryland through licensure, certification, education and accountability for public protection.

PRACTICE QUESTION: Scope of Practice

Question:

Is it within the RN's scope of practice in Maryland to perform physical examinations and assess for side effects in clinical research? I reviewed the Nurse Practice Act but it was not helpful to me on answering the question, and I need MBON's guidance. Please advise if it is within the RN's scope of practice in Maryland to perform physical examinations and assess for side effects in clinical research.

Response:

Please understand that MBON staff do not provide practice opinions or approvals, nor do we provide legal interpretation. Our consultation is limited to directing customers to applicable statutes, regulations, and possibly other evidence-based guidelines. There is nothing specifically that addresses the "clinical research" setting in the statute or regulations, however, the practice of nursing as defined below is not limited to a setting. I would point out, however, that in your query you refer to "physical examination" and the terms used in our statute/regs (below) do not use those words, rather "assessment" and "evaluation." Nurses participate in research in multiple ways, as principal investigators and assistants, as well as enacting research protocols, so it isn't clear if the concern is a nurse participating in research or conducting an assessment that is only required due to a research protocol. Nonetheless, the excerpts below speak to the scope of practice. Also included is the scope of practice for an advanced practice registered nurse to show that the language is the same for "assessment" rather than "physical examination."

If this response is insufficient for your needs, I would suggest you consult with your own agency leadership and legal team to decide what meets your own objectives and still serves patient safety and public protection.

The relevant portion of the Nurse Practice Act is copied below for your reference:

Practice registered nursing

(n)(1) "Practice registered nursing" means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the biological, physiological, behavioral, or sociological sciences as the basis for assessment, nursing diagnosis, planning, implementation, and evaluation of the practice of nursing in order to:

- (i) Maintain health;
 - (ii) Prevent illness; or
 - (iii) Care for or rehabilitate the ill, injured, or infirm.
- (2) For these purposes, "practice registered nursing" includes:
- (i) Administration;
 - (ii) Teaching;
 - (iii) Counseling;
 - (iv) Supervision, delegation, and evaluation of nursing practice;
 - (v) Execution of therapeutic regimen, including the administration of medication and treatment;
 - (vi) Independent nursing functions and delegated medical functions; and
 - (vii) Performance of additional acts authorized by the Board under § 8-205 of this title.

Registered nurse

(o) “Registered nurse” means, unless the context requires otherwise, an individual who is licensed by the Board to practice registered nursing.

Practice as a nurse practitioner

(l) “Practice as a nurse practitioner” means to independently:

- (1) Perform an act under subsection (n) of this section;
- (2) Conduct a comprehensive physical assessment of an individual;
- (3) Establish a medical diagnosis for common chronic stable or short-term health problems;
- (4) Order, perform, and interpret laboratory tests;
- (5) Prescribe drugs as provided under § 8-508 of this title;
- (6) Perform diagnostic, therapeutic, or corrective measures;
- (7) Consult and collaborate with, or refer an individual to, an appropriate licensed physician or any other health care provider as needed; and
- (8) Provide emergency care.

PRACTICE QUESTION: Impaired Practice

Question:

I am in the process of evaluating a nurse with a history of chronic pain who uses large doses of narcotics in combination with prescribed Methadone for pain.

Please let me know if the Board has specific regulations regarding oxycodone and methadone in clinically practicing nurses.

Because this evaluation is for possible reasonable suspicion/fitness for duty, I need to relay to this nurse if there are any Board issues she needs to consider in determining fitness for practice.

Response:

There is no statute or regulation addressing specific medications in nursing practice (i.e., oxycodone, methadone, etc). However the following (potential violations) may be relevant:

NPA 8-316 (a) (7)(ii) Provides professional services while under the influence of alcohol or using and narcotic or controlled dangerous substance (CDS) as defined in 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication

NPA 8-316 (a) (19) is addicted to or habitually abuses narcotic or controlled dangerous substance (CDS) as defined in 5-101 of the Criminal Law Article

Code of Ethics COMAR 10.27.19.02 C (8) using, possessing, supplying, administering prescription drugs or controlled dangerous substance (CDS) without valid medical indication

C (9) reporting for employment under the influence of alcohol or a CDS

C (10) reporting for employment under influence of an illicit drug

Any practicing nurse needs to consider what the Nurse Practice Act and COMAR states when consuming alcohol, taking medications or substances that could be considered controlled dangerous substances, using illicit or any substance that affects mood, attention, alertness, judgment, decision-making etc. The nurse who is being treated for chronic pain or substance use disorder and is taking any such substances (methadone, buprenorphine, etc) alone or in combination with other substances, may be at additional risk due to interaction and cumulative effects. A frank and open discussion with a provider experienced in treating individuals requiring these medications, and an honest appraisal of their effect on fitness for duty is essential for the safety of both the nurse and any clients under his or her care.