

DEPARTMENT OF HEALTH**NOTICE OF FINAL RULEMAKING**

The Interim Director of the Department of Health, pursuant to the authority of § 302 (14) of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986, (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14)) ("Act"), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of the adoption of the amendment of chapter 56 of Title 17 of the District of Columbia Municipal Regulations (DCMR) in its entirety. The purpose of this rulemaking is to clarify the requirements and standards that a nursing program in the District must meet to obtain accreditation by the Board of Nursing ("Board"), clarify the procedures by which the Board shall accredit, deny, or withdraw accreditation of a nursing program in the District, add requirements and standards for the accreditation, denial, and withdrawal of accreditation of advanced practice nursing programs, and bring the regulations in line with the current practices and trends in nursing education.

Notice of Proposed Rulemaking was published in the D.C. Register on May 21, 2004 at 51 DCR 5227. Four comments were received concerning these rules. No substantive changes have been made since publication as a Notice of Proposed Rulemaking. However, minor changes were made for clarification purposes to §§ 5607.6, 5608.4, and 5609.4 to clarify that the education and experience requirements for faculty members also apply to clinical faculty members; § 5610.8 to clarify that the requirements of § 5610.7 also apply to faculty responsible for clinical management courses or involved in clinical teaching and supervision; by adding § 5601.3 to clarify that a school may reapply for initial accreditation after Board disapproval of a previous proposal submission; and renumbering § 5605 (Denial of Accreditation) as § 5602 for better organizational flow. These final rules will be effective upon publication of this notice in the D.C. Register.

The following rulemaking action is proposed:

17 DCMR Chapter 56, ACCREDITATION OF NURSING SCHOOLS AND EDUCATION PROGRAMS, is amended in its entirety as follows:

Chapter 56, NURSING SCHOOLS AND PROGRAMS**5600 ACCREDITATION OF NURSING PROGRAMS**

- 5600.1 A nursing school shall not operate a basic program or advanced practice program in the District of Columbia without accreditation by the Board of Nursing (Board). This chapter sets forth the requirements and standards that a program in the District must meet to obtain accreditation by the Board, and the standards and procedures by which the Board shall accredit, deny, or withdraw accreditation from a program.

5600.2 The accreditation status of a program in the District may be initial, full, or conditional. The nursing school shall publicize the accreditation status of the program.

5600.3 Chapters 40 (General Rules), Chapter 41 (Administrative Procedures), Chapter 54 (Registered Nursing), Chapter 55 (Practical Nursing), Chapter 57 (Certified Registered Nurse-Anesthetists), Chapter 58 (Nurse-Midwives), Chapter 59 (Nurse-Practitioners), and Chapter 60 (Clinical Nurse Specialist) of this title supplement this chapter.

5601 INITIAL ACCREDITATION

5601.1 A nursing school desiring initial accreditation of a basic program or advanced practice program shall submit to the Board the following information and pay the required review fee:

- (a) A statement of intent to establish a basic program or advanced practice program; and
- (b) A proposal which includes the following information:
 - (1) Documentation of the present and future need for the program and the need for entry-level nurses in the District;
 - (2) The rationale for establishment of the program;
 - (3) The potential effect on other nursing programs in the area;
 - (4) The organizational structure of the educational institution documenting the relationship of the program within the institution;
 - (5) The accreditation status of the controlling institution;
 - (6) The purpose, mission, and level of the program;
 - (7) The availability of qualified administrators and faculty pursuant to the qualifications established under this chapter;
 - (8) Hiring procedures for ensuring administrators and faculty will meet the requirements of this chapter;
 - (9) Budgeted faculty positions;
 - (10) The source and description of adequate clinical resources for the level of the program;

- (11) Documentation of adequate academic facilities and staff to support the program;
- (12) Evidence of financial resources adequate for the planning, implementation, and continuation of the program;
- (13) The anticipated student population;
- (14) The tentative time schedule for planning and initiating the program;
- (15) Admissions criteria and procedures;
- (16) Graduation criteria and procedures;
- (17) A curriculum plan including conceptual framework, program objectives, course objectives, and clinical objectives; and
- (18) A systemic plan for evaluation of the program.

- 5601.2 The Board shall approve or disapprove the proposal within one hundred and eighty (180) days from the date of receipt of the proposal.
- 5601.3 If the Board disapproves the proposal, the nursing school may reapply pursuant to § 5601.1.
- 5601.4 If the Board approves the proposal, the nursing school may submit to the Board an application for initial accreditation after the following conditions have been met:
- (a) A nurse administrator or program coordinator, as applicable, meeting the requirements of this chapter for the program level has been appointed;
 - (b) There are sufficient faculty meeting the requirements of this chapter for the program level to initiate the program;
 - (c) The nursing school has submitted to the Board a description of each faculty member including credentials; and
 - (d) A site visit has been conducted by the Board, or if applicable, a joint site visit has been conducted by the Board and the Education Licensure Commission.
- 5601.5 Following Board review of the application for initial accreditation of the proposed program, the Board may grant or deny initial accreditation, or may grant conditional accreditation. The Board shall issue a letter indicating its decision within a reasonable time, not to exceed one hundred and eighty (180) days from the date of the receipt of the application.

5601.6 The Board may grant initial accreditation to a newly established program upon receipt of evidence that the standards and requirements of this chapter are being met.

5601.7 Following initial accreditation by the Board, the program shall submit progress reports to the Board as requested.

5601.8 Initial accreditation status shall remain in effect until two (2) National Council Licensure Examination (NCLEX) reporting quarters have passed from the graduation date of the program's first graduating class, unless otherwise withdrawn by the Board.

5602 DENIAL OF ACCREDITATION

5602.1 The Board may deny initial accreditation when it determines that a program will be unable to meet the standards of this chapter. The Board shall promptly issue a denial letter to the nursing school notifying it of the Board's decision.

5602.2 If initial accreditation is denied, the nursing school may request a hearing before the Board within twenty (20) days from receipt of the denial letter.

5603 FULL ACCREDITATION OF BASIC PROGRAMS

5603.1 Following graduation of its first class, a program shall submit to the Board a self-evaluation report of compliance with the provisions of this chapter. The Board may recommend a site visit for consideration of full accreditation of a program.

5603.2 The Board may grant full accreditation to a program after the graduation of its first class if:

- (a) The percentage of the program's first time NCLEX test takers passing the exam is not more than five percent (5%) below the national norm. The passing percentage shall be based on the cumulative results of the first four (4) quarters following graduation of the first class;
- (b) The program has submitted proof to the Board of current accreditation by the National League for Nursing Accrediting Commission (NLNAC), the Commission on Collegiate Nursing Education (CCNE) or other accrediting bodies approved by the Board; and
- (c) The program has demonstrated continued ability to meet the standards and requirements of this chapter.

5603.3 The Board shall maintain a list of the accrediting bodies approved by the Board. A copy of the list may be obtained during Department of Health office hours or requested by mail. The Board may charge a fee for distribution by mail for

postage and handling.

- 5603.4 Before granting full accreditation of a program, the Board shall review the application materials and survey reports for granting accreditation or continued accreditation of programs.
- 5603.5 The Board may recommend deadlines for submission of materials and survey materials.
- 5603.6 The Board shall annually review the NCLEX performance of first time test takers from each program.
- 5603.7 In order to maintain full accreditation status, a program with full accreditation shall maintain:
- (a) All the standards and requirements of this chapter, as they may be amended or republished from time to time;
 - (b) A minimum pass rate, for first time test takers on the NCLEX, of not more than five percent (5%) below the national norm, based on the cumulative results of the four (4) quarters in each year; and
 - (c) Accreditation with NLNAC, CCNE, or other accrediting bodies approved by the Board.
- 5603.8 Full accreditation status shall be renewed annually. Each program having full Board accreditation, shall apply for renewal of accreditation not less than sixty (60) days prior to the date of expiration by submitting the following to the Board:
- (a) A written annual report on forms provided by the Board; and
 - (b) Payment of the required renewal fee.
- 5603.9 At the Board's discretion, the Board may designate persons to perform announced or unannounced on-site visits to a nursing school.
- 5603.10 Nursing programs that are currently accredited by the Board as of the effective date of these regulations, shall have twelve (12) months from the effective date to come into compliance with these regulations.
- (a) The Board may, at its discretion, grant an extension of the twelve (12) month period.
 - (b) An extension shall not be granted in cases where the Board determines that the program has not made reasonable efforts to comply with the regulations.

- 5604 FULL ACCREDITATION OF ADVANCED PRACTICE NURSING EDUCATION PROGRAMS**
- 5604.1 Following graduation of its first class, a program shall submit to the Board a self-evaluation report of compliance with the provisions of this chapter. The Board may recommend a survey visit for consideration of full accreditation of a program.
- 5604.2 The Board may grant full accreditation to a program after the graduation of its first class if:
- (a) The program has submitted proof to the Board of current accreditation by a national accrediting body approved by the Board; and
 - (b) The program has demonstrated continued ability to meet the standards and requirements of this chapter.
- 5604.3 Before granting full accreditation of a program, the Board shall review the application materials and survey reports for granting accreditation of advanced practice nursing education programs.
- 5604.4 The Board may recommend deadlines for submission of materials and survey materials.
- 5604.5 In order to maintain full accreditation status, a program with full accreditation status shall maintain:
- (a) All the standards and requirements of this chapter, as they may be amended or republished from time to time; and
 - (b) Accreditation with NLNAC, CCNE, or other accrediting bodies approved by the Board.
- 5604.6 Each program's coordinator shall submit a written annual report to the Board on forms provided by the Board, and pay the required review fee.
- 5604.7 The Board may designate persons to perform announced or unannounced on-site visits to a nursing school.
- 5604.8 Nursing programs that are currently accredited by the Board as of the effective date of these regulations, shall have twelve (12) months from the effective date to come into compliance with these regulations.
- (a) The Board may, at its discretion, grant an extension of the twelve (12) month period.

- (b) An extension shall not be granted in cases where the Board determines that a program has not made reasonable efforts to comply with the regulations.

5605 CONDITIONAL ACCREDITATION

- 5605.1 The Board may place a nursing program that has failed to meet or maintain the requirements and standards of this chapter on conditional accreditation status.
- 5605.2 Conditional accreditation status denotes that certain conditions must be met within a designated time period for the program to be granted or restored to full accreditation.
- 5605.3 The Board may determine the length of time to be allotted, not to exceed two (2) years, for the correction of the deficiencies identified by the Board and to bring the program into compliance with the requirements and standards of this chapter.
- 5605.4 When the Board determines that a program is substantially out of compliance with the requirements and standards of this chapter, the Board may, in its discretion, prohibit a program that has conditional accreditation status from admitting new students until the program has been restored to full accreditation status. The program shall be given notice and an opportunity for a hearing prior to the Board implementing a prohibition against the admittance of new students.
- 5605.5 Under conditional accreditation status, the program may continue to operate while correcting the identified deficiencies and working toward meeting the conditions for full accreditation.
- 5605.6 Students who graduate from conditionally accredited programs shall be eligible to take the NCLEX in the District, and upon passing the examination, become licensed in the District.
- 5605.7 If the program fails to meet the specified conditions within the designated time period, the Board may withdraw accreditation and the program shall be removed from the Board's list of accredited programs.
- 5605.8 The Board shall maintain a list of the programs that are accredited by the Board. The list shall be maintained current on the Department's Internet website. The list shall also be compiled and published annually and available to the public upon request. The Board may charge a fee for distribution.

**5606 WITHDRAWAL OF ACCREDITATION OR REDUCTION TO
 CONDITIONAL STATUS**

- 5606.1 The first year that the percentage of a program's first time NCLEX test takers passing the exam is more than five percent (5%) below the national norm:

- (a) The Board shall send written notice to the program of the following:
 - (1) The program has failed to meet the requirements and standards of this chapter;
 - (2) The program may, at the Board's discretion, be placed on conditional accreditation status; and
 - (3) The Board's designee may perform an announced or unannounced on-site visit to the facility and provide a report to the Board.
- (b) The program's nurse administrator shall submit to the Board, within thirty (30) calendar days, from receipt of the Board's letter the following:
 - (1) A report that identifies the factors believed to have contributed to the unacceptable performance; and
 - (2) An action plan to correct the deficiencies, to be approved by the Board.

5606.2

The second successive year that the percentage of a program's first time NCLEX test takers passing the exam is more than five percent (5%) below the national norm, or the first year that the percentage is more than fifteen percent (15%) below the national norm:

- (a) The Board shall send written notice to the program of the following:
 - (1) The program has failed to meet the requirements and standards of this chapter;
 - (2) The program shall be placed on conditional accreditation status;
 - (3) The Board's designee shall perform an announced or unannounced on-site visit to the facility and provide a report to the Board; and
 - (4) The Board shall provide the program with a list of the deficiencies that must be corrected and designate a time period for the correction of the deficiencies.
- (b) The program's nurse administrator shall submit to the Board, within thirty (30) calendar days, from receipt of the Board's letter the following:
 - (1) A report analyzing all aspects of the education program and identifying areas believed to be contributing to the unacceptable performance;

- (2) An action plan to correct the deficiencies, to be approved by the Board;
and
- (3) Proof that the program has obtained the services of an outside consultant,
to be approved by the Board.

5606.3 The NCLEX pass rate requirements of this chapter shall not apply to advanced practice nursing education programs.

5606.4 The Board may withdraw accreditation or reduce a program to conditional accreditation, at its discretion, for any of the following reasons:

- (a) The Board has determined that a program has not met, maintained or will be unable to meet or maintain the requirements and standards of this chapter;
- (b) The nursing program has failed to correct the deficiencies identified by the Board within the allotted time period;
- (c) Failure to hire a nurse administrator who meets the qualifications of this chapter;
- (d) Failure to hire faculty who meet the qualifications of this chapter;
- (e) Noncompliance with the school's stated philosophy, program design, objectives or outcomes, or policies;
- (f) Failure to implement the approved curriculum;
- (g) Failure to maintain the required NCLEX pass rate for first-time test takers;
- (h) Failure to maintain NLNAC accreditation, CCNE accreditation, or accreditation by other accrediting bodies approved by the Board;
- (i) Failure to submit records and reports to the Board in a timely manner;
- (j) Noncompliance with any of the regulations in this chapter; and
- (k) Other activities or situations, as determined by the Board, that indicate a program is not meeting the legal requirements and standards of this chapter.

5606.5 If the Board reduces a program to conditional accreditation status, the Board shall:

- (a) Notify the program that it has been reduced to conditional accreditation status and the reasons for the decision;

- (b) Provide the program with a list of the deficiencies that must be corrected in order to achieve full accreditation status;
- (c) Designate a time period, not to exceed two (2) years, for the correction of the deficiencies;
- (d) Notify the program that if the identified deficiencies are not corrected within the designated time period, the Board may withdraw accreditation of the program; and
- (e) Re-designate the accreditation status of the program on the Board's Internet website and annual publication list.

5606.6 Before the Board may withdraw accreditation of a program the Board shall:

- (a) Issue a Notice of Intended Action to the program notifying the program that:
 - (1) The Board intends to withdraw accreditation of the program and the reasons for the action; and
 - (2) The program has a right to a hearing;
- (b) Issue public notice that the Board intends to withdraw accreditation of the program. The notice shall be:
 - (1) Sent to the Education Licensure Commission; and
 - (2) Issued to the public in a manner, as determined by the Board, to provide adequate notice to the individuals that have an interest in the intended action; and
- (c) Ensure that the program provides its current student population and applicants with immediate notice of the Board's intended action, which shall include mailings and public postings on the premises.

5606.7 If requested by any student, the program shall provide its current student population with assistance for transferring to another nursing program.

5606.8 After the Board has withdrawn accreditation of a program, the Board shall provide notice of the withdrawal to the Education Licensure Commission and the program shall not be permitted to operate a nursing education program in the District.

5606.9 The Board may designate persons to conduct an unannounced visit to the facility to ensure that the program has not continued to operate the nursing program or admit students after the effective date of the accreditation withdrawal.

- 5606.10 The effective date of the withdrawal of accreditation shall be the date the Board renders a final decision and the Board shall immediately issue public notice of the withdrawal of accreditation. The Board may, at its discretion, postpone the effective date of the withdrawal of accreditation until the end of a current semester, when it determines such to be in the best interests of the program's graduating class or students.
- 5606.11 If the program appeals the Board's decision to the District of Columbia Court of Appeals, the effective date of the withdrawal of accreditation shall not be changed unless changed pursuant to an Order of the Court of Appeals.
- 5606.12 Students enrolled in the program prior to, or up to, the effective date of the withdrawal of accreditation shall be allowed to transfer to another District of Columbia nursing program.
- 5606.13 The program shall provide its current student population with information and assistance for transferring to another nursing program.
- 5606.14 Within thirty (30) days after receipt of notice that accreditation has been withdrawn, the nurse administrator or owner of the program shall submit to the Board a written plan for termination of the program. The plan shall include:
- (a) A plan for the transfer of students to other approved programs within a timeframe established by the Board; and
 - (b) A plan outlining the arrangements made for storage of the permanent records of the students, graduates, and faculty; and where and how they may be obtained.
- 5606.15 Students graduating from the program prior to, or up to, the effective date of the withdrawal of accreditation shall be allowed to sit for the NCLEX in the District of Columbia and upon passing, be licensed in the District of Columbia.
- 5606.16 Students attending or graduating from a program after the effective date of the withdrawal of accreditation shall not be allowed to sit for the NCLEX in the District or to be licensed in the District.
- 5606.17 After accreditation has been withdrawn, the controlling institution or owner of the nursing school may apply to the Board for initial accreditation as a new program pursuant to § 5601.
- 5606.18 If the name of the program is changed, the controlling institution or owner shall disclose in its proposal that the Board previously withdrew accreditation, and identify the name of the program under which it was previously operated.

5606.19 A program aggrieved by a final decision of the Board may appeal the decision to the District of Columbia Court of Appeals in accordance with the District of Columbia Administrative Procedure Act, D.C. Code §§ 2-501 et seq.

5607 PRACTICAL NURSING EDUCATION PROGRAMS

5607.1 A qualified nurse administrator shall direct and implement a practical nursing education program in the District.

5607.2 The nurse administrator shall, with the participation of the faculty, be responsible for administration, planning, implementation, and evaluation of the program.

5607.3 The nurse administrator shall:

- (a) Be currently licensed, in good standing, as a registered nurse in the District of Columbia;
- (b) Have a minimum of a master's degree in nursing;
- (c) Have educational preparation or experience in teaching, curriculum development, and administration, including a minimum of two (2) years of post-graduate clinical experience; and
- (d) Have current knowledge of nursing practice at the practical nurse level.

5607.4 The nurse administrator shall establish and maintain a practical nursing advisory committee to make recommendations to the program for improvement, to assist in interpreting the program to the community, and to make the program aware of the current concepts in practical nursing education and health trends in the area.

5607.5 The advisory committee shall:

- (a) Consist of at least seven (7) members appointed by the Nurse Administrator;
- (b) Be members of the community living or currently practicing in the District who are aware of the acute, long-term care, and community health care needs of the community;
- (c) Include a consumer, a health care administrator, a licensed practical nurse, a licensed registered nurse, a current student or graduate, an educator not associated with the program, and the program's nurse administrator; and
- (d) Meet at least twice each year.

- 5607.6 The faculty of the practical nursing education program, including clinical faculty members, shall:
- (a) Be currently licensed, in good standing, as registered nurses in the District of Columbia;
 - (b) Have a minimum of a baccalaureate degree in nursing, with at least seventy-five percent (75%) of the total faculty having a minimum of a master's degree in nursing,
 - (c) Have a minimum of two (2) years of clinical experience as registered nurses; and
 - (d) Have current knowledge of nursing practice at the practical nurse level.
- 5607.7 There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.
- 5607.8 The curriculum of the practical nursing education program shall be:
- (a) Developed and implemented by the nurse administrator and faculty through an organizing framework which reflects the philosophy or mission statement of the nursing education program;
 - (b) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level;
 - (c) Based on sound educational principles; and
 - (d) Reflective of the theory and application of the nursing process.
- 5607.9 The ratio between nursing and non-nursing courses shall ensure sufficient preparation for the safe and effective practice of nursing.
- 5607.10 Curriculum content, learning experiences, and methods of instruction shall be selected to fulfill program objectives, or outcomes, and provide opportunities for a variety of learning alternatives appropriate for contemporary knowledge and practice in nursing.
- 5607.11 There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing.

- 5607.12 The faculty shall develop and implement a written plan for evaluation of the total nursing program and shall provide for student participation.
- 5607.13 The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:
- (a) Evaluation time intervals;
 - (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
 - (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;
 - (d) Evaluation of the graduates by their employers;
 - (e) Faculty and student evaluation of the program's clinical placements and agencies;
 - (f) Evaluation of the students and faculty, of factors determined by the program, by the clinical facilities utilized for clinical placements;
 - (g) Trending graduation rates;
 - (h) Trending graduate performance on the NCLEX;
 - (i) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
 - (j) Evaluation of the program objectives or outcomes;
 - (k) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
 - (l) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
 - (m) Evidence that prior recommendations and evaluation findings have been acted upon.
- 5607.14 The curriculum shall include didactic instruction in the following:
- (a) Theory and practice in nursing, including the attainment and maintenance of physical and mental health and the prevention of illness throughout the lifespan for individuals and groups, in:

- (1) Adult health nursing;
 - (2) Maternal and newborn health;
 - (3) Pediatric nursing;
 - (4) Psychiatric and mental health nursing;
 - (5) Geriatrics; and
 - (6) Community health nursing.
- (b) Basic concepts of interpersonal relations;
 - (c) Communication;
 - (d) Growth and development;
 - (e) Client education;
 - (f) Cultural diversity;
 - (g) Basic concepts of anatomy;
 - (h) Basic concepts of physiology;
 - (i) Basic concepts of microbiology;
 - (j) Basic concepts of chemistry;
 - (k) Basic concepts of nutrition;
 - (l) Nursing principles and skills;
 - (m) Basic concepts of pharmacology, including clinical experience on the administration of drugs;
 - (n) Basic concepts of the nursing process;
 - (o) Basic concepts of ethics;
 - (p) Nursing history and trends; and
 - (q) Vocational and legal aspects of nursing.

5607.15

Students shall be provided didactic instruction in correlation with the related clinical learning experiences.

- 5607.16 A clinical shall not be composed of more than ten (10) students per clinical instructor and the actual number of students assigned per instructor shall be based on the following:
- (a) The acuity of the patient's needs;
 - (b) The objectives of the learning experience;
 - (c) The class level of the students;
 - (d) The physical placement of the students;
 - (e) The instructor's teaching methods; and
 - (f) The requirements established by the clinical agency.
- 5607.17 The faculty shall develop written objectives for each clinical to be used as a guide for the selection of clinical agencies and student placements.
- 5607.18 The student shall be assigned only to facilities that can provide the clinical objectives set forth in § 5607.20.
- 5607.19 The school or program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.
- 5607.20 Clinical experiences shall provide a variety of learning options that are appropriate for the contemporary practice of nursing in the following areas:
- (a) Medical nursing;
 - (b) Surgical nursing;
 - (c) Maternal and newborn health;
 - (d) Pediatric nursing;
 - (e) Psychiatric and mental health nursing;
 - (f) Long-term care; and
 - (g) Community health facilities.
- 5607.21 The total hours of a practical nursing education program shall be no less than sixteen hundred (1600) hours with a minimum of six hundred (600) of the

hours being clinical. Skills lab activities shall not be used as a substitute for required clinical hours. For purposes of this requirement, an hour shall be no less than fifty (50) minutes.

- 5607.22 Clinical preceptors may be used to enhance clinical learning experiences after a student has received basic clinical and didactic instruction in the specific area or course.
- 5607.23 When clinical preceptors are used, the following conditions shall be met:
- (a) The criteria for selecting a preceptor shall be in writing and shall include the following:
 - (1) The method of selecting clinical preceptors;
 - (2) The plans for orientation of clinical preceptors;
 - (3) The clinical objectives or outcomes of the preceptorship; and
 - (4) A system for monitoring and evaluating the student's learning experiences.
 - (b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the student to monitor and evaluate the student's learning experiences.
- 5607.24 The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.
- 5607.25 The clinical preceptor shall have the following minimum qualifications:
- (a) Be currently licensed, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is preparing;
 - (b) A minimum of two (2) years of experience as a licensed nurse providing direct patient care, during the five (5) years immediately preceding the date of the written agreement;
 - (c) A philosophy of health care congruent with that of the nursing program; and
 - (d) Current knowledge of nursing practice at the practical nurse level.

5608 ASSOCIATE DEGREE NURSING EDUCATION PROGRAMS

- 5608.1 A qualified nurse administrator shall direct and implement an associate degree nursing education program in the District.
- 5608.2 The nurse administrator shall, with the participation of the faculty, be responsible for administration, planning, implementation, and evaluation of the nursing program.
- 5608.3 The nurse administrator shall:
- (a) Be currently licensed, in good standing, as a registered nurse in the District of Columbia;
 - (b) Have a minimum of a master's degree in nursing;
 - (c) Have educational preparation or experience in teaching, and curriculum development and administration, including a minimum of two (2) years of clinical experience as a registered nurse; and
 - (d) Have current knowledge of nursing practice at the registered nurse level.
- 5608.4 The faculty, including clinical faculty members, shall:
- (a) Be currently licensed, in good standing, as registered nurses in the District of Columbia;
 - (b) Have a minimum of a master's degree in nursing;
 - (c) Have a minimum of two (2) years of clinical experience as registered nurses; and
 - (d) Have current knowledge of nursing practice at the registered nurse level.
- 5608.5 There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.
- 5608.6 The curriculum shall be:
- (a) Developed and implemented by the nurse administrator and faculty through an organizing framework which reflects the philosophy or mission statement of the nursing education program;
 - (b) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program

objectives or outcomes for graduates at that level;

- (c) Based on sound educational principles; and
- (d) Reflective of the theory and application of the nursing process.

- 5608.7 The ratio between nursing and non-nursing courses shall ensure sufficient preparation for the safe and effective practice of nursing.
- 5608.8 Curriculum content, learning experiences, and methods of instruction shall be selected to fulfill program objectives or outcomes and provide opportunities for a variety of learning alternatives appropriate for contemporary knowledge and practice in nursing.
- 5608.9 There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing.
- 5608.10 The faculty shall develop and implement a written plan for evaluation of the total nursing program and shall provide for student participation.
- 5608.11 The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:
- (a) Evaluation time intervals;
 - (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
 - (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;
 - (d) Evaluation of the graduates by their employers;
 - (e) Faculty and student evaluation of the program's clinical placements and agencies;
 - (f) Evaluation of the students and faculty, of factors determined by the program, by the clinical facilities utilized for clinical placements;
 - (g) Trending graduation rates;
 - (h) Trending graduate performance on the NCLEX;
 - (i) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;

- (j) Evaluation of the program objectives or outcomes;
- (k) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
- (l) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
- (m) Evidence that prior recommendations and evaluation findings have been acted upon.

5608.12

The curriculum shall include didactic instruction in the following:

- (a) Theory and practice in nursing, including the attainment and maintenance of physical and mental health and the prevention of illness throughout the lifespan of individuals and groups, in:
 - (1) Adult health nursing;
 - (2) Maternal and newborn health;
 - (3) Pediatric nursing;
 - (4) Psychiatric and mental health nursing;
 - (5) Geriatrics; and
 - (6) Community health nursing.
- (b) Anatomy with a related laboratory experience;
- (c) Physiology with a related laboratory experience;
- (d) Chemistry with a related laboratory experience;
- (e) Microbiology with a related laboratory experience;
- (f) Nutrition and diet therapy;
- (g) Pathophysiology;
- (h) Mathematics;
- (i) Social and behavioral sciences;
- (j) The humanities;

- (k) Nursing history and trends;
- (l) Professional responsibilities;
- (m) Ethics;
- (n) Healthcare economics;
- (o) Cultural diversity;
- (p) Interpersonal relations;
- (q) Group dynamics;
- (r) Nursing leadership;
- (s) Legal aspects of nursing;
- (t) Patient education;
- (u) Pharmacology;
- (v) Theory and application of the nursing process; and
- (w) Knowledge of emerging technologies.

- 5608.13 The clinical practice component shall be an integral part of the curriculum.
- 5608.14 Students shall be provided didactic instruction in correlation with the related clinical learning experiences.
- 5608.15 A clinical shall not be composed of more than ten (10) students per clinical instructor and the actual number of students assigned per instructor shall be based on the following:
- (a) The acuity of the patient's needs;
 - (b) The objectives of the learning experience;
 - (c) The class level of the students;
 - (d) The physical placement of the students;
 - (e) The instructor's teaching methods; and

- (f) The requirements established by the clinical agency.
- 5608.16 The faculty shall develop written objectives for each clinical to be used as a guide for the selection of clinical agencies and student placements.
- 5608.17 The student shall be assigned only to facilities that can provide the clinical objectives set forth in § 5608.19.
- 5608.18 The school or program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.
- 5608.19 Clinical experiences shall provide a variety of learning options that are appropriate for the contemporary practice of nursing in the following areas:
- (a) Medical nursing;
 - (b) Surgical nursing;
 - (c) Maternal and newborn health;
 - (d) Pediatric nursing;
 - (e) Psychiatric and mental health nursing;
 - (f) Long-term care; and
 - (g) Community health facilities.
- 5608.20 The school or program shall develop and implement evaluation methods and tools to be used for measuring students' cognitive, affective, and psychomotor achievement to assure satisfactory progression.
- 5608.21 The program shall provide a written rationale for the ratio of clinical hours to academic credits for each clinical. The ratio shall be a minimum of three (3) clinical hours for each one (1) academic credit. Skills lab activities shall not be used as a substitute for required clinical hours.
- 5608.22 Clinical preceptors may be used to enhance clinical learning experiences after a student has received basic clinical and didactic instruction in the specific area or course.
- 5608.23 When clinical preceptors are used, the following conditions shall be met:
- (a) The criteria for selecting a preceptor shall be in writing and shall include the following:

- (1) The method of selecting clinical preceptors;
 - (2) The plans for orientation of clinical preceptors;
 - (3) The clinical objectives or outcomes of the preceptorship; and
 - (4) A system for monitoring and evaluating the student's learning experiences.
- (b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the student to monitor and evaluate the student's learning experiences.
- 5608.24 The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.
- 5608.25 The clinical preceptor shall have the following minimum qualifications:
- (a) Be currently licensed, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is preparing;
 - (b) A minimum of two (2) years of experience as a registered nurse providing direct patient care, during the five (5) years immediately preceding the date of the written agreement;
 - (c) A philosophy of health care congruent with that of the nursing program; and
 - (d) Current knowledge of nursing practice at the registered nurse level.
- 5609 BACCALAUREATE DEGREE NURSING EDUCATION PROGRAMS**
- 5609.1 A qualified nurse administrator shall direct and implement a nursing education program in the District.
- 5609.2 The nurse administrator shall, with the participation of the faculty, be responsible for administration, planning, implementation, and evaluation of the nursing program.
- 5609.3 The nurse administrator shall:
- (a) Be currently licensed, in good standing, as a registered nurse in the District of Columbia;
 - (b) Have a minimum of a master's degree in nursing;

- (c) Have an earned doctorate in nursing or a related field;
 - (d) Have educational preparation or experience in teaching, and curriculum development and administration, including a minimum of two (2) years of clinical experience as a registered nurse; and
 - (e) Have current knowledge of nursing practice at the registered nurse level.
- 5609.4 The faculty, including clinical faculty members, shall:
- (a) Be registered nurses licensed and in good standing in the District of Columbia;
 - (b) Have a minimum of a master's degree in nursing;
 - (c) Have a minimum of two (2) years of clinical experience as registered nurses; and
 - (d) Have current knowledge of nursing practice at the registered nurse level.
- 5609.5 There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.
- 5609.6 The curriculum shall be:
- (a) Developed and implemented by the nurse administrator and faculty through an organizing framework which reflects the philosophy or mission statement of the nursing education program;
 - (b) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level;
 - (c) Based on sound educational principles; and
 - (d) Reflective of the theory and application of the nursing process.
- 5609.7 The ratio between nursing and non-nursing courses shall ensure sufficient preparation for the safe and effective practice of nursing.
- 5609.8 Curriculum content, learning experiences, and methods of instruction shall be selected to fulfill program objectives or outcomes and provide opportunities for a variety of learning alternatives appropriate for contemporary knowledge and practice in nursing.

- 5609.9 There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing.
- 5609.10 The faculty shall develop and implement a written plan for evaluation of the total nursing program and shall provide for student participation.
- 5609.11 The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:
- (a) Evaluation time intervals;
 - (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
 - (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;
 - (d) Evaluation of the graduates by their employers;
 - (e) Faculty and student evaluation of the program's clinical placements and agencies;
 - (f) Evaluation of the students and faculty, of factors determined by the program, by the clinical facilities utilized for clinical placements;
 - (g) Trending graduation rates;
 - (h) Trending graduate performance on the NCLEX;
 - (i) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
 - (j) Evaluation of the program objectives or outcomes;
 - (k) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
 - (l) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
 - (m) Evidence that prior recommendations and evaluation findings have been acted upon.

- 5609.12 The curriculum shall include didactic instruction in the following courses:
- (a) Theory and practice in nursing, including the attainment and maintenance of physical and mental health and the prevention of illness throughout the lifespan of individuals and groups, in:
 - (1) Adult health nursing;
 - (2) Maternal and newborn health;
 - (3) Pediatric nursing;
 - (4) Psychiatric and mental health nursing;
 - (5) Geriatrics; and
 - (6) Community or public health nursing;
 - (b) Anatomy with a related laboratory experience;
 - (c) Physiology with a related laboratory experience;
 - (d) Chemistry;
 - (e) Microbiology with a related laboratory experience;
 - (f) Mathematics;
 - (g) Nutrition and diet therapy;
 - (h) Pathophysiology;
 - (i) Social and behavioral sciences;
 - (j) The humanities;
 - (k) Pharmacology;
 - (l) Nursing research and its applications to nursing; and
 - (m) Statistics.
- 5609.13 The curriculum shall include didactic instruction in the following concepts:
- (a) Nursing history and trends;
 - (b) Professional responsibilities;

- (c) Ethics;
- (d) Healthcare economics and policy;
- (e) Cultural diversity;
- (f) Interpersonal relations;
- (g) Group dynamics;
- (h) Nursing leadership;
- (i) Legal aspects of nursing;
- (j) Education and counseling for patients and their families;
- (k) Theory and application of the nursing process; and
- (l) Knowledge of emerging technologies.

- 5609.14 The baccalaureate degree curriculum shall permit students to choose no less than six (6) credit hours of electives in upper level general education courses during the course of the nursing program.
- 5609.15 The clinical practice component shall be an integral part of the curriculum.
- 5609.16 Students shall be provided didactic instruction in correlation with the related clinical learning experiences.
- 5609.17 A clinical shall not be composed of more than ten (10) students per clinical instructor and the actual number of students assigned per instructor shall be based on the following:
- (a) The acuity of the patient's needs;
 - (b) The objectives of the learning experience;
 - (c) The class level of the students;
 - (d) The physical placement of the students;
 - (e) The instructor's teaching methods; and
 - (f) The requirements established by the clinical agency.

- 5609.18 The faculty shall develop written objectives for each clinical course to be used as a guide for the selection of clinical agencies and student placements.
- 5609.19 The student shall be assigned only to facilities that can provide the clinical objectives set forth in § 5609.21.
- 5609.20 The school or program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.
- 5609.21 Clinical experiences shall provide a variety of learning options that are appropriate for the contemporary practice of nursing in the following areas:
- (a) Medical nursing;
 - (b) Surgical nursing;
 - (c) Maternal and newborn health;
 - (d) Pediatric nursing;
 - (e) Psychiatric and mental health nursing;
 - (f) Long-term care; and
 - (g) Community or public health nursing.
- 5609.22 The school or program shall develop and implement evaluation methods and tools to be used for measuring students' cognitive, affective, and psychomotor achievement to assure satisfactory progression.
- 5609.23 The program shall provide a written rationale for the ratio of clinical hours to academic credits for each clinical. The ratio shall be a minimum of three (3) clinical hours for each one (1) academic credit. Skills lab activities shall not be used as a substitute for required clinical hours.
- 5609.24 Clinical preceptors may be used to enhance clinical learning experiences after a student has received basic clinical and didactic instruction in the specific area or course.
- 5609.25 When clinical preceptors are used, the following conditions shall be met:
- (a) The criteria for selecting a preceptor shall be in writing and shall include the following:
 - (1) The method of selecting clinical preceptors;

- (2) The plans for orientation of clinical preceptors;
- (3) The clinical objectives or outcomes of the preceptorship; and
- (4) A system for monitoring and evaluating the student's learning experiences.

(b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the student to monitor and evaluate the student's learning experiences.

5609.26 The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.

5609.27 The clinical preceptor shall have the following minimum qualifications:

- (a) Be currently licensed, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is preparing;
- (b) A minimum of two (2) years of experience as a registered nurse providing direct patient care, during the five (5) years immediately preceding the date of the written agreement;
- (c) A philosophy of health care congruent with that of the nursing program; and
- (d) Current knowledge of nursing practice at the registered nurse level.

5610 ADVANCED PRACTICE NURSING EDUCATION PROGRAMS

5610.1 This section shall apply to advanced practice nursing education programs that prepare students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.

5610.2 An advanced practice nursing program shall operate within, or be affiliated with, an accredited college or university that is authorized to award graduate degrees or post-graduate degrees.

5610.3 A college or university desiring initial accreditation of an advanced practice program shall submit a proposal to the Board as set forth in § 5601.1(b) to establish an advanced practice nursing education program that prepares students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.

- 5610.4 To be eligible for accreditation, the advanced practice program shall be at the graduate or post-graduate level.
- 5610.5 There shall be a program coordinator who shall, with the participation of the faculty, be responsible for the planning, implementation, and evaluation of the advanced practice program.
- 5610.6 The program coordinator shall:
- (a) Be a registered nurse, licensed in good standing in the District of Columbia;
 - (b) Have a District of Columbia certificate to practice as an advanced practice nurse in a specialty appropriate to the type of program being administered;
 - (c) Have a minimum of a master's degree in nursing;
 - (d) Have educational preparation or experience, in teaching and curriculum development or administration at the graduate level;
 - (e) Have a minimum of two (2) years of clinical experience as an advanced practice nurse; and
 - (f) Have current knowledge of nursing practice at the advanced practice nurse level.
- 5610.7 The faculty shall:
- (a) Be registered nurses licensed and in good standing in the District of Columbia;
 - (b) Have a minimum of a master's degree in nursing; and
 - (c) Be qualified through academic preparation to teach the subject assigned and shall meet the standards for faculty appointment by the governing institution.
- 5610.8 Faculty responsible for clinical management courses or involved in clinical teaching and supervision shall in addition to the requirements of § 5610.7:
- (a) Be licensed or certified in the state in which they practice, to practice as an advanced practice nurse in a specialty appropriate to the type of program being taught;
 - (b) Have a minimum of two (2) years of clinical experience as an advanced practice nurse; and
 - (c) Maintain clinical practice within the advanced role and specialty.

- 5610.9 There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.
- 5610.10 The program of study shall be:
- (a) At least the equivalent of one academic year, as determined by the governing institution;
 - (b) A minimum of five hundred (500) supervised clinical hours, with a minimum of fifty (50) minutes constituting an hour;
 - (c) Developed and implemented by the program coordinator and faculty through an organizing framework which reflects the philosophy or mission statement of the advanced nursing education program;
 - (d) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level; and
 - (e) Based on sound educational principles.
- 5610.11 The curriculum content shall include:
- (a) Didactic and clinical learning experiences necessary to meet the program goals and outcomes;
 - (b) Concepts and principles critical to advanced practice nursing;
 - (c) Professional and legal implications of the nurse in the advanced practice role;
 - (d) Knowledge and skills relevant to practice in the area of specialty;
 - (e) Theoretical and clinical role preparation;
 - (f) Clinical major courses in the specialty area;
 - (g) A practicum, preceptorship, or internship to integrate essential content and the clinical major courses; and
 - (h) Separate, advanced level academic courses in:
 - (1) Pharmacotherapeutics;
 - (2) Assessment;

(3) Pathophysiology or psychopathology; and

(4) Diagnosis and management of problems within the specialty area.

5610.12 For clinical nurse specialist programs, the program shall also meet the following requirements:

- (a) Qualify the graduate for a master's degree in nursing;
- (b) Have a curriculum that contains a minimum of nine (9) semester credit hours, or the equivalent, in a specific clinical major; and
- (c) Have clinical major courses that include didactic content and offer clinical experiences in a specific clinical specialty or practice area.

5610.13 The faculty shall develop and implement a written plan for evaluation of the total program and shall provide for student participation.

5610.14 The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:

- (a) Evaluation time intervals;
- (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
- (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;
- (d) Evaluation of the graduates by their employers;
- (e) Faculty and student evaluation of the program's clinical placements and agencies;
- (f) Evaluation of the students and faculty by the clinical facilities utilized for clinical placements;
- (g) Trending graduation rates;
- (h) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
- (i) Evaluation of the program objectives or outcomes;

- (j) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
 - (k) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
 - (l) Evidence that prior recommendations and evaluation findings have been acted upon.
- 5610.15 Students shall be provided didactic instruction in correlation with the related clinical learning experiences.
- 5610.16 A clinical instructor shall not supervise more than six (6) students while in the clinical setting and the actual number of students assigned per instructor shall be based on the following:
- (a) The acuity of the patients needs;
 - (b) The objectives of the learning experience;
 - (c) The class level of the students;
 - (d) The physical placement of the students;
 - (e) The instructor's teaching methods; and
 - (f) The requirements established by the clinical agency.
- 5610.17 The faculty shall be responsible and accountable for managing clinical learning experiences of students.
- 5610.18 Supervised clinical practice must include the opportunity to provide pharmacological and non-pharmacological management of diseases and problems considered within the scope of practice of the advanced practice nurse's specialty and role.
- 5610.19 The faculty shall develop written objectives for each clinical course to be used as a guide for the selection of clinical agencies and student placements.
- 5610.20 The students shall be assigned only to facilities that provide students with opportunities to achieve the goals of the program.
- 5610.21 The program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.

- 5610.22 The program shall develop and implement evaluation methods and tools to be used for measuring students' cognitive, affective, and psychomotor achievement to assure satisfactory progression.
- 5610.23 Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in the specific area or course.
- 5610.24 When clinical preceptors are used, the following conditions shall be met:
- (a) The criteria for selecting a preceptor shall be in writing and shall include the following:
 - (1) The method of selecting clinical preceptors;
 - (2) The plans for orientation of clinical preceptors;
 - (3) The clinical objectives or outcomes of the preceptorship; and
 - (4) A system for monitoring and evaluating the student's learning experiences.
 - (b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the student to monitor and evaluate the student's learning experiences.
- 5610.25 The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.
- 5610.26 The clinical preceptor shall have the following minimum qualifications:
- (a) Current licensure, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is preparing, which shall include physicians;
 - (b) Be licensed or certified in the state in which they practice, to practice in a specialty appropriate to the type of program being taught, or
 - (c) Have a minimum of two (2) years of clinical experience;
 - (d) Maintain clinical practice within the role and specialty; and
 - (e) Have a philosophy of health care congruent with that of the nursing program.

5611 PROGRAM CHANGES REQUIRING BOARD NOTIFICATION

5611.1 A program shall notify the Board within thirty (30) days of making any of the following changes to its program:

- (a) Change in the nurse administrator or program coordinator. The program shall submit proof that the new nurse administrator or coordinator meets the requirements of this chapter;
- (b) Change in the length of the program; or
- (c) Change in its national accreditation status.

5612 STUDENTS

5612.1 A program shall make the following available to students:

- (a) A written statement of students' rights and responsibilities including admission, progression, and graduation requirements;
- (b) The opportunity to participate in program development and evaluation;
- (c) A written policy on grievance procedures and a mechanism for resolution;
- (d) Guidance and advisement counseling services; and
- (e) Academic counseling for students who are failing.

5612.2 A program shall determine whether a student possesses spoken and written competency in English, prior to a student beginning the nursing program. If a student is unable to successfully demonstrate spoken and written competency in English, or is later identified by an instructor as deficient in competency in English, the program shall:

- (a) Offer, or assist the student in entering, an English as a second language program; and
- (b) Require the student to complete the English as a second language program either simultaneously with the nursing program, or prior to entering the nursing program, as appropriate based on the level of the student's competency in English.

5612.3 A program shall have admission standards to ensure that a student possesses the educational skills and competency to successfully complete the nursing education program at that level, prior to a student beginning the nursing program.

- 5612.4 A program shall not admit a student that cannot meet the program's admission standards.
- 5613 VOLUNTARY CLOSURE OF A PROGRAM**
- 5613.1 If a program decides to close, the nurse administrator or coordinator shall, at least ninety (90) days before closing:
- (a) Notify the Board of its intent;
 - (b) Provide the date and reason for closing;
 - (c) Submit to the Board its plan for the disposition of the records of the students, graduates, and faculty;
 - (d) Provide to the Board the name and position title of the individual to be responsible for the records, and the name and address of the agency in which the records will be located; and
 - (e) Provide evidence to the Board that the program's current students have been given timely notice of the program's intent, and provided assistance for transferring to another nursing program.
- 5613.2 Upon request, the Board shall provide consultation concerning the closing of a program.
- 5613.3 If a program fails to comply with the provisions of this subsection, the Board shall not grant accreditation to the owner or controlling institution to operate another nursing program in the District.
- 5699 DEFINITIONS**
- 5699.1 As used in this chapter, the following terms have the meanings ascribed:
- Act--** Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).
- Accreditation--** Board approval to operate a basic nursing program or advanced practice nursing education program in the District of Columbia that is granted only after specified requirements, standards, and conditions have been met.
- Advanced practice program--** a post-basic nursing education program at the master's degree or doctoral degree level, whose purpose is to prepare students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.

Advanced practice nurse-- a registered nurse who has completed an advanced practice nursing education program and has been certified by the Board to practice as a nurse-anesthetist, nurse-midwife, nurse-practitioner, or clinical nurse specialist.

Basic program-- a nursing education program at the certificate, associate degree, or baccalaureate degree level, whose purpose is to prepare students for practice as practical or registered nurses.

Board-- the Board of Nursing, established by § 204 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14)).

CCNE-- Commission on Collegiate Nursing Education.

Clinical agency-- an agency which provides the facilities for clinical learning experiences in nursing, with the faculty or the clinical instructor of the program responsible for the planning, implementing, and evaluating of the experiences.

Clinical-- faculty planned and guided learning activities designed to assist students in meeting course objectives and to apply nursing knowledge and skills in the direct care of patients, including clinical conferences and planned learning activities in acute care facilities, and other community resources. Clinical shall not include skills lab activities.

Clinical preceptor-- an individual meeting the requirements of this chapter that is an employee of a clinical agency who works with a nursing student in a clinical setting to facilitate student learning in a manner specified in a signed written agreement between the agency and the educational institution.

Clinical preceptorship-- an organized system of clinical experiences which allows a nursing student to be paired with a clinical preceptor for the purpose of attaining specific learning objectives.

Conditional accreditation-- the accreditation status that is granted, for a time period specified by the Board, to a nursing school or program to correct deficiencies when the nursing school or program has failed to meet or maintain the requirements and standards of this chapter.

Controlling institution-- a college, university, public agency, or institution responsible for the administration and operation of a nursing school in the District.

Full accreditation-- the accreditation status that is granted to a program after the graduation of its first class and after the Board has determined that the requirements and standards of this chapter have been met.

Initial accreditation-- the accreditation status that is granted to a newly established nursing school or program that has not graduated its first class. The status is granted after the Board has determined that the standards and requirements of this chapter are being met and continues until after the first class has graduated.

Management course-- a course offering both didactic and clinical content in clinical decision making and aspects of medical diagnosis and medical management of diseases and conditions.

National Norm-- as published by the National Council of State Boards of Nursing (NCSBN).

NCLEX-- National Council Licensure Examination.

NLNAC-- National League for Nursing Accrediting Commission.

Nursing process-- the problem solving techniques of assessment, planning, implementing, and evaluating a plan of care, which requires technical and scientific knowledge, judgment, and decision making skills.

Nursing school-- a school of nursing offering a basic program or an advanced practice program in nursing.

Practical nurse-- a person licensed to practice practical nursing pursuant to chapter 55 of this Title.

Registered nurse-- a person licensed to practice registered nursing pursuant to chapter 54 of this Title.

Trending-- the process of studying or evaluating an observable fact or occurrence over a period of time.

Withdrawal of Accreditation-- Board revocation of the approval to operate a nursing education program or advanced practice nursing education program within the District.

DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Interim Director of the Department of Health, pursuant to the authority set forth under § 302 (14) of the District of Columbia Health Occupation Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02 (14)) ("Act"), and Mayor's Order 98-140, dated August 20, 1998, gives notice of the adoption of the following amendments to chapters 57, 58, 59, and 60 of Title 17 of the District of Columbia Municipal Regulations (DCMR). The purpose of the amendments is to allow applicants to obtain certification by endorsement, to clarify the requirements for renewal of certification, to include a standard of conduct section, and to clarify the requirements for the supervised practice of students, graduates, and applicants prior to certification.

Notice of Proposed Rulemaking was published in the D.C. Register on June 4, 2004 at 51 DCR 5796. One comment was received from the District of Columbia Association of Nurse Anesthetists. In response to the public comment, the District of Columbia Board of Nursing voted at its regularly scheduled meeting of July 7, 2004, to make the following changes which do not substantially alter the rulemaking from its previous publication as a Notice of Proposed Rulemaking: in § 5707.1 American Nurses Association was changed to American Association of Nurse Anesthetists (AANA); in § 5715.2(a) "AANA" was changed to "Council on Accreditation of Nurse Anesthesia Education Programs (COA)"; in § 5715.2(b) "AANA" was changed to Council on Certification of Nurse Anesthetists (CCNA); in 5715.4(a) ninety (90) days was changed to six (6) months; and in § 5715.4(b) "AANA" was changed to "CCNA." These final rules will be effective upon publication of this notice in the D.C. Register.

The following rulemaking action is proposed:

17 DCMR Chapters 57 (Certified Registered Nurse-Anesthetists), 58 (Nurse Midwives), 59 (Nurse-Practitioners), and 60 (Clinical Nurse Specialist) are amended as follows:

Section 5703 is amended to read as follows:**5703 RENEWAL OF CERTIFICATE**

- 5703.1 A holder of a certificate to practice as a certified registered nurse-anesthetist shall renew his or her certificate by submitting a completed application on the forms required by the Board and paying the required fees prior to the expiration of the certificate.
- 5703.2 The Board's staff shall mail out applications for renewal at least sixty (60) days prior to the date the certificate expires.
- 5703.3 A certificate holder shall have the burden of notifying the Board if a renewal notice is not received.

- 5703.4 A certificate holder shall notify the Board in writing of a change of home or business address within thirty (30) days after the change.
- 5703.5 A certificate holder applying for renewal of a certificate to practice nurse-anesthesia shall:
- (a) Maintain current licensure as a registered nurse in the District of Columbia;
 - (b) Submit evidence of current national certification or recertification, as applicable, by the Council on Certification of Nurse Anesthetists (CCNA) or Council on Recertification of Nurse Anesthetists (CRNA) or other national certifying body approved by the Board; and
 - (c) Beginning with the 2006 renewal period, submit proof of completion of fifteen (15) contact hours of continuing education, which shall include a pharmacology component. A continuing education program, course, seminar, or workshop shall be approved by the American Association of Nurse Anesthetists (AANA) or other nationally certifying organization recognized by the Board and shall be related to the certificate holder's specialty. Only continuing education hours obtained in the two (2) years immediately preceding the application date will be accepted.
- 5703.6 A certificate holder shall submit a verification form of completion, for each program, course, seminar, or workshop for which continuing education is claimed.
- 5703.7 A certificate holder applying for renewal of a certificate who fails to submit proof of having completed the requirements as set forth in § 5703.5 by the date the certificate expires may renew the certificate within sixty (60) days after the expiration by submitting the required documents and paying the required late fees.
- 5703.8 Upon submitting the required documents and paying the required late fees, the certificate holder shall be deemed to have possessed a valid certificate during the period between the expiration of the certificate and the submission of the required documents and fees.
- 5703.9 If a certificate holder applying for renewal of a certificate fails to submit proof of completion of the requirements as set forth in § 5703.5 or pay the late fee within sixty (60) days after the expiration of the certificate holder's certificate, the certificate shall be considered to have lapsed on the date of expiration and the certificate holder shall thereafter be required to apply for reinstatement of an expired certificate and meet all requirements and fees for reinstatement.
- 5703.10 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the certificate after expiration, if the certificate holder's

failure to submit proof of the requirements or pay the late fee was for good cause. As used in this section "good cause" includes the following:

- (a) Serious and protracted illness of the certificate holder; and
- (b) The death or serious and protracted illness of a member of the certificate holder's immediate family.

Section 5705.1 is amended to read as follows:

5705.1 In addition to the requirements in § 5701 and § 5704, to qualify for a certificate to practice as a certified registered nurse-anesthetist in the District of Columbia, an applicant shall receive a passing score on the national certification examination by the Council on Certification of Nurse Anesthetists or any other nationally recognized certifying body accepted by the Board.

Section 5706 is amended to read as follows:

5706 CERTIFICATION BY ENDORSEMENT

5706.1 An applicant is eligible for certification by endorsement if the applicant is currently licensed or certified, in good standing, as a registered nurse anesthetist under the laws of a state or territory of the United States.

5706.2 To apply for certification by endorsement, an applicant shall:

- (a) Submit a completed application on the forms required by the Board;
- (b) Submit a copy of his or her current license or certificate as a certified-registered nurse anesthetist with the application;
- (c) Obtain licensure or certification verification from the current state or territory of licensure or certification, that the license or certificate is current and in good standing. The verification form must be sent directly to the Board by the verifying Board;
- (d) Meet any other requirements as set forth by the Board; and
- (e) Pay all required fees.

5706.3 An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, submit the required documents and completed forms, and pay the required fees.

5706.4 Nothing in this section shall be construed to prohibit the Board from utilizing other authorized databases to verify current licensure standing in other jurisdictions of the U.S. and to review disciplinary records.

A new section 5707 is added to read as follows:

5707 STANDARDS OF CONDUCT

5707.1 A certified-registered nurse anesthetist shall adhere to the standards set forth in the American Association of Nurse Anesthetists' (AANA) "Code of Ethics," as they may be amended or republished from time to time.

Section 5711 is repealed.

A new section 5714 is added to read as follows:

5714 SUPERVISED PRACTICE OF STUDENTS

5714.1 A student may practice nurse-anesthesia only in accordance with the Act and this chapter.

5714.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), may be authorized to engage in the supervised practice of nurse-anesthesia without a District of Columbia certificate.

5714.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

5714.4 Only a registered nurse anesthetist certified under the Act, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of nurse-anesthesia by a student.

5714.5 A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.

5714.6 All supervised practice of a student shall take place under general or immediate supervision.

- 5714.7 A student practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-anesthesiology program, unit, service, or institution.
- 5714.8 A student shall identify himself or herself as such before practicing as a registered nurse anesthetist. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 5714.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 5714.10 The supervisor or preceptor, as applicable, shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 5714.11 The Board may deny an application for certification by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

A new section 5715 is added to read as follows:

5715 SUPERVISED PRACTICE OF GRADUATES

- 5715.1 A graduate may practice nurse-anesthesia only in accordance with the Act and this chapter.
- 5715.2 An individual may be authorized to engage in the supervised practice of nurse-anesthesia, as a graduate registered nurse-anesthetist, without a District of Columbia certificate if the individual:
- (a) Graduated from a post-basic nursing education program in nurse anesthesia approved by the Council on Accreditation of Nurse Anesthesia Education Programs (COA) or other certifying body approved by the board;
 - (b) Is awaiting the results of the certification examination given by the CCNA or other certifying body approved by the board; and
 - (c) Has an initial application pending for certification to practice nurse-anesthesia in the District of Columbia.
- 5715.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or

another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

- 5715.4 Within five (5) business days after the application for certification has been received by the Board's staff, the Board's staff shall, at the request of the applicant, issue a supervised practice letter to the applicant to document that his or her application is pending and that he or she is authorized to practice under the Act and this chapter. The practice letter is not renewable and shall expire:
- (a) Six (6) months from the date of issuance;
 - (b) Upon receipt of written notice to the applicant of denial of certification by CCNA;
 - (c) Upon receipt of notice to the applicant that the applicant has failed the certification examination; or
 - (d) Upon receipt of written notice to the applicant from the Board that the application for certification has been denied, whichever date is the earliest.
- 5715.5 Upon receipt of the practice letter, the graduate shall inform employers of the date of expiration of the letter and shall immediately cease the practice of nurse anesthesia on that date or upon receipt of written notice as set forth in § 5715.4, whichever date is the earliest. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice nurse anesthesia in the District.
- 5715.6 The graduate shall immediately notify the Board and the graduate's supervisor of the results of the certification examination.
- 5715.7 Only a registered nurse anesthetist certified under the Act, who is a supervisor, shall be authorized to supervise the practice of nurse-anesthesia by a graduate.
- 5715.8 A supervisor shall not supervise more than two (2) graduates at one time.
- 5715.9 All supervised practice of a graduate shall take place under general or immediate supervision.
- 5715.10 A graduate who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate and approved by the Board.

- 5715.11 A graduate practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-anesthesiology program, unit, service, or institution.
- 5715.12 A graduate shall identify himself or herself as such before practicing as a registered nurse anesthetist. A graduate shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the graduate and the position title.
- 5715.13 A graduate shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.
- 5715.14 The supervisor shall be fully responsible for the practice by a graduate during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the graduate.
- 5715.15 The Board may deny an application for certification by, or take other disciplinary action against, a graduate who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the graduate to practice.

A new section 5716 is added to read as follows:

5716 SUPERVISED PRACTICE OF APPLICANTS FOR CERTIFICATION BY ENDORSEMENT

- 5716.1 An applicant may practice nurse-anesthesia only in accordance with the Act and this chapter.
- 5716.2 An applicant for certification by endorsement shall be authorized to engage in the supervised practice of nurse anesthesia in the District of Columbia without a District of Columbia certificate if the applicant:
- (a) Is currently certified by the Council on Certification of Nurse Anesthesia or a certifying body approved by the Board;
 - (b) Is currently licensed, in good standing, under the laws of a state or territory of the United States; and
 - (c) Has an initial application pending for certification by endorsement to practice nurse-anesthesia in the District of Columbia.
- 5716.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be

licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

5716.4 Within five (5) business days after the application for certification by endorsement has been received by the Board's staff, the Board's staff shall issue a practice letter to the applicant to document that his or her application is pending and that he or she is eligible to practice under the Act and this chapter. The practice letter is not renewable and shall expire:

(a) Ninety (90) days from the date of issuance; or

(b) Upon receipt of written notice from the Board that the application for certification has been denied, whichever date is the earliest.

5716.5 Upon receipt of the practice letter, the applicant shall inform employers of the date of expiration of the letter and shall immediately cease the practice of nurse anesthesia on that date or upon receipt of the written notice as set forth in § 5716.4. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice nurse anesthesia in the District.

5716.6 Only a registered nurse anesthetist certified under the Act, who is a supervisor, shall be authorized to supervise the practice of nurse-anesthesia by an applicant.

5716.7 A supervisor shall not supervise more than two (2) applicants at one time.

5716.8 All supervised practice of an applicant shall take place under general or immediate supervision.

5716.9 An applicant who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.

5716.10 An applicant practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-anesthesiology program, unit, service, or institution.

5716.11 An applicant shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.

5716.12 The supervisor shall be fully responsible for the practice by an applicant during the period of supervision and may be subject to disciplinary action

for violations of the Act or this chapter by the applicant.

- 5716.13 The Board may deny an application for a certificate by, or take other disciplinary action against, an applicant who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the applicant to practice.

Section 5799.1 is amended to add the following:

Act— Health Occupation Revision Act of 1985 (“Act”), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Graduate— an individual who has graduated from a post-basic nursing education program for nurse anesthesia.

Section 5803 is amended to read as follows:

5803 RENEWAL OF CERTIFICATE

- 5803.1 A holder of a certificate to practice as a certified nurse-midwife shall renew his or her certificate by submitting a completed application on the forms required by the Board and paying the required fees prior to the expiration of the certificate.
- 5803.2 The Board’s staff shall mail out applications for renewal at least sixty (60) days prior to the date the certificate expires.
- 5803.3 A certificate holder shall have the burden of notifying the Board if a renewal notice is not received.
- 5803.4 A certificate holder shall notify the Board in writing of a change in home or business address within thirty (30) days after the change.
- 5803.5 A certificate holder applying for renewal of a certificate to practice nurse-midwifery shall:
- (a) Maintain current licensure as a registered nurse in the District of Columbia;
 - (b) Submit evidence of current national certification or recertification as applicable by the American College of Nurse-Midwives Certifying Council, Inc. (ACNM) or other national certifying body approved by the Board; and
 - (c) Beginning with the 2006 renewal period, submit proof of completion of fifteen (15) contact hours of continuing education, which shall include a

pharmacology component. A continuing education program, course, seminar, or workshop shall be approved by the ACNM or other nationally certifying organization recognized by the Board and shall be related to the certificate holder's specialty. Only continuing education hours obtained in the two (2) years immediately preceding the application date will be accepted.

- 5803.6 A certificate holder shall submit a verification form of completion, for each program, course, seminar, or workshop for which continuing education is claimed.
- 5803.7 A certificate holder applying for renewal of a certificate who fails to submit proof of having completed the requirements as set forth in § 5803.5 by the date the certificate expires may renew the certificate within sixty (60) days after the expiration by submitting the required documents and paying the required late fees.
- 5803.8 Upon submitting the required documents and paying the required late fees, the certificate holder shall be deemed to have possessed a valid certificate during the period between the expiration of the certificate and the submission of the required documents and fees.
- 5803.9 If a certificate holder applying for renewal of a certificate fails to submit proof of completion of the requirements as set forth in § 5803.5 or pay the late fee within sixty (60) days after expiration of the certificate holder's certificate, the certificate shall be considered to have lapsed on the date of expiration and the certificate holder shall thereafter be required to apply for reinstatement of an expired certificate and meet all requirements and fees for reinstatement.
- 5803.10 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the certificate after expiration, if the certificate holder's failure to submit proof of the requirements or pay the late fee was for good cause. As used in this section "good cause" includes the following:
- (a) Serious and protracted illness of the certificate holder; and
 - (b) The death or serious and protracted illness of a member of the certificate holder's immediate family.

Section 5805.1 is amended to read as follows:

- 5805.1 In addition to the requirements in § 5801 and § 5804, to qualify for a certificate to practice as a certified nurse-midwife in the District of Columbia, an applicant shall receive a passing score on the national certification examination by the ACNM or any other nationally recognized certifying body accepted by the Board.

Section 5806 is amended to read as follows:

5806 CERTIFICATION BY ENDORSEMENT

- 5806.1 An applicant is eligible for certification by endorsement if the applicant is currently licensed or certified, in good standing, as a nurse-midwife under the laws of a state or territory of the United States.
- 5806.2 To apply for certification by endorsement, an applicant shall:
- (a) Submit a completed application on the forms required by the Board;
 - (b) Submit a copy of his or her current license or certificate as a certified nurse-midwife with the application;
 - (c) Obtain licensure or certification verification from the current state or territory of licensure or certification, that the license or certificate is current and in good standing. The verification form must be sent directly to the Board by the verifying Board;
 - (d) Meet any other requirements as set forth by the Board; and
 - (e) Pay all required fees.
- 5806.3 An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, submit the required documents and completed forms, and pay the required fees.
- 5806.4 Nothing in this section shall be construed to prohibit the Board from utilizing other authorized databases to verify current licensure standing in other jurisdictions of the U.S. and to review disciplinary records.

A new section 5807 is added to read as follows:

5807 STANDARDS OF CONDUCT

- 5807.1 A certified nurse-midwife shall adhere to the standards set forth in the American College of Nurse Midwives' "Code of Ethics" as they may be amended or republished from time to time.

Section 5809.1 is amended to read as follows:

- 5809.1 A certified nurse-midwife shall have authority to prescribe legend drugs and controlled substances subject to the limitations set forth in § 5810.

Section 5811 is repealed.

A new section 5814 is added to read as follows:

5814 SUPERVISED PRACTICE OF STUDENTS

- 5814.1 A student may practice nurse-midwifery only in accordance with the Act and this chapter.
- 5814.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), may be authorized to engage in the supervised practice of nurse-midwifery without a District of Columbia certificate.
- 5814.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.
- 5814.4 Only a nurse-midwife certified under the Act, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of nurse-midwifery by a student.
- 5814.5 A student who practices pursuant to this section shall only practice at a hospital, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.
- 5814.6 All supervised practice of a student shall take place under general or immediate supervision.
- 5814.7 A student practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-midwifery program, unit, service, or institution.
- 5814.8 A student shall identify himself or herself as such before practicing as a student nurse-midwife. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 5814.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.

- 5814.10 The supervisor or preceptor, as applicable, shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 5814.11 The Board may deny an application for certification by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

A new section 5815 is added to read as follows:

5815 SUPERVISED PRACTICE OF GRADUATES

- 5815.1 A graduate may practice nurse-midwifery only in accordance with the Act and this chapter.
- 5815.2 An individual shall be authorized to engage in the supervised practice of nurse-midwifery, as a graduate nurse-midwife, without a District of Columbia certificate if the individual:
- (a) Graduated from a post-basic nursing education program in nurse-midwifery approved by the ACNM or other certifying body approved by the board;
 - (b) Is awaiting the results of the certification examination given by the ACNM or other certifying body approved by the board; and
 - (c) Has an initial application pending for certification to practice nurse-midwifery in the District of Columbia.
- 5815.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.
- 5815.4 Within five (5) business days after the application for certification has been received by the Board's staff, the Board's staff shall, at the request of the applicant, issue a supervised practice letter to the applicant to document that his or her application is pending and that he or she is authorize to practice under the Act and this chapter. The practice letter is not renewable and shall expire:
- (a) Ninety (90) days from the date of issuance;

- (b) Upon receipt of written notice to the applicant of denial of certification;
 - (c) Upon receipt of notice to the applicant that the applicant has failed the certification examination; or
 - (d) Upon receipt of written notice to the applicant from the Board that the application for certification has been denied, whichever date is the earliest.
- 5815.5 Upon receipt of the practice letter, the graduate shall inform employers of the date of expiration of the letter and shall immediately cease the practice of nurse-midwifery on that date or upon receipt of written notice as set forth in § 5815.4, whichever date is the earliest. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice nurse-midwifery in the District.
- 5815.6 The graduate shall immediately notify the Board and the graduate's supervisor of the results of the certification examination.
- 5815.7 Only a nurse-midwife certified under the Act, who is a supervisor, shall be authorized to supervise the practice of nurse-midwifery by a graduate.
- 5815.8 A supervisor shall not supervise more than two (2) graduates at one time.
- 5815.9 All supervised practice of a graduate shall take place under general or immediate supervision.
- 5815.10 A graduate who practices pursuant to this section shall only practice at a hospital, a health facility operated by the District or federal government, or other health care facility considered appropriate and approved by the Board.
- 5815.11 A graduate practicing under this section shall not assume administrative or technical responsibility for the operation of a nurse-midwifery program, unit, service, or institution.
- 5815.12 A graduate shall identify himself or herself as such before practicing as a nurse-midwife. A graduate shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the graduate and the position title.
- 5815.13 A graduate shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.

- 5815.14 The supervisor shall be fully responsible for the practice by a graduate during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the graduate.
- 5815.15 The Board may deny an application for certification by, or take other disciplinary action against, a graduate who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the graduate to practice.

A new section 5816 is added to read as follows:

5816 SUPERVISED PRACTICE OF APPLICANTS FOR CERTIFICATION BY ENDORSEMENT

- 5816.1 An applicant may practice nurse-midwifery only in accordance with the Act and this chapter.
- 5816.2 An applicant for certification by endorsement shall be authorized to engage in the supervised practice of nurse-midwifery in the District of Columbia without a District of Columbia certificate if the applicant:
- (a) Is currently certified by the ACNM or a certifying body approved by the Board;
 - (b) Is currently licensed, in good standing, under the laws of a state or territory of the United States; and
 - (c) Has an initial application pending for certification by endorsement to practice nurse-midwifery in the District of Columbia.
- 5816.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.
- 5816.4 Within five (5) business days after the application for certification by endorsement has been received by the Board's staff, the Board's staff shall issue a practice letter to the applicant to document that his or her application is pending and that he or she is eligible to practice under the Act and this chapter. The practice letter is not renewable and shall expire:
- (a) Ninety (90) days from the date of issuance; or
 - (b) Upon receipt of written notice from the Board that the application for

certification has been denied, whichever date is the earliest.

- 5816.5 Upon receipt of the practice letter, the applicant shall inform employers of the date of expiration of the letter and shall immediately cease the practice of nurse-midwifery on that date or upon receipt of written notice as set forth in § 5816.4, whichever date is the earliest. The applicant thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice nurse-midwifery in the District.
- 5816.6 Only a nurse-midwife certified under the Act, who is a supervisor, shall be authorized to supervise the practice of nurse-midwifery by an applicant.
- 5816.7 A supervisor shall not supervise more than two (2) applicants at one time.
- 5816.8 All supervised practice of an applicant shall take place under general or immediate supervision.
- 5816.9 An applicant who practices pursuant to this section shall only practice at a hospital, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.
- 5816.10 An applicant under this section shall not assume administrative or technical responsibility for the operation of a nurse-midwifery program, unit, service, or institution.
- 5816.11 An applicant shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.
- 5816.12 The supervisor shall be fully responsible for the practice by an applicant during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the applicant.
- 5816.13 The Board may deny an application for a certificate by, or take other disciplinary action against, an applicant who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the applicant to practice.

Section 5899.1 is amended to add the following:

Act— Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Graduate— an individual who has graduated from a post-basic nursing education program for nurse midwifery.

Section 5903 is amended to read as follows:

5903 RENEWAL OF CERTIFICATE

- 5903.1 A holder of a certificate to practice as a nurse-practitioner shall renew his or her certificate by submitting a completed application on the forms required by the Board and paying the required fees prior to the expiration of the certificate.
- 5903.2 The Board's staff shall mail out applications for renewal at least sixty (60) days prior to the date the certificate expires.
- 5903.3 A certificate holder shall have the burden of notifying the Board if a renewal notice is not received.
- 5903.4 A certificate holder shall notify the Board in writing of a change of home or business address within thirty (30) days of the change.
- 5903.5 A certificate holder applying for renewal of a certificate to practice as a nurse-practitioner shall:
- (a) Maintain current licensure as a registered nurse in the District of Columbia;
 - (b) Submit evidence of current national certification or recertification, as applicable, by the American Nurses Credentialing Center (ANCC) or other national certifying body approved by the Board; and
 - (c) Beginning with the 2006 renewal period, submit proof of completion of fifteen (15) contact hours of continuing education, which shall include a pharmacology component. A continuing education program, course, seminar, or workshop shall be approved by the ANCC or other nationally certifying organization recognized by the Board and related to the certificate holder's specialty. Only continuing education hours obtained in the two (2) years immediately preceding the application date will be accepted.
- 5903.6 A certificate holder shall submit a verification form of completion, for each program, course, seminar, or workshop for which continuing education is claimed.
- 5903.7 A certificate holder applying for renewal of a certificate who fails to submit proof of having completed the requirements as set forth in § 5903.5 by the date the certificate expires may renew the certificate within sixty (60) days after the expiration by submitting the required documents and paying the required late fees.

5903.8 Upon submitting the required documents and paying the required late fees, the certificate holder shall be deemed to have possessed a valid certificate during the period between the expiration of the certificate and the submission of the required documents and fees.

5903.9 If a certificate holder applying for renewal of a certificate fails to submit proof of completion of the requirements as set forth in § 5903.5 or pay the late fee within sixty (60) days after the expiration of the certificate holder's certificate, the certificate shall be considered to have lapsed on the date of expiration and the certificate holder shall thereafter be required to apply for reinstatement of an expired certificate and meet all requirements and fees for reinstatement.

5903.10 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the certificate after expiration, if the certificate holder's failure to submit proof of the requirements or pay the late fee was for good cause. As used in this section "good cause" includes the following:

- (a) Serious and protracted illness of the certificate holder; and
- (b) The death or serious and protracted illness of a member of the certificate holder's immediate family.

Section 5905.1 is amended to read as follows:

5905.1 In addition to the requirements in § 5901 and § 5904, to qualify for a certificate to practice as a nurse practitioner in the District of Columbia, an applicant shall receive a passing score on the national certification examination by the American Nurses Credentialing Center (ANCC) or any other nationally recognized certifying body accepted by the Board.

A new section 5906 is added to read as follows:

5906 CERTIFICATION BY ENDORSEMENT

5906.1 An applicant is eligible for certification by endorsement if the applicant is currently licensed or certified, in good standing, as a nurse practitioner under the laws of a state or territory of the United States.

5906.2 To apply for certification by endorsement, an applicant shall:

- (a) Submit a completed application on the forms required by the Board;
- (b) Submit a copy of his or her current license or certificate as a nurse practitioner with the application;

- (c) Obtain licensure or certification verification from the current state or territory of licensure or certification, that the license or certificate is current and in good standing. The verification form must be sent directly to the Board by the verifying Board;
- (d) Meet any other requirements as set forth by the Board; and
- (e) Pay all required fees.

5906.3 An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, submit the required documents and completed forms, and pay the required fees.

5906.4 Nothing in this section shall be construed to prohibit the Board from utilizing other authorized databases to verify current licensure standing in other jurisdictions of the U.S. and to review disciplinary records.

A new section 5907 is added to read as follows:

5907 STANDARDS OF CONDUCT

5907.1 A nurse practitioner shall adhere to the standards set forth in the American Nurses Association's "Code of Ethics," as they may be amended or republished from time to time.

Section 5911 is repealed.

A new section 5914 is added to read as follows:

5914 SUPERVISED PRACTICE OF STUDENTS

5914.1 A student may practice as a nurse practitioner only in accordance with the Act and this chapter.

5914.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), shall be authorized to engage in the supervised practice as a nurse practitioner without a District of Columbia certificate.

5914.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

- 5914.4 Only a nurse practitioner certified under the Act, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of a student.
- 5914.5 A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the ANCC or other certifying body approved by the Board.
- 5914.6 All supervised practice of a student shall take place under general or immediate supervision.
- 5914.7 A student under this section shall not assume administrative or technical responsibility for the operation of a nurse practitioner program, unit, service, or institution.
- 5914.8 A student shall identify himself or herself as such before practicing as a nurse practitioner. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 5914.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 5914.10 The appointed supervising faculty member shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 5914.11 The Board may deny an application for a certificate by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

A new section 5915 is added to read as follows:

5915 SUPERVISED PRACTICE OF GRADUATES

- 5915.1 A graduate may practice as a nurse practitioner only in accordance with the Act and this chapter.
- 5915.2 An individual may be authorized to engage in the supervised practice as a nurse practitioner as a graduate nurse practitioner, without a District of Columbia certificate if the individual:

- (a) Graduated from post-basic nursing education program for nurse practitioners approved by the ANCC or other certifying board approved by the board;
- (b) Is awaiting the results of the certification examination given by the ANCC or other certifying body approved by the board; and
- (c) Has an initial application pending for certification to practice as a nurse practitioner in the District of Columbia.

5915.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

5915.4 Within five (5) business days after the application for certification has been received by the Board's staff, the Board's staff shall, at the request of the applicant, issue a supervised practice letter to the applicant to document that his or her application is pending and that he or she is authorized to practice under the Act and this chapter. The practice letter is not renewable and shall expire:

- (a) Ninety (90) days from the date of issuance;
- (b) Upon receipt of written notice to the applicant of denial of certification;
- (c) Upon receipt of notice to the applicant that the applicant has failed the certification examination; or
- (d) Upon receipt of written notice to the applicant from the Board that the application for certification has been denied, whichever occurs first.

5915.5 Upon receipt of the practice letter, the graduate shall inform employers of the date of expiration of the letter and shall immediately cease practice as a nurse practitioner on that date or upon receipt of written notice as set forth in § 5915.4, whichever date is the earliest. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice as a nurse practitioner in the District.

5915.6 The graduate shall immediately notify the Board and the graduate's supervisor of the results of the certification examination.

5915.7 Only a nurse practitioner certified under the Act, who is a supervisor, shall be authorized to supervise practice as a nurse practitioner by a graduate.

- 5915.8 A supervisor shall not supervise more than two (2) graduates at one time.
- 5915.9 All supervised practice of a graduate shall take place under general or immediate supervision.
- 5915.10 A graduate who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.
- 5915.11 A graduate under this section shall not assume administrative or technical responsibility for the operation of a nurse practitioner program, unit, service, or institution.
- 5915.12 A graduate shall identify himself or herself as such before practicing as a nurse practitioner. A graduate shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the graduate and the position title.
- 5915.13 A graduate shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.
- 5915.14 The supervisor shall be fully responsible for all practice by a graduate during the period of supervision and is subject to disciplinary action for any violation of the Act or this chapter by the graduate.
- 5915.15 The Board may deny an application for a certificate by, or take other disciplinary action against, a graduate who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the graduate to practice.

A new section 5916 is added to read as follows:

5916 SUPERVISED PRACTICE OF APPLICANTS FOR CERTIFICATION BY ENDORSEMENT

- 5916.1 An applicant may practice as a nurse practitioner only in accordance with the Act and this chapter.
- 5916.2 An applicant for certification by endorsement shall be authorized to engage in the supervised practice as a nurse practitioner in the District of Columbia without a District of Columbia certificate if the applicant:

- (a) Is currently certified by the ANCC or a certifying body approved by the Board;
- (b) Is currently licensed, in good standing, under the laws of a state or territory of the United States; and
- (c) Has an initial application pending for certification by endorsement to practice as a nurse practitioner in the District of Columbia.

5916.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

5916.4 Within five (5) business days after the application for certification by endorsement has been received by the Board's staff, the Board's staff shall issue a practice letter to the applicant to document that his or her application is pending and that he or she is eligible to practice under the Act and this chapter. The practice letter is not renewable and shall expire:

- (a) Ninety (90) days from the date of issuance; or
- (b) Upon receipt of written notice from the Board that the application for certification has been denied, whichever date is the earliest.

5916.5 Upon receipt of the practice letter, the applicant shall inform employers of the date of expiration of the letter and shall immediately cease practice as a nurse practitioner. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice as a nurse practitioner in the District.

5916.6 Only a nurse practitioner certified under the Act, who is a supervisor, shall be authorized to supervise practice as a nurse practitioner by a graduate.

5916.7 A supervisor shall not supervise more than two (2) applicants at one time.

5916.8 All supervised practice of an applicant shall take place under general or immediate supervision.

5916.9 An applicant who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.

- 5916.10 An applicant under this section shall not assume administrative or technical responsibility for the operation of a nurse practitioner program, unit, service, or institution.
- 5916.11 An applicant shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.
- 5916.12 The supervisor shall be fully responsible for all practice by an applicant during the period of supervision and is subject to disciplinary action for any violation of the Act or this chapter by the applicant.
- 5916.13 The Board may deny an application for a certificate by, or take other disciplinary action against, an applicant who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the applicant to practice.

Section 5999.1 is amended to add the following:

Act— Health Occupation Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Graduate— an individual who has graduated from a post-basic nursing education program for preparation to practice as a nurse practitioner.

A new section 6003 is added to read as follows:

6003 RENEWAL OF CERTIFICATE

- 6003.1 A holder of a certificate to practice as a clinical nurse specialist shall renew his or her certificate by submitting a completed application on the forms required by the Board and paying the required fees prior to the expiration of the certificate.
- 6003.2 The Board's staff shall mail out applications for renewal at least sixty (60) days prior to the date the certificate expires.
- 6003.3 A certificate holder shall have the burden of notifying the Board if a renewal notice is not received.
- 6003.4 A certificate holder shall notify the Board in writing of a change of home or business address within thirty (30) days after the change.
- 6003.5 A certificate holder applying for renewal of a certificate to practice clinical nurse specialty shall:

- (a) Maintain current licensure as a registered nurse in the District of Columbia;
- (b) Submit evidence of current national certification or recertification, as applicable, by the American Nurses Credentialing Center (ANCC) or any other nationally recognized certifying organization accepted by the Board; and
- (c) Beginning with the 2006 renewal period, submit proof of completion of fifteen (15) contact hours of continuing education, which shall include a pharmacology component. A continuing education program, seminar, or workshop shall be approved by the ANCC or other nationally certifying body recognized by the Board and shall be related to the certificate holder's specialty. Only continuing education hours obtained in the two (2) years immediately preceding the application date will be accepted.

- 6003.6 A certificate holder shall submit a verification form of completion, for each program, course, seminar, or workshop for which continuing education is claimed.
- 6003.7 A certificate holder applying for renewal of a certificate who fails to submit proof of having completed the requirements as set forth in § 6003.5 by the date the certificate expires may renew the certificate within sixty (60) days after the expiration by submitting the required documents and paying the required late fees.
- 6003.8 Upon submitting the required documents and paying the required late fees, the certificate holder shall be deemed to have possessed a valid certificate during the period between the expiration of the certificate and the submission of the required documents and fees.
- 6003.9 If a certificate holder applying for renewal of a certificate fails to submit proof of completion of the requirements as set forth in § 6003.5 or pay the late fee within sixty (60) days after the expiration of the certificate holder's certificate, the certificate shall be considered to have lapsed on the date of expiration and the certificate holder shall thereafter be required to apply for reinstatement of an expired certificate and meet all requirements and fees for reinstatement.
- 6003.10 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew the certificate after expiration, if the certificate holder's failure to submit proof of the requirements or pay the late fee was for good cause. As used in this section "good cause" includes the following:
- (a) Serious and protracted illness of the certificate holder; and
 - (b) The death or serious and protracted illness of a member of the certificate

holder's immediate family.

Section 6005.1 is amended to read as follows:

6005.1 In addition to the requirements in § 6001 and § 6004, to qualify for a certificate to practice as a clinical nurse specialist in the District of Columbia, an applicant shall receive a passing score on the national certification examination by the American Nurses Credentialing Center (ANCC) or any other nationally recognized certifying body accepted by the Board.

Section 6006 is amended to read as follows:

6006 CERTIFICATION BY ENDORSEMENT

6006.1 An applicant is eligible for certification by endorsement if the applicant is currently licensed or certified as a clinical nurse specialist under the laws of a state or territory of the United States.

6006.2 To apply for certification by endorsement, an applicant shall:

- (a) Submit a completed application on the forms required by the Board;
- (b) Submit a copy of his or her current license or certificate as a clinical nurse specialist with the application;
- (c) Obtain verification from the current state or territory of licensure or certification that the license or certificate as a clinical nurse specialist is current and in good standing. The verification form must be sent directly to the Board by the verifying Board;
- (d) Meet any other requirements as set forth by the Board; and
- (e) Pay all required fees.

6006.3 An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned, and closed by the Board. The applicant shall thereafter be required to reapply, submit the required documents and completed forms, and pay the required fees.

6006.4 Nothing in this section shall be construed to prohibit the Board from utilizing other authorized databases to verify current licensure standing in other jurisdictions of the U.S. and to review disciplinary records.

A new section 6007 is added to read as follows:

6007 STANDARDS OF CONDUCT

6007.1 A clinical nurse specialist shall adhere to the standards set forth in the American Nurses Association's "Code of Ethics," as they may be amended or republished from time to time.

Section 6009.1 is amended to read as follows:

6009.1 A clinical nurse specialist shall have authority to prescribe legend drugs and controlled substances subject to the limitations set forth in § 6010.

Section 6011 is repealed.**A new section 6014 is added to read as follows:****6014 SUPERVISED PRACTICE OF STUDENTS**

6014.1 A student may practice as a clinical nurse specialist only in accordance with the Act and this chapter.

6014.2 A student fulfilling education requirements for certification and practicing within the limitations set forth in § 103(c) of the Act, D.C. Official Code § 3-1201.03(c), shall be authorized to engage in the supervised practice as a clinical nurse specialist without a District of Columbia certificate.

6014.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

6014.4 Only a clinical nurse specialist certified under the Act, who is an appointed faculty member of the accredited school or college, or a preceptor meeting the requirements set forth in chapter 56 of this Title, shall be authorized to supervise the practice of a clinical nurse specialist by a student.

6014.5 A student who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the ANCC or other certifying body approved by the Board.

6014.6 All supervised practice of a student shall take place under general or immediate supervision.

- 6014.7 A student under this section shall not assume administrative or technical responsibility for the operation of a clinical nurse specialist program, unit, service, or institution.
- 6014.8 A student shall identify himself or herself as such before practicing as a nurse practitioner. A student shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the student and the position title.
- 6014.9 A student shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.
- 6014.10 The supervisor or preceptor, as applicable, shall be fully responsible for the practice by a student during the period of supervision and may be subject to disciplinary action for violations of the Act or this chapter by the student.
- 6014.11 The Board may deny an application for a certificate by, or take other disciplinary action against, a student who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student to practice.

A new section 6015 is added to read as follows:

6015 SUPERVISED PRACTICE OF GRADUATES

- 6015.1 A graduate may practice as a clinical nurse specialist only in accordance with the Act and this chapter.
- 6015.2 An individual shall be authorized to engage in the supervised practice as a clinical nurse specialist as a graduate clinical nurse specialist, without a District of Columbia certificate if the individual:
- (a) Graduated from a post-basic nursing education program for clinical nurse specialists approved by the ANCC or other certifying body approved by the Board;
 - (b) Is awaiting the results of the certification examination given by the ANCC or other certifying body approved by the Board; and
 - (c) Has an initial application pending for certification to practice as a clinical nurse specialist in the District of Columbia.
- 6015.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

- 6015.4 Within five (5) business days after the application for certification has been received by the Board's staff, the Board's staff shall, at the request of the applicant, issue a supervised practice letter to the applicant to document that his or her application is pending and that he or she is authorized to practice under the Act and this chapter. The practice letter is not renewable and shall expire:
- (a) Ninety (90) days from the date of issuance;
 - (b) Upon receipt of written notice to the applicant of denial of certification;
 - (c) Upon receipt of notice to the applicant that the applicant has failed the certification examination; or
 - (d) Upon receipt of written notice to the applicant from the Board that the application for certification has been denied, whichever date is the earliest.
- 6015.5 Upon receipt of the practice letter, the graduate shall inform employers of the date of expiration of the letter and shall immediately cease practice as a clinical nurse specialist on that date or upon receipt of written notice as set forth in § 6015.4, whichever date is the earliest. The graduate thereafter may practice in any other area for which the graduate is qualified and licensed in the District, until receipt of a certificate to practice as a clinical nurse specialist in the District.
- 6015.6 The graduate shall immediately notify the Board and the graduate's supervisor of the results of the certification examination.
- 6015.7 Only a clinical nurse specialist certified under the Act, who is a supervisor, shall be authorized to supervise the practice of a clinical nurse specialist by a graduate.
- 6015.8 A supervisor shall not supervise more than two (2) graduates at one time.
- 6015.9 All supervised practice of a graduate shall take place under general or immediate supervision.
- 6015.10 A graduate who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.
- 6015.11 A graduate under this section shall not assume administrative or technical responsibility for the operation of a clinical nurse specialist program, unit, service, or institution.

- 6015.12 A graduate shall identify himself or herself as such before practicing as a nurse practitioner. A graduate shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the graduate and the position.
- 6015.13 A graduate shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.
- 6015.14 The supervisor shall be fully responsible for all practice by a graduate during the period of supervision and is subject to disciplinary action for any violation of the Act or this chapter by the graduate.
- 6015.15 The Board may deny an application for a certificate by, or take other disciplinary action against, a graduate who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the graduate to practice.

A new section 6016 is added to read as follows:

6016 SUPERVISED PRACTICE OF APPLICANTS FOR CERTIFICATION BY ENDORSEMENT

- 6016.1 An applicant may practice as a clinical nurse specialist only in accordance with the Act and this chapter.
- 6016.2 An applicant for certification by endorsement shall be authorized to engage in the supervised practice as a clinical nurse specialist in the District of Columbia without a District of Columbia certificate if the applicant:
- (a) Is currently certified by the ANCC or a certifying body approved by the Board;
 - (b) Is currently licensed, in good standing, under the laws of a state or territory of the United States; and
 - (c) Has an initial application pending for certification by endorsement to practice as a clinical nurse specialist in the District of Columbia.
- 6016.3 A person who has been denied a certificate, denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the District of Columbia or another jurisdiction shall not practice pursuant to this section unless first authorized by the Board in writing.

- 6016.4 Within five (5) business days after the application for certification by endorsement has been received by the Board's staff, the Board's staff shall issue a practice letter to the applicant to document that his or her application is pending and that he or she is eligible to practice under the Act and this chapter. The practice letter is not renewable and shall expire:
- (a) Ninety (90) days from the date of issuance; or
 - (b) Upon receipt of written notice from the Board that the application for certification has been denied, whichever date is the earliest.
- 6016.5 Upon receipt of the practice letter, the applicant shall inform employers of the date of expiration of the letter and shall immediately cease practice as a clinical nurse specialist on that date or upon receipt of written notice as set forth in § 6015.4, whichever date is the earliest. The applicant thereafter may practice in any other area for which the applicant is qualified and licensed in the District, until receipt of a certificate to practice as a clinical nurse specialist in the District.
- 6016.6 Only a clinical nurse specialist certified under the Act, who is a supervisor, shall be authorized to supervise the practice of a clinical nurse specialist by an applicant.
- 6016.7 A supervisor shall not supervise more than two (2) applicants at one time.
- 6016.8 All supervised practice of an applicant shall take place under general or immediate supervision.
- 6016.9 An applicant who practices pursuant to this section shall only practice at a hospital, long-term care facility, a health facility operated by the District or federal government, or other health care facility considered appropriate by the Board.
- 6016.10 An applicant under this section shall not assume administrative or technical responsibility for the operation of a clinical nurse specialist program, unit, service, or institution.
- 6016.11 An applicant shall not receive compensation of any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.
- 6016.12 The supervisor shall be fully responsible for all practice by an applicant during the period of supervision and is subject to disciplinary action for any violation of the Act or this chapter by the applicant.

6016.13 The Board may deny an application for a certificate by, or take other disciplinary action against, an applicant who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the applicant to practice.

Section 6099.1 is amended to add the following:

Act— Health Occupation Revision Act of 1985 (“Act”), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Graduate— an individual who has graduated from a post-basic nursing education program for preparation to practice as a clinical nurse specialist.

DEPARTMENT OF HEALTH**NOTICE OF FINAL RULEMAKING**

The Director of the Department of Health, pursuant to the authority set forth in sections 2(b) and 5 of the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983 (the "Act") effective February 24, 1984 (D.C. Law 5-48, D.C. Official Code § 44-501 (b) and 44-504), and Mayor's Order 98-137, dated August 20, 1998, hereby gives notice of the adoption of the following amendment to Chapter 27 of Title 22 of the District of Columbia Municipal Regulations (DCMR). The Director took final action to adopt these rules on July 14, 2004. Notice of Emergency and Proposed Rulemaking was published in the *D.C. Register* on April 16, 2004, at 51 DCR 3915. The Council approved the rules by Resolution 15-593 on June 29, 2004. No comments were received and no changes, other than correction of a typographical error, have been made since publication of the emergency and proposed rule. The final rules amend Chapter 27 to change the standard of care in, and qualifications for certification of, Level I and Level II Adult Trauma Facilities. The final rules will become effective upon publication of this notice in the *D.C. Register*.

Chapter 27 (Adult Trauma Care) of Title 22 (Public Health and Medicine) (August 1986) of the District of Columbia Municipal Regulations is amended as follows:

I. Section 2700 is amended as follows:

A. Amend subsection 2700.3 to read as follows:

2700.3 An inclusive trauma care system is a system that is fully integrated into the EMS and is designated to meet the needs of all injured patients requiring care in an acute care facility, regardless of severity of injury, geographic location, or population density.

B. Amend paragraph 2700.4(k) by striking the phrase "Medical evaluation." and inserting the phrase "Research." in its place.

C. Amend subsection 2700.10 to read as follows:

2700.10 For optimal care of the severely injured, Level I and Level II facilities shall meet the following requirements:

- (a) Skilled surgeons and other members of the trauma team shall be immediately available;
- (b) When an arriving patient meets the hospital-specific guidelines defining a major resuscitation, the attending surgeon shall be present in the emergency department:

- (1) Upon arrival of the patient, when there is advance notification from the field; or
- (2) Within fifteen (15) minutes of activating the trauma team, when there is no advance notification;
- (c) Compliance with the requirements of subsections (a) and (b) at a rate of eighty percent (80%) or greater shall be documented; and
- (d) The following minimum criteria shall be used to define a major resuscitation:
 - (1) Confirmed blood pressure less than ninety (90) millimeters of mercury (mmHg) at any time in adults;
 - (2) Respiratory compromise, airway obstruction, or intubation;
 - (3) Transfer patients from other hospitals receiving blood to maintain vital signs;
 - (4) Gunshot wounds to the abdomen, neck, or chest;
 - (5) Glasgow Coma Scale (GCS) less than eight (<8) with mechanism attributed to trauma; and
 - (6) Emergency physician's discretion.

II. Subsection 2702.21 is amended to read as follows:

2702.21 Each surgeon member of the trauma team shall participate in a minimum of sixteen (16) hours of trauma related Continuing Medical Education (CME) courses per year. At least fifty percent (50%) of this CME shall be extramural, and both Category I and II CME may be counted toward satisfying this requirement.

III. Subsection 2703.2(f) is amended to read as follows:

- (f) Assisting in maintaining a trauma registry, performing data collection, coding, including external causes of injury, e-coding and scoring, and developing processes for validation of data and submitting the data to the citywide trauma registry maintained by the District of Columbia Department of Health; and

IV. Section 2704 is amended as follows:

A. Amend subsection 2704.9 to read as follows:

2704.9 The minimum qualifications of an orthopedic surgeon on-call shall include board certification or eligibility for board certification during the first five (5) years after residency, documentation of a minimum of sixteen (16) hours of Category I or II CME per year in skeletal traumatology, and participation in the facility's trauma service educational and quality improvement activities.

B. Amend paragraph 2704.13(a) to read as follows:

- (a) A complete stock of plaster, fiberglass cast, and splint material with adequate padding;

C. Amend subsection 2704.16 to read as follows:

2704.16 In each adult trauma care facility, a general orthopedist shall provide primary care for musculoskeletal injuries. When orthopedic trauma specialists are not immediately available, the initial orthopedic care may be provided by another member of the staff, who shall then transfer that patient to the specialist. Interhospital transfer shall be required in appropriate cases.

V. Subsections 2705.1 through 2705.7 are amended to read as follows:

2705.1 Each adult trauma care facility shall have the following specialties available in-house twenty-four (24) hours per day;

- (a) General Surgery;
- (b) Emergency Medicine; and
- (c) Anesthesiology.

2705.2 The patient evaluation and treatment team shall consist of a team of surgeons that will include, at a minimum, a post-graduate resident in at least the fourth (4th) year of training.

2705.3 The attending surgeon shall participate in each major therapeutic decision and be present at each operative procedure. The hospital's trauma performance improvement program shall monitor compliance with the requirements of this section.

2705.4 An attending neurosurgeon shall be available and dedicated to that hospital's trauma service. This requirement may be satisfied by an in-house neurosurgery

resident or physician who has special competence, as judged by the chief of neurosurgery, in the care of patients with neurological trauma, and who is capable of initiating measures directed toward stabilizing the patient and initiating diagnostic procedures.

2705.6 In Level I facilities, the requirement to provide anesthesiology services may be satisfied by anesthesiology chief residents or a certified nurse anesthetist (CRNA) capable of assessing emergency situations in trauma patients and providing any indicated treatment, including surgical anesthesia. Whenever a Level I facility uses an anesthesiology resident or a certified nurse anesthetist (CRNA) to satisfy this requirement, the facility shall notify the staff anesthesiologist on-call, who shall be promptly available.

2705.7 In Level II facilities, the requirement to provide anesthesiology services is satisfied when the staff anesthesiologist is in the hospital at the time of, or shortly after, the patient's arrival. Before the staff anesthesiologist arrives, an anesthesiology chief resident or certified nurse anesthetist (CRNA) capable of assessing emergency situations in trauma patients and of initiating and providing any indicated treatment shall be available.

VI. Sections 2706, 2707, and 2708 are amended to read as follows:

2706 FACILITY RESOURCES AND CAPABILITIES

2706.1 Emergency department personnel in each adult trauma care facility shall consist of at least the following:

- (a) A designated physician director of the emergency department;
- (b) Physicians with special competence in the care of the critically injured, who are designated members of the trauma team and are physically present in the emergency department and sufficient in number to provide coverage twenty-four (24) hours per day; and
- (c) Nursing personnel with special capability in trauma care who provide continual monitoring of the trauma patient from hospital arrival to disposition in the Intensive Care Unit (ICU), Operating Room (OR), or patient care unit.

2706.2 The requirement for an emergency medicine physician may be satisfied by emergency medicine senior residents capable of assessing emergency situations in trauma patients and providing any indicated treatment. When senior residents are used to satisfy this requirement, the facility shall advise the staff specialist on-call who shall be promptly available. Institutions that have emergency medicine residency training programs shall provide supervision twenty-four (24) hours per

day by an in-house attending emergency physician.

- 2706.3 A facility shall have a team available for twenty-four (24) hours per day in-house coverage in the emergency department. The team shall provide the initial management of the major trauma patient and shall consist of at least the following personnel:
- (a) An emergency department attending physician with knowledge of trauma care who is Advanced Trauma Life Support (ATLS) Certified or has demonstrated an appropriate level of expertise as determined by the Trauma Service Director, but not less than sixteen (16) hours trauma-related CME, clinical involvement, and special interest in trauma;
 - (b) Surgical residents who shall be in at least the fourth (4th) year of post-graduate specialty training;
 - (c) An anesthesiologist; however, the initial response may be by a anesthesiology chief resident or a critical care nurse anesthetist with trauma proficiency, and the attending anesthesiologist shall be promptly available;
 - (d) A minimum of two (2) nurses familiar with emergency and critical care, qualified to function as members of the trauma team by specific criteria defining orientation and practice requirements; at least one (1) nurse shall have specialized knowledge of trauma care; and
 - (e) Registered nurses, licensed practical nurses, and nurse aides in sufficient number to provide appropriate coverage.
- 2706.4 The in-house team shall be on group call pagers to meet each patient with maximum readiness upon arrival. If the in-house team is not on group call pagers, a paging system shall function to mobilize the team within a maximum of two (2) minutes.
- 2706.5 The annual team responses for an adult Level I trauma center shall be at least twelve hundred (1200) patients, or a minimum of two hundred and forty (240) patients with an Injury Severity Score greater than fifteen (>15), or an average of more than thirty five (35) patients with an Injury Severity Score greater than fifteen (15) for all trauma panel surgeons.
- 2706.6 Repealed.
- 2706.7 Each adult trauma care facility shall have mobile X-ray capability with twenty-four (24) hours per day coverage by in-house technicians.

2707 TRAUMA RESUSCITATION AREA

- 2707.1 The emergency department of each adult trauma care facility shall have a large space designated and dedicated as the trauma resuscitation area. The space shall be large enough to allow assembly of the full trauma team plus necessary equipment including ventilators and a portable X-ray machine.
- 2707.2 Equipment may include ultrasound. Equipment or procedure trays to perform invasive treatments shall be available as follows:
- (a) Airway control and ventilation equipment;
 - (b) Pulse oximetry;
 - (c) Suction devices;
 - (d) Electrocardiograph-oscilloscope-defibrillator;
 - (e) Internal paddles;
 - (f) Central venous pressure (CVP) monitoring equipment;
 - (g) Standard intravenous (IV) fluids and administration sets;
 - (h) Large-bore intravenous catheters;
 - (i) Sterile surgical sets for airway control, cricothyrotomy, thoracostomy, venous cutdown, central line insertion, thoracotomy, and peritoneal lavage;
 - (j) Arterial catheters;
 - (k) Drugs necessary for emergency care;
 - (l) X-ray availability twenty-four (24) hours per day;
 - (m) Cervical traction devices;
 - (n) Broselow tape;
 - (o) Thermal control equipment for the patient, fluids, and blood;
 - (p) Rapid infuser system;
 - (q) Qualitative end-tidal Carbon Dioxide (CO₂) determination; and

- (f) Communication with Emergency Medical Services (EMS) vehicles.
- 2707.3 The trauma resuscitation area shall contain adequate telephones, telephone lines, and intercoms.
- 2707.4 In Level I facilities, dedicated phone lines shall be used between the resuscitation area and the blood bank and operating room. Large wallboards shall display team members' names and roles, as well as key hospital phone numbers and on-call personnel.
- 2707.5 Each adult trauma care facility shall have the following communication capabilities:
- (a) Pre-hospital to hospital link for direct medical command and early hospital notification;
 - (b) Trauma team alert and activation;
 - (c) Pre-hospital provider and trauma team information transfer;
 - (d) Trauma team and intrafacility personnel communication; and
 - (e) Interfacility communication.
- 2707.6 In each adult trauma care facility, the resuscitation trauma team shall consist of at least the following personnel:
- (a) Surgeon (trauma team leader);
 - (b) Emergency physician;
 - (c) Anesthesia personnel;
 - (d) Nurses;
 - (e) Respiratory therapist;
 - (f) Radiologic technologist;
 - (g) Blood bank or laboratory personnel;
 - (h) Operating room staff;
 - (i) Critical care nurse;

- (j) Security officer;
- (k) Surgical and emergency residents;
- (l) Chaplain; and
- (m) Social worker.

2707.7 Each individual trauma team member shall assist in the assessment of the patient with simultaneous life support, diagnosis of injuries, acquisition of laboratory specimens, initial radiographic survey, and communication and mobilization of all necessary hospital resources.

2708 OPERATING SUITE

2708.1 Operating suites in each adult trauma care facility shall be staffed and equipped to handle each patient brought into the emergency department in need of immediate surgical intervention.

2708.2 Operating suites shall be immediately available twenty-four (24) hours per day. Operating suites in Level I facilities shall be staffed in-house. Operating suites in Level II facilities may be staffed in-house.

2708.3 Each operating suite in Level and Level II facilities shall have equipment suitable for use in adults, including:

- (a) Thermal control equipment for patients, blood, and fluids;
- (b) X- ray capability, including C-arm image intensifier available twenty-four (24) hours per day;
- (c) Endoscope;
- (d) Craniotomy instruments;
- (e) Equipment appropriate for fixation of long-bone and pelvic fractures;
- (f) Bronchoscope; and
- (g) Rapid Infuser system.

2708.4 Each operating suite in a Level I facility shall have the following capability and equipment, in addition to the requirements set out in § 2708.3:

- (a) Cardiopulmonary bypass; and
- (b) Operating room microscope.

VII. Paragraph 2709.1(e) is amended by striking the phrase "End-tidal CO2 determination; and" and inserting the phrase "Reserved; and" in its place.

VIII. Section 2710 is amended as follows:

A. Amend subsection 2710.1 to read as follows:

2710.1 A hospital designated as a Level I trauma center shall have a surgically directed and staffed Intensive Care Unit (ICU).

B. Amend subsection 2710.2 to read as follows:

2710.2 In each adult trauma care facility, there shall be designated a surgical director or surgical co-director for the ICU.

C. Amend subsection 2710.4 to read as follows:

2710.4 Medical and surgical specialists shall be consulted as needed to provide specific expertise in the care of the patient in the ICU. The Surgical Intensive Care Unit (SICU) service physician must be in-house twenty-four (24) hours per day for Level I facilities.

D. Amend subsection 2710.6 by striking the phrase "Trauma Service Director" and inserting the phrase "Surgical Critical Care Service Director" in its place.

E. Amend subsection 2710.8 to read as follows:

2710.8 Each nurse assigned to trauma patients shall be a registered nurse, and shall hold certification as a CCRN or have evidence of equivalent critical care training from the American Association of Critical Care Nurses. Before assuming responsibility for patients in the ICU, each nurse shall be oriented to the care of the critically ill trauma patient. Each nurse shall complete at least eight (8) hours of Continuing Medical Education (CME) each year.

F. Amend subsection 2710.11 to read as follows:

2710.11 Each ICU shall have support personnel available as follows:

- (a) Respiratory therapists;
- (b) Physical therapists;

- (c) Discharge planners;
- (d) Social workers;
- (e) Interpreters;
- (f) In-house radiology technologist;
- (g) In-house acute hemodialysis;
- (h) In-house Computerized Tomographic (CT) technician; and
- (i) Angiographer, sonographer, magnetic resonance imaging (MRI) technician.

G. Amend paragraph 2710.12(d) to read as follows:

- (d) Sets of instruments for the following procedures:
 - (1) Tracheostomy;
 - (2) Thoracostomy;
 - (3) Venous cut-down;
 - (4) Central venous puncture;
 - (5) Tracheal intubation;
 - (6) Intracranial monitoring equipment; and
 - (7) Pulmonary artery monitoring equipment.

IX. Subsection 2712.5 is amended to read as follows:

2712.5 The Burn Center shall admit an average over any three (3) year period of one hundred (100) or more patients annually with acute burn injuries, and shall maintain an average daily census of three (3) or more patients with acute burn injuries.

X. Sections 2714 through 2716 are amended to read as follows:

2714 SPECIAL RADIOLOGICAL CAPABILITIES

2714.1 In Level I facilities, special radiological capabilities shall be available twenty-four (24) hours per day and shall consist of at least the following:

- (a) In-house radiology technician;
- (b) Angiography;
- (c) Sonography;
- (d) Nuclear scanning;
- (e) Computerized tomography;
- (f) In-house Computerized Tomography (CT) technician; and
- (g) Magnetic Resonance Imaging (MRI).

2714.2 In Level II facilities, special radiological capabilities shall be available twenty-four (24) hours per day and shall consist of at least the following:

- (a) In-house radiology technician;
- (b) Angiography;
- (c) Sonography; and
- (d) Computerized tomography.

2714.3 In Level II facilities, special radiological capabilities may also include:

- (a) Nuclear scanning;
- (b) In-house Computerized Tomography (CT) technician; and
- (c) Magnetic Resonance Imaging (MRI).

2715 CLINICAL LABORATORY SERVICE

2715.1 Clinical laboratory services in adult trauma facilities shall be available twenty-four (24) hours per day for the following:

- (a) Standard analyses of blood, urine, and other body fluids;

- (b) Blood typing and cross-matching;
- (c) Coagulation studies;
- (d) Comprehensive blood bank or access to a community central blood bank and adequate storage facilities;
- (e) Blood gases and potential of Hydrogen (pH) determinations;
- (f) Microbiology.

2716 REHABILITATION MEDICINE

2716.1 Each adult trauma care facility shall have a physician-directed rehabilitation service program staffed by personnel trained in rehabilitation care and equipped properly for the care of the critically injured patient. This shall include the following:

- (a) Physical therapy;
- (b) Occupational therapy;
- (c) Speech therapy; and
- (d) Social service.

2716.2 Adult trauma care facilities shall have transfer agreements with approved rehabilitation facilities for long-term care.

XI. Section 2717 is amended as follows:

A. Strike the phrase "quality assurance" wherever it appears and insert the phrase "performance improvement" in its place.

B. Amend paragraphs 2717.1(g) and (h) to read as follows:

- (g) Review of times and reasons for transfer of injured patients;
- (h) Times of and reasons for trauma-related bypass documentation; and

C. Amend subsection 2717.6 by striking the phrase "In Level I facilities," and inserting the phrase "In each adult trauma care facility" in its place.

D. Amend subsection 2717.7 by striking all of the existing text and inserting the phrase "Repealed." in its place.

E. Amend subparagraph 2717.9(b)(3) to read as follows:

- (3) Documented attendance at a multidisciplinary conference where either morbidity or mortality comprises more than fifty percent (50%) of the subject matter, and hospital peer review conferences that deal with care of injured patients; and

F. Amend paragraphs 2717.11(a) and (b) to read as follows:

- (a) Audit filters shall be used to examine the timeliness, appropriateness, and effectiveness of care rendered to an individual patient, and the value of continuous or periodic use of these filters in the quality improvement program shall be reviewed regularly by individual trauma facilities. Minimum filters to be applied include the following:
 - (1) Selected complications, monitored as either trends or sentinel events. Trauma Service Directors shall select those complications for audit and review those complications that are frequent or severe in their cohort of trauma patients; and
 - (2) All trauma deaths.
- (b) A focused audit shall be used periodically to examine the process of care;

G. Amend subparagraph 2717.11(g)(4) by striking the phrase "chief of trauma services." and inserting the phrase "Director of Trauma Services." in its place.

H. Amend subsection 2717.13 to read as follows:

2717.13 . An adult trauma care facility shall satisfy the requirements of § 2717.11(g) by establishing a multidisciplinary review committee that shall require a quorum of a majority of the members at each meeting. The multidisciplinary review committee shall consist of the following members:

- (a) Chairperson - Trauma Service Director;
- (b) Trauma nurse coordinator;
- (c) A representative of the neurosurgery department;
- (d) A representative of the orthopedic surgery department;
- (e) A representative of the emergency medicine department;

- (f) A representative of the anesthesiology department;
- (g) A staff pathologist;
- (h) A staff radiologist; and
- (i) A representative from rehabilitation medicine.

I. Add two new subsections numbered 2717.14 and 2717.15 to read as follows:

2717.14 The goals of a multi-disciplinary review committee shall be as follows:

- (a) Review selective deaths;
- (b) Review complications;
- (c) Discuss sentinel events; and
- (d) Review organizational issues on a regular basis and in a systematic fashion.

2717.15 The objectives of this multi-disciplinary peer review committee shall be as follows:

- (a) To identify and resolve problems or specific issues; and
- (b) To identify new policies or protocols and have the representatives from the various departments listed in § 2717.13 transmit the information back to their respective departments.

XII. Section 2718 is amended to read as follows:

2718 TRANSFER AGREEMENTS

2718.1 Level I facilities shall have transfer agreements with other facilities whereby the Level I facility serves as a receiving facility.

2718.2 Level II facilities shall have transfer agreements whereby the Level II facility serves as both a transferring and receiving facility.

2718.3 When interhospital transfer is in the patient's best interest, the treating physician shall ensure that the patient is optimally stabilized within the capabilities of the transferring institution. The facility shall stabilize each injury or physiologic derangement, such as respiratory distress or shock, before the transfer. The urgent needs of the patient who requires advance level trauma care shall supersede the requirement that patients be cared for within a specific provider network.

- 2718.4 Transferring physician responsibilities shall include:
- (a) Identifying the patient needing transfer;
 - (b) Initiating the transfer process by direct contact with the receiving surgeon or physician;
 - (c) Initiating resuscitation measures within the capabilities of the facility;
 - (d) Determining the appropriate mode of transportation in consultation with the receiving surgeon or physician; and
 - (e) Transferring all records, results, and X-rays to the receiving facility.
- 2718.5 Receiving physician responsibilities shall include:
- (a) Ensuring resources are available at the receiving facility;
 - (b) Providing advice or consultation regarding specifics of the transfer or additional evaluation or resuscitation prior to transport;
 - (c) Clarifying and identifying medical controls after the receiving facility agrees to accept the patient; and
 - (d) Identifying a process for transportation, allowing feedback from the receiving physician to the transport team directly or to the medical direction of the transport team.
- 2718.6 Patient transport management shall consist of the following care:
- (a) Qualified personnel and equipment shall be available during transport to meet anticipated contingencies;
 - (b) Sufficient supplies shall accompany the patient during transport, such as intravenous (IV) fluids, blood and medications as appropriate;
 - (c) Vital functions shall be equally monitored;
 - (d) Vital functions shall be supported; for example, hemodynamics, ventilation, central nervous system, and spinal protection;
 - (e) Records shall be kept during transport; and
 - (f) Communication shall be kept with on-line medical direction during transport.

XIII. Section 2720 is amended to read as follows:

2720 CONTINUING EDUCATION

- 2720.1 Each adult trauma facility shall provide a formal program for Continuing Medical Education (CME) specifically addressing adult trauma care and for the following personnel:
- (a) General surgery residency program participants;
 - (b) Advanced Trauma Life Support (ATLS) providers;
 - (c) Programs provided by hospital for the following:
 - (1) Staff or community physicians CME;
 - (2) Nurses;
 - (3) Allied health personnel; and
 - (4) Prehospital personnel.
- 2720.2 The Trauma Service Director shall demonstrate educational involvement in trauma by active participation as an instructor for the American College of Surgeons (ACS) of an ATLS course.
- 2720.3 General surgeons on the trauma team shall successfully complete the ACS ATLS Course.
- 2720.4 All members of the trauma team shall have at least sixteen (16) hours of trauma-related CME training annually. Fifty percent (50%) of these hours during any three (3) -year period shall be obtained outside the surgeon's own institution.
- 2720.5 Emergency physicians on the trauma team shall have at least sixteen (16) hours of trauma-related CME training each year. Trauma CME credit may be earned by attending regional or national meetings concerning trauma-related issues and from in-house conferences, such as grand rounds and multidisciplinary conferences. Fifty percent (50%) of these hours during any three (3) year period shall be obtained outside the physician's own institution.
- 2720.6 Neurosurgical members of the trauma team at Level and II facilities shall have at least sixteen (16) hours of trauma-related CME. Fifty percent (50%) of these hours during any three (3) year period shall be obtained outside the surgeon's own institution.

2720.7 Orthopedic surgical members of the trauma team at Level I and II facilities shall have at least sixteen (16) hours of trauma-related CME annually. Fifty percent (50%) of these hours during any three (3) year period shall be obtained outside the surgeon's own institution.

XIV. Section 2721 is amended by adding two new subsections numbered 2721.2 and 2721.3 to read as follows:

2721.2 Each Level I facility shall conduct at least twelve (12) education or outreach presentations over a three (3) year period.

2721.3 Each Level II facility may conduct at least twelve (12) education or outreach presentations over a three (3) year period.

XV. Section 2722 is amended as follows:

A. Amend subparagraph 2722.1(c)(3) to read as follows:

(3) Providing information resources and submission of results to the District of Columbia Department of Health; and

B. Amend subsections 2722.4 and 2722.5 to read as follows:

2722.4 In Level I facilities the requirements of § 2722.1(a)(4) shall be met in consultation with an epidemiologist or biostatistician.

2722.5 In Level I facilities the requirements of § 2722.1(b)(1) shall be met by performing special data collection projects as needed.

XVI. Subsection 2723.3 is amended to read as follows:

2723.3 A Level I facility shall periodically present research results at local, regional, and national society meetings and conduct ongoing studies approved by local human and animal research review boards. Each Level I facility shall demonstrate research productivity to include at least ten (10) peer-reviewed publications over a three (3) year period. These publications may pertain to any aspect of the trauma program.

DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health, pursuant to sections 2(b) and 5 of the Health-Care and Community Residence Facility, Hospice Care Licensure Act of 1983 (the "Act"), effective February 24, 1984 (D.C. Law 5-48, D.C. Official Code § 44-501 (b) and 44-504), and Mayor's Order 98-137, dated August 20, 1998, hereby gives notice of the adoption of the following amendment to Chapter 28 of Title 22 of the District of Columbia Municipal Regulations (DCMR). The Director took final action to adopt the rules on July 14, 2004. Notice of Emergency and Proposed Rulemaking was published in the *D.C. Register* on April 16, 2004, at 51 DCR 3933. The Council approved the proposed rule by Resolution 15-595, dated June 29, 2004. The final rules amend Chapter 28 to change the standard of care in, and qualifications for certification of, Level I and Level II Pediatric Trauma Care Facilities. The final rules will become effective upon publication of this notice in the *D.C. Register*. No comments were received and no changes have been made since publication of the emergency and proposed rules.

Chapter 28 (Pediatric Trauma Care) of Title 22 (Public Health and Medicine) (August 1986) of the District of Columbia Municipal Regulations is amended as follows:

I. Section 2800 is amended as follows:

A. Amend subsection 2800.1 by striking the word "if" and inserting the phrase " , provided" in its place.

B. Amend subsection 2800.2 to read as follows:

2800.3 An inclusive trauma care system is a system that is fully integrated into the EMS system and is designated to meet the needs of all injured patients requiring care in an acute care facility, regardless of severity of injury, Geographic location, or population density.

C. Amend paragraph 2800.4(k) by striking the phrase "Medical evaluation" and inserting the phrase "Research." in its place.

D. Amend subsection 2800.10 to read as follows:

2800.10 For optimal care of the severely injured, Level I and Level II facilities shall meet the following requirements:

- (a) Skilled surgeons and other members of the trauma team shall be immediately available;
- (b) When an arriving patient meets the hospital-specific guidelines defining a major resuscitation, the attending surgeon shall be present in the emergency department:

- (1) Upon arrival of the patient, when there is advance notification from the field; or
- (2) Within fifteen (15) minutes of activating the trauma team, when there is no advance notification;
- (c) Compliance with the requirements of subsections (a) and (b) at a rate of eighty percent (80%) or greater shall be documented; and
- (d) The following minimum criteria shall be used to define a major resuscitation:
 - (1) Hypotension: infant less than sixty (60) Systolic Blood Pressure (SBP), child less than seventy (70) SBP, and adolescent less than eighty (80) SBP;
 - (2) Glasgow Coma Scale less than eight (8) with hemodynamic instability;
 - (3) Penetrating injury with hemodynamic instability;
 - (4) Transfusion: interhospital transfer;
 - (5) Burns more than fifty percent (50%) of body surface;
 - (6) Vascular, thoracic, abdominal management;
 - (7) Hemodynamics Instability: infant less than sixty (60) SBP, child less than seventy (70) SBP, adolescent less than eighty (80) SBP, Oxygen saturation less than ninety-three percent (93%), and capillary refill more than four (4) seconds; and
 - (8) Discretion of Surgical Coordinator or Emergency Department (ED) attending physician.

II. Section 2802 is amended as follows:

A. Subsection 2802.15 is amended to read as follows:

2802.15 The Trauma Service Director shall make presentations on trauma care to medical staff and other health care organizations providing trauma care.

B. Subsection 2802.17 is amended to read as follows:

2802.17 Each pediatric trauma care facility shall have designated specialists available twenty-four (24) hours per day for the care of major trauma patients.

C. Subsections 2802.19 through 2802.23 are amended to read as follows:

2802.19 Each trauma surgeon in a pediatric trauma care facility shall have an interest in and a commitment to trauma care, demonstrated by participation in the organization of trauma protocols, trauma teams, trauma call rosters, and trauma rounds.

2802.20 General surgeons on the trauma team in pediatric trauma care facilities shall successfully complete the American College of Surgeons Advanced Trauma Life Support (ATLS) Course.

2802.21 Each surgeon member of the trauma team shall participate in a minimum of sixteen (16) hours of trauma-related continuing medical education (CME) courses per year. At least fifty percent (50%) of this CME shall be extramural and both category I and category II CME may count toward satisfying that requirement.

2802.22 A physician's participation in regional groups, such as state and regional trauma committees, and membership in regional organizations, shall constitute significant involvement in and commitment to trauma-related matters.

2802.23 In each pediatric trauma care facility, the emergency physician shall be a member of the trauma team who participates in the care of the patient and in all audits and critiques necessary for excellence in trauma care.

D. Subsections 2802.25 through 2802.27 are amended to read as follows:

2802.25 An anesthesiologist shall have the overall responsibility for preoperative airway control of the patient during resuscitation, and act as postoperative consultant in cardiorespiratory support and pain control. An anesthesiologist on the trauma team shall satisfy the following requirements:

- (a) Be appropriately certified;
- (b) Have the necessary educational background in care of the trauma patient;
- (c) Engage in trauma quality improvement; and
- (d) Engage in investigative, teaching, and community activities.

2802.26 The emergency physician and anesthesiologist on the trauma team shall be board certified in their respective specialties as recognized by the American Board of

Medical Specialties.

2802.27 In each pediatric trauma care facility; the following medical specialists shall be available for consultation in the area of patients with multiple injuries:

- (a) Cardiologist;
- (b) Pulmonary medicine;
- (c) Respiratory therapy;
- (d) Nephrologist; and
- (e) Dialysis team.
- (f) Repealed.
- (g) Repealed.
- (h) Repealed.
- (i) Repealed.
- (j) Repealed.

III. Paragraph 2803.2(f) is amended to read as follows:

- (f) Assisting in maintaining a trauma registry, performing data collection, coding including external causes of injury, e-coding and scoring, and developing processes for validating data and submitting the data to the citywide trauma registry maintained by the District of Columbia Department of Health; and

IV. Section 2804 is amended as follows:

A. Paragraph 2804.1(a) is amended by striking the phrase "Pediatric Surgery;" and inserting the phrase "General Surgery;" in its place.

B. Paragraphs 2804.1(d) and (e) are amended to read as follows:

- (d) Emergency Services; and
- (e) Anesthesia.

C. Paragraphs 2804.1(f) through (j) are repealed.

D. Subsection 2804.2 is amended to read as follows:

2804.2 In each pediatric trauma care facility; a clearly identifiable neurosurgeon shall be promptly available when a patient needs to be seen. Immediate care necessitates a reliable on-call schedule with a specific protocol for back-up coverage.

E. Subsection 2804.4 is amended as follows:

1. The lead-in language is amended to read as follows:

2804.4 In each pediatric trauma care facility, the following minimum personnel and equipment required for the treatment of severe neurological trauma shall be on call and promptly available for the treatment of trauma patients at all times:

2. Strike the word "pediatric" in paragraphs (a) and (b)

3. Amend paragraph (c) to read as follows:

(c) Emergency department staffed twenty-four (24) hours per day by a physician who has successfully completed training in Advanced Trauma Life Support (ATLS) or who has demonstrated his or her level of expertise as determined by the Trauma Service Director;

4. Amend paragraph (f) to read as follows

(f) Intensive care unit (ICU) with appropriate equipment and staffing, including capabilities for monitoring intracranial pressure (ICP); and

F. Amend subsection 2804.6 by striking the word "pediatric".

G. Amend subsection 2804.9 to read as follows:

2804.9 The minimum qualifications of an orthopedic surgeon on-call shall include the following:

(a) Board certification (or eligibility during the first five (5) years after residency);

(b) Not less than sixteen (16) documented hours of Category I or II Continuing Medical Education (CME) per year in skeletal traumatology; and

- (c) Participation in the facility's trauma service educational and quality improvement activities.

H. Amend subsection 2804.10 by striking the lead-in language and inserting the phrase "Orthopedic surgeon shall have demonstrated skill in:" in its place.

I. Amend subsection 2804.16 to read as follows:

2804.16 In each pediatric trauma care facility, a general orthopedist shall provide primary care for musculoskeletal injuries. When orthopedic trauma specialists are not immediately available, the initial orthopedic care may be provided by another member of the staff, who will then transfer that patient to the specialist. Interhospital transfer shall be required in appropriate cases.

V. Section 2805 is amended as follows:

A. Repeal paragraphs 2805.1(b), (c), and (f).

B. Amend subsection 2805.2 to read as follows:

2805.2 The evaluation and treatment of a patient may be started by a team of surgeons that includes, at a minimum, a post-graduate resident in at least the fourth (4th) year of training.

C. Amend subsection 2805.3 by striking the phrase "trauma quality assurance" and inserting the phrase "trauma performance improvement" in its place.

D. Subsection 2805.4 is amended to read as follows:

2805.4 An attending neurosurgeon shall be available and dedicated to that hospital's trauma service. This requirement may be satisfied by an in-house neurosurgery resident or physician who has special competence, as judged by the chief of neurosurgery, in the care of patients with neurological trauma, and who is capable of initiating measures to stabilize the patient and initiate diagnostic procedures.

E. Amend subsection 2804.5 as follows:

1. Amend the lead-in language by inserting the phrase "access or" after the phrase "competence to".

2. Amend paragraph (a) to read as follows:

(a) Cardiac Surgery;

3. Amend paragraph (i) to read as follows:

(i) Internal Medicine;

4. Strike the word "and" in paragraph (l)

5. Strike the period at the end of paragraph (m) and insert a semicolon in its place, and add two new paragraphs numbered (n) and (o) to read as follows:

(n) Obstetrics-Gynecologic Surgery; and

(o) Thoracic Surgery.

F. Add three new subsections numbered 2805.11 through 2805.13 to read as follows:

2805.11 The requirement to provide emergency medical services may be satisfied by an emergency medicine chief resident capable of assessing emergency situations in trauma patients and providing any indicated treatment. When senior residents are used to satisfy availability requirements, the staff specialist on-call shall be advised and be available for consultations.

2805.12 The requirement to provide anesthesiology services may be satisfied in a Level I facility by an anesthesiology chief resident or a certified nurse anesthetist (CRNA) capable of assessing emergency situations in trauma patients, and providing any indicated treatment, including surgical anesthesia. When an anesthesiology resident or a CRNA is used to satisfy availability requirements the staff anesthesiologist on-call shall be advised and be promptly available.

2805.13 The requirement to provide anesthesiology services is satisfied in a Level II facility when the staff anesthesiologist will be in the hospital at the time of, or shortly after, the patient's arrival. Before the staff anesthesiologist arrives, an Anesthesiology chief resident or a CRNA capable of assessing emergency situations in trauma patients and of initiating and providing any indicated treatment shall be available.

VI. Section 2806 is amended as follows:

A. Subsection 2806.2 is amended to read as follows:

2806.2 The requirement for an emergency medicine physician may be satisfied by an emergency medicine senior resident capable of assessing emergency situations in trauma patients and providing any indicated treatment. When a senior resident is used to satisfy this requirement the staff specialist on-call will be advised and will be promptly available. Supervision shall be provided by an in-house attending

emergency physician twenty-four (24) hours per day in an institution where there is an emergency medicine residency training program.

B. Amend paragraph 2806.3(a) to read as follows:

- (a) An emergency department attending physician with knowledge of trauma care who is Advanced Trauma Life Support (ATLS) Certified and may be Pediatric Advanced Life Support (PALS) Certified, or who has demonstrated an appropriate level of expertise as determined by the Trauma Service Director. An appropriate level of expertise is demonstrated with not less than sixteen (16) hours trauma-related Continuing Medical Education (CME), board certification, clinical involvement, and special interest in trauma.

C. Amend paragraph 2806.3(c) to read as follows:

- (c) An anesthesiologist who shall be promptly available when the initial response by an anesthesiology chief resident or a critical care nurse anesthetist;

D. Amend subsection 2806.5 to read as follows:

2806.5 The annual team responses for a pediatric Level I trauma center shall be at least twelve hundred (1200) patients, or a minimum of two hundred and forty (240) patients with an Injury Severity Score of greater than fifteen (15), or more than thirty five (35) patients with an Injury Severity Score of greater than fifteen (15) on average for all trauma panel surgeons.

E. Repeal subsection 2806.6.

VII. Section 2807 is amended as follows:

A. Amend subsection 2807.2 to read as follows:

2807.2 Equipment may include ultrasound. Equipment or procedure trays to perform invasive treatments shall be available as follows:

- (a) Airway control and ventilation equipment;
- (b) Pulse oximetry;
- (c) Suction devices;
- (d) Electrocardiograph-oscilloscope-defibrillator;

- (e) Internal paddles;
- (f) Central venous pressure (CVP) monitoring equipment;
- (g) Standard intravenous (IV) fluids and administration sets;
- (h) Large-bore intravenous catheters;
- (i) Sterile surgical sets airway control/cricothyrotomy, thoracostomy, venous cutdown, central line insertion, thoracotomy, peritoneal lavage;
- (j) Arterial catheters;
- (k) Drugs necessary for emergency care;
- (l) X-ray availability twenty-four (24) hours per day;
- (m) Cervical traction devices;
- (n) Broselow tape;
- (o) Thermal control equipment for patient, fluids, and blood;
- (p) Rapid infuser system;
- (q) Qualitative end-tidal Carbon Dioxide (CO₂) determination; and
- (r) Communication with Emergency Medical Service (EMS) vehicles.

B. Amend subsection 2807.7 as follows:

1. Amend paragraph (a) to read as follows:

- (a) Surgeon (Trauma team leader);

2. Amend paragraph (g) by striking the word "and".

3. Amend paragraph (h) by striking the period and inserting a semicolon in its place, and add five new paragraphs numbered (i) through (m) to read as follows:

- (i) Surgical and emergency residents;
- (j) Critical care nurse;

- (k) Security officer;
- (l) Chaplain; and
- (m) Social worker.

VIII. Section 2808 is amended as follows:

A. Subsection 2808.2 is amended to read as follows:

2808.2 Operating suites in Level I facilities shall be adequately staffed in-house and immediately available twenty-four (24) hours per day. Operating suites in Level II facilities may be adequately staffed in-house and immediately available twenty-four (24) hours per day.

B. Subsection 2808.3 is amended to read as follows:

2808.3 Each operating suite in Level I and Level II facilities shall have equipment suitable for use with children, including:

- (a) Thermal control equipment for patients, blood, and fluids;
- (b) X-ray capability, including C-arm image intensifier available twenty-four (24) hours per day;
- (c) Endoscopes and a bronchoscope;
- (d) Craniotomy instruments;
- (e) Equipment appropriate for fixation of long-bone and pelvic fractures. Rapid infuser system; and
- (f) Rapid infuser system.

IX. Section 2809 is amended to read as follows:

2809 POSTANESTHETIC RECOVERY ROOM (PAR)

2809.1 In each pediatric trauma care facility, the postanesthetic recovery room (PAR), which may be the Surgical Pediatric Intensive Care Unit (PICU), shall be staffed and equipped as follows:

- (a) Registered nurses and other essential personnel twenty-four (24) hours per

day;

- (b) Equipment for the continuous monitoring of temperature, hemodynamics, and gas exchange;
- (c) Equipment for the continuous monitoring of intracranial pressure;
- (d) Pulse oximetry; and
- (e) Thermal control.

X. Section 2810 is amended as follows:

A. Amend subsections 2810.1 and 2810.2 to read as follows:

2810.1 A hospital shall have a surgically-directed and staffed Pediatric Intensive Care Unit (PICU) in order to be designated as a Level I trauma center.

2810.2 Each pediatric trauma care facility shall designate a surgical director or surgical co-director for the PICU.

B. Amend subsection 2810.4 to read as follows:

2810.4 Medical and surgical specialists shall be consulted as needed to provide specific expertise in the care of the patient in the PICU. The surgical PICU service physician shall be in-house twenty-four (24) hours per day in Level I facilities.

C. Amend subsection 2810.5 by striking the phrase "Trauma Service Director" and inserting the phrase "Surgical Critical care service Director" in its place.

D. Amend subsection 2810.7 by striking the word "trauma" in the first sentence.

E. Amend subsection 2810.8 by striking the first sentence and inserting the sentence "Each nurse assigned to trauma patients shall be a registered nurse, and shall hold certification as a CCRN or have evidence of equivalent critical care training from the American Association of Critical Care Nurses." in its place.

F. Amend subsection 2810.11 to read as follows:

2810.11 Each PICU shall have support personnel available as follows:

- (a) Respiratory therapists;
- (b) Physical therapists;

- (c) Discharge planners;
- (d) Social workers;
- (e) Interpreters;
- (f) In-house radiology technologist;
- (g) In-house acute hemodialysis;
- (h) In-house computerized tomographic (CT) technician; and
- (i) Angiographer, sonographer, magnetic resonance imaging (MRI) technician.

G. Amend subparagraphs 2810.12(d)(5) and (6) to read as follows:

- (5) Tracheal intubation;
- (6) Intracranial monitoring equipment; and

H. Add a new subparagraph 2810.12(d)(7) to read as follows:

- (7) Pulmonary artery monitoring equipment.

I. Amend subsection 2810.13 by striking the phrase "primary provider" in the second sentence and inserting the phrase "primary physician" in its place

J. Repeal subsection 2810.14(n)

XI. Amend section 2811 by striking the phrase "renal replacement therapies" in each place it appears and inserting the phrase "hemodialysis services" in each place.

XII. Section 2812 is amended as follows:

A. Amend subsection 2812.4 by inserting the phrase "and each staff surgeon" after the phrase "Medical Director" in the last sentence.

B. Amend subsection 2812.5 to read as follows:

2812.5 The Burn Center shall admit an average over any three (3) year period of one hundred (100) or more patients with acute burn injuries annually and shall maintain an average daily census of three (3) or more patients with acute burn

injuries.

C. Amend subsection 2812.7 to read as follows:

2812.7 The Burn Center shall have the following support personnel:

- (a) Social worker;
- (b) Dietitian;
- (c) Respiratory therapists;
- (d) Physical and occupational therapists;
- (e) Psychologists;
- (f) Clergy; and
- (g) Repealed.

XIII. Section 2814 is amended as follows:

A. Paragraphs 2814.1(e) and (f) are amended to read as follows:

- (e) Computerized tomography;
- (f) In-house computerized tomograph (CT) technician; and

B. Add a new paragraph 2814.1(g) to read as follows:

- (g) Magnetic resonance imaging (MRI).

C. Repeal paragraph 2814.2(e).

D. Amend subsection 2814.3 to read as follows:

2814.3 Special radiological capabilities in Level II facilities may also include:

- (a) Nuclear scanning;
- (b) In-house computerized tomographic (CT) technician; and
- (c) Magnetic resonance imaging (MRI).

XIV. Repeal paragraph 2815.1(g).

XV. Amend subsection 2816.1 to read as follows:

2816.1 Each pediatric trauma care facility shall have a physician-directed rehabilitation service program staffed by personnel trained in rehabilitation care and equipped properly for the care of the critically injured patient, including, at a minimum, the following:

- (a) Physical therapy;
- (b) Occupational therapy;
- (c) Speech therapy; and
- (d) Social service.

XVI. Section 2817 is amended as follows:

A. Amend the heading to read as follows:

2817 PROGRAMS FOR PERFORMANCE IMPROVEMENT

B. Amend subsection 2817.1 to read as follows:

2817.1 Programs for performance improvement in a pediatric trauma facility shall have the following elements:

- (a) Trauma registry;
- (b) Special audit for all trauma deaths;
- (c) Morbidity and mortality review;
- (d) Multidisciplinary trauma conference;
- (e) Medical nursing audit, utilization review, tissue review;
- (f) Review of prehospital trauma care;
- (g) Review of times and reasons for transfer of injured patients;
- (h) Times of and reasons for trauma-related bypass documentation; and

- (i) Quality improvement personnel specifically dedicated to the trauma service program.

C. Amend the lead-in language for subsection 2817.3 by striking the phrase "quality assurance" and inserting the phrase "performance improvement" in its place.

D. Amend subsection 2817.6 to read as follows:

2817.6 In Level I and Level II facilities, the Trauma Service Director shall be responsible for performance improvement.

E. Repeal subsection 2817.7.

F. Amend subsection 2817.9 as follows:

1. Strike the word "calls" in paragraph (a) and insert the phrase "care duties" in its place.

2. Amend subparagraph 2817.9(b)(3) to read as follows:

- (3) Documented attendance at a multidisciplinary conference where either morbidity or mortality comprises more than fifty percent (50%) of the subject matter, and hospital peer review conferences that deal with care of injured patients; and

3. Amend subparagraph 2817.9(d)(2) by inserting the word "pediatric" before the phrase "intensive care".

G. Amend subsection 2817.11 as follows:

1. Repeal subparagraphs 2817.11(a)(1) through (10).

2. Strike the second sentence in paragraph (b) and repeal subparagraphs 2817.11(b)(1) through (5).

3. Amend paragraph (d) to read as follows:

- (d) An internal review shall be conducted to identify patients to receive an in-depth peer review and audit. The in-depth review shall include charts of nonsurvivors who were expected to survive;

4. Amend subparagraph 2817.11(g)(4) by striking the word "is" and inserting the word "shall" in its place.

H. Amend subsection 2817.13 to read as follows:

- 2817.13 To satisfy the requirements of §2817.11(g) a pediatric trauma facility shall establish a multidisciplinary review committee, which shall have a quorum of a majority of the members at each meeting. The multidisciplinary review committee shall consist of the following members:
- (a) Chairperson - Trauma Service Director;
 - (b) Trauma nurse coordinator;
 - (c) A representative from neurosurgery;
 - (d) A representative from orthopedic surgery;
 - (e) A representative from emergency medicine;
 - (f) A representative from anesthesiology;
 - (g) A staff pathologist;
 - (h) A staff radiologist; and
 - (i) A representative from rehabilitation medicine.

I. Add two new subsections numbered 2817.14 and 2817.15 to read as follows:

- 2817.14 The goals of a multi-disciplinary review committee shall be as follows:
- (a) Review selective deaths;
 - (b) Review complications;
 - (c) Discuss sentinel events; and
 - (d) Review organizational issues regularly and systematically.
- 2817.15 The objectives of this multi-disciplinary peer review committee shall be as follows:
- (a) To identify and resolve problems or specific issues that need to be rectified; and
 - (b) Trigger new policies or protocols and have the representatives from the various departments listed in § 2817.13 transmit this information back to

their respective departments.

XVII. Section 2818 is amended by adding three new subsections numbered 2818.4 through 2818.6 to read as follows:

2818.4 Transferring physician responsibilities shall include:

- (a) Identifying the patient needing transfer;
- (b) Initiating the transfer process by direct contact with the receiving surgeon or physician;
- (c) Initiating resuscitation measures within the capabilities of the facility;
- (d) Determining the appropriate mode of transportation in consultation with the receiving surgeon or physician; and
- (e) Transferring all records, results, and x-rays to the receiving facility.

2818.5 Receiving physician responsibilities shall include:

- (a) Ensuring resources are available at the receiving facility;
- (b) Providing advice or consultation regarding specifics of the transfer or additional evaluation or resuscitation prior to transport;
- (c) Clarifying and identifying medical control after the receiving facility agrees to accept the patient; and
- (d) Identifying a process for transportation, allowing feedback from the receiving physician to the transport team directly or to the medical direction of the transport team.

2818.6 Management during transport of patient:

- (a) Qualified personnel and equipment shall be available during transport to meet anticipated contingencies;
- (b) Sufficient supplies shall accompany the patient during transport, such as intravenous (IV) fluids, blood, and appropriate medications;
- (c) Vital functions shall be equally monitored;
- (d) Vital functions shall be supported; for example, hemodynamics, ventilation, central nervous system, and spinal protection;

- (e) Records shall be kept during transport; and
- (f) Communication shall be kept with on-line medical direction during transport.

XVIII. Sections 2820 and 2821 are amended to read as follows:

2820 CONTINUING EDUCATION

2820.1 A formal program for Continuing Medical Education (CME) specifically addressing pediatric trauma care shall be provided by the hospital for the following personnel:

- (a) General surgery residency program participants;
- (b) Advanced Trauma Life Support (ATLS) providers;
- (c) Programs provided by hospital for the following;
 - (1) Staff or community physicians CME;
 - (2) Nurses;
 - (3) Allied health personnel; and
 - (4) Prehospital personnel.

2820.2 The Trauma Service Director shall demonstrate educational involvement in trauma by active participation as an instructor for the American College of Surgeons (ACS) of an ATLS course.

2820.3 General surgeons on the trauma team shall successfully complete the ACS ATLS Course.

2820.4 All members of the trauma team shall have at least sixteen (16) hours of trauma-related CME training annually. Fifty percent (50%) of these hours during any three (3) -year period shall be obtained outside the surgeon's own institution.

2820.5 Emergency physicians on the trauma team shall have at least sixteen (16) hours of trauma-related CME training each year. Trauma CME credit may be earned by attending regional or national meetings concerning trauma-related issues and from in-house conferences, such as grand rounds and multidisciplinary conferences. Fifty percent (50%) of these hours during any three (3) year period shall be obtained outside the physician's own institution.

2820.6 Neurosurgical members of the trauma team at Level and II facilities shall have at

least sixteen (16) hours of trauma-related CME. Fifty percent (50%) of these hours during any three (3) year period shall be obtained outside the surgeon's own institution.

2820.7 Orthopedic surgical members of the trauma team at Level I and II facilities shall have at least sixteen (16) hours of trauma-related CME annually. Fifty percent (50%) of these hours during any three (3) year period shall be obtained outside the surgeon's own institution.

2821 OUTREACH PROGRAM

2821.1 Each pediatric trauma care facility shall be available for telephone and on-site consultations with physicians in the community and surrounding area regarding the care and treatment of trauma patients.

2821.2 Each Level I facility shall conduct at least twelve (12) education or outreach presentations over a three (3) year period.

2821.3 Each Level II facility may conduct at least twelve (12) education or outreach presentations over a three (3) year period.

XIX. Amend subparagraph 2822.1(c)(3) to read as follows:

- (3) Providing information resources and submission of results to the District of Columbia Department of Health; and

XX. Section 2823 is amended as follows:

A. Amend subsection 2823.1 by inserting the word "trauma" after the word "injured" in the first sentence.

B. Amend subsection 2823.3 to read as follows:

2823.3 A Level I facility shall periodically present research results at local, regional, and national society meetings and conduct ongoing studies approved by local human and animal research review boards. Each Level I facility shall demonstrate research productivity to include at least ten (10) peer-reviewed publications over a three (3) year period. These publications may pertain to any aspect of the trauma program.

XXI. Subsection 2899.1 is amended as follows:

A. Strike the definitions for the terms "Major pediatric trauma patient", "Pediatric Trauma Center", "Pediatric Trauma Patient", "Pediatric Trauma Score", and "Pediatric Trauma Surgeon".

B. Add a new definition for the term "Trauma patient" to read as follows:

Trauma patient – a patient suffering injuries as a result of physical trauma.

C. Amend the definition for the term "Trauma Score/Injury Severity Score" to read as follows:

Trauma Score/Injury Severity Score or TRISS – the likelihood of patient survival based on a regression equation that includes patient age, injury severity score, revised trauma score, and the type of injury (blunt or penetrating).

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Interim Director of the Department of Health, pursuant to the authority set forth in An Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02), Reorganization Plan No. 4 of 1996, and Mayor's Order 97-42, dated February 18, 1997, hereby gives notice of the adoption of an amendment to section 905 of Title 29 of the District of Columbia Municipal Regulations (DCMR) entitled "Medicaid Reimbursement to Out-of-State Skilled Nursing and Immediate Care Facilities". These rules amend the existing rules by requiring authorization by the Medicaid Program prior to admission of Medicaid patients in out-of-state nursing homes.

A recent survey revealed a significant number of vacant nursing beds located in the District of Columbia. These rules would ensure placement of Medicaid patients in nursing facilities located in the District of Columbia when services are available and clinically appropriate.

A notice of proposed rulemaking was published in the *D.C. Register* on April 16, 2004 (51 DCR 3900). Comments on the proposed rules were received. No substantive changes have been made. These rules shall become effective on the date of publication of this notice in the *D.C. Register*.

Section 905 (Medicaid Reimbursement to Out-of-State Skilled Nursing and Intermediate Care Facilities) of Title 29 Public Welfare (May 1987) of the District of Columbia Municipal Regulations is amended by designating the existing subsection 905.3 as 905.5 and adding two new subsections to read as follows:

- 905.3 The Department of Health, Medical Assistance Administration (MAA) shall not reimburse a nursing home located outside of the District of Columbia when an appropriate clinical placement is available in the District.
- 905.4 Each out-of-state nursing home shall obtain written authorization from MAA prior to admission of D.C. Medicaid patients. Each request for authorization shall be submitted to the Public Health Analyst for Nursing Facilities, MAA, Office of Disabilities and Aging, 825 North Capitol Street, NE, 4th Floor, Washington, DC 20002.

**DISTRICT OF COLUMBIA DEPARTMENT OF INSURANCE
AND SECURITIES REGULATION**

NOTICE OF FINAL RULEMAKING

The Commissioner of the Department of Insurance and Securities Regulation, pursuant to the authority set forth in section 15 of the District of Columbia Taxicab Commission Establishment Act of 1985, effective March 25, 1986, D.C. Law 6-97, D.C. Official Code § 50-314 (2001), gives notice of the adoption of the following amendments to Title 26, Chapter 8 of the District of Columbia Municipal Regulation ("DCMR"), in not less than thirty (30) days from the date of publication of this notice in the D.C. Register. The purpose of the amendment is to require insurance companies to offer additional optional lines of insurance with specific limits and conditions, and to provide for deposit and payment options.

These rules were published as emergency and proposed rules in the D.C. Register on October 10, 2003, at 50 D.C.R. 8612. No comments were received during the comment period, nor were any changes made to the text of the rules. These rules will be effective upon the publication of this notice of final rulemaking.

TITLE 26, DCMR, CHAPTER 8 IS AMENDED TO READ AS FOLLOWS:

Sections 801 and 805 are repealed, and a new section 801 is added to read as follows:

801 PREMIUMS

- 801.1 Policy durations shall be for a term of not less than 6 months, except that the initial term for a new policyholder may be for a period of less than six (6) months, in which case the premium shall be computed on a pro-rata basis. The initial premium for a policy shall be collected in advance.
- 801.2 Insurance companies offering insurance pursuant to this chapter shall file rates and report statistics in accordance with the provisions of D.C. Official Code § 31-2700 *et seq.*
- 801.3 Under no condition shall any premium be waived or discounted while insurance is in force. Insurance shall be deemed in force until cancellation or nonrenewal is actually effected in accordance with the provisions of the policy and requirements of the District of Columbia Taxicab Commission Establishment Act of 1985, effective March 25, 1986, D.C. Law 6-97, D.C. Official Code § 50-314.

- 801.4 (a) The minimum limits of taxicab liability insurance required to be offered in the District of Columbia shall be:
- (1) For bodily injury, twenty-five thousand dollars (\$25,000) per person/ fifty thousand dollars (\$50,000) per accident; and
 - (2) For property damage, ten thousand dollars (\$10,000) for each accident.
- (b) In addition to the minimum limits of liability insurance required in subsection (a) above, insurance companies shall also be required to offer optional insurance in the following lines, with the prescribed dollar limits, and under the following conditions:
- (1) Option A higher limits for taxicab liability: For bodily injury, fifty thousand dollars (\$50,000) per person/one hundred thousand dollars (\$100,000) per accident; and for property damage twenty-five thousand dollars (\$25,000);
 - (2) Option B higher limits for taxicab liability: For bodily injury, three hundred thousand dollars (\$300,000) per person/three hundred thousand dollars (\$300,000) per accident; and for property damage one hundred thousand dollars (\$100,000);
 - (3) Medical payments coverage for drivers of at least four thousand dollars (\$4,000) per occurrence;
 - (4) Medical payments coverage of at least five thousand dollars (\$5,000) per occurrence, per passenger;
 - (5) Loss of income benefits for full time drivers of at least two hundred fifty dollars (\$250) per week for 52 weeks;
 - (6) Insurance companies may institute multiple premium rate classifications; and
 - (7) Direct sales of insurance policies to policyholders, either from an insurance company or through a licensed producer.

801.5 Premium deposit requirements and payment options shall be as follows:

- (a) A full six-month premium shall be one hundred percent (100%) of the gross six-month premium for the coverage afforded.
- (b) Installment premium payment options:

- (1) Forty percent (40%) of the total six-month premium plus an installment service charge of four dollars (\$4) must accompany the application as a deposit; thirty percent (30%) of the total six-month premium plus an installment service charge of four dollars (\$4) no later than two months after the effective date of the policy; and the balance, plus an installment service charge of four dollars (\$4), no later than four months after the effective date of the policy; or
- (2) Any other payment plan approved by the Commissioner.
- (c) The installment premium payment option is not available if any portion of the six-month premium is financed by a premium finance company. If any portion of the six-month premium is financed after the installment premium payment option is elected, the servicing carrier may bill the insured immediately for the unpaid balance of the six-month premium.

STATE EDUCATION OFFICE OF THE DISTRICT OF COLUMBIA

NOTICE OF FINAL RULEMAKING

The State Education Office, pursuant to the authority set forth in the District of Columbia Nonresident Tuition Act, approved September 8, 1960, (74 Stat. 853, D.C. Official Code § 38-301 *et seq.*), and the State Education Office Establishment Act of 2000, effective October 21, 2000 (D.C. Law 13-176; D.C. Official Code § 38-2601 *et seq.*), hereby gives notice that it has taken final action to adopt of the following amendment to Section 2008 of Title 5 of the District of Columbia Municipal Regulations (DCMR). The purpose of the amendment is to establish new tuition rates for non-resident students attending public and public charter schools in the District of Columbia. No changes have been made to the text of the proposed rules, which were published with the Notice of Proposed Rulemaking in the *D.C. Register* on June 4, 2004 at 51 DCR 5828. These final rules will be effective upon publication of this notice in the *D.C. Register*.

5 DCMR § 2008.13 is amended to read as follows:

2008.13 The following shall be the non-resident tuition rates currently in effect for public and charter schools in the District of Columbia:

SCHEDULE OF 2004-05 NON-RESIDENT TUITION RATES

The rates displayed in the charts below are the same as the per-pupil allocations provided by the Uniform Per Student Funding Formula during the FY 2004 school year. Based on these rates, the tuition cost for each student who is not a resident of the District of Columbia and who is enrolled in the District of Columbia Public Schools or in a public charter school in the District of Columbia shall be calculated in the following manner:

(a) Using the Grade Level Table below, determine the rate for the grade level or span at which the student, based on grade assignment or age, will be enrolled.

Rates by Grade Level or Applicable Grade Range

Grade Levels	Yearly Rate	Half-Yearly Rate	Daily Rate
Pre-School/Pre-Kindergarten	\$7,664	\$3,832	\$43
Kindergarten	\$7,664	\$3,832	\$43
Grades 1-3	\$6,747	\$3,374	\$37
Grades 4-5	\$6,551	\$3,276	\$36
Ungraded ES	\$6,747	\$3,374	\$37
Grades 6-8	\$6,747	\$3,374	\$37
Ungraded MS/JHS	\$6,747	\$3,374	\$37
Grades 9-12	\$7,664	\$3,832	\$43
Ungraded SHS	\$7,664	\$3,832	\$43
Alternative	\$8,516	\$4,258	\$47
Special Education Schools	\$7,664	\$3,832	\$43

Adult	\$4,913	\$2,457	\$27
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- (b) If the student is enrolled in a daytime special education program, use the table below to determine the rates for services the student will receive. Add this amount to the grade level cost in paragraph (a) of this section.

Rates for Special Needs Students Enrolled in a Daytime Special Education Program

Level/Program	Yearly Rate	Half-Yearly Rate	Daily Rate
Level 1: Special Education	\$3,603	\$1,802	\$20
Level 2: Special Education	\$5,568	\$2,784	\$31
Level 3: Special Education	\$9,826	\$4,913	\$55
Level 4: Special Education	\$17,687	\$8,844	\$98
LEP/NEP	\$2,620	\$1,310	\$15

- (c) If the student is enrolled in a residential school that serves special needs students, use the table below to determine the rates for any of the listed services that the student will receive. Add these amounts to the totals from paragraphs (a) and (b).

Rates for Special Needs Students Enrolled in a Residential School

Level/Program	Yearly Rate	Half-Yearly Rate	Daily Rate
Level 1: Special Education - Residential	\$2,450	\$1,225	\$14
Level 2: Special Education - Residential	\$8,909	\$4,455	\$49
Level 3: Special Education - Residential	\$19,266	\$9,633	\$107
Level 4: Special Education - Residential	\$19,154	\$9,577	\$106
Level 5: Special Education - Residential	\$61,577	\$30,789	\$342
LEP/NEP - Residential	\$4,454	\$2,227	\$25

- (d) Any student enrolled in a residential school, whether or not the student has special needs, is entitled to the Residential Rate listed below, which covers the cost of room and board. Add this amount to the total of (a), (b), and (c) above. This amount is the student's total non-resident tuition rate for the regular school year program.

Rates for Room and Board for students Enrolled in a Residential School

Program	Yearly Rate	Half-Yearly Rate	Daily Rate
Residential (Room and Board)	\$11,136	\$5,568	\$62

- (e) A non-resident student who wishes to attend summer school in the District of Columbia must register for the summer program separately from the regular school year program. Students will be admitted on a space-available basis. The non-resident tuition rates for summer school are displayed below.

Additional Rates for Non-Resident Students Enrolled in Summer School

Program	Rate
Summer School	\$1,114

The rates in this schedule only apply to non-resident students enrolled in the regular school program of the District of Columbia Public Schools or a public charter school in the District of Columbia. Some schools may offer services that are not considered part of the regular school program, and participation in such programs may require payment of additional fees.