

Delaware Developmental Disabilities Council

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July 15, 2011

Dr. Pamela Zickafoose
Executive Director Delaware Board of Nursing
Cannon Building
861 Silver Lake Blvd.
Dover, DE 19904

RE: Delaware Board of Nursing Prop. Board of Nursing Regulation [15 E Reg. 53 (July 1, 2011)]

Dear Dr. Zickafoose,

The Developmental Disabilities Council understands that the Delaware Board of Nursing proposes to adopt extensive changes to its regulations in the following contexts: §1.0 General Provisions; §2.0 Nursing Education Programs; §3.0 Nursing Refresher Courses; §4.0 Alternative Supervised Practice Plans for Inactive Nurses; §6.0 Licensure Procedures and Requirements; §7.0 Standards of Nursing Practice; §9.0 Mandatory Continuing Education; §10.0 Disciplinary Proceedings; and §14.0 Compact Rules. Given the 80+ pages of proposed standards, I only skimmed the regulation.

We have the following observations.

First, the education standards for LPN and RN programs include clinical practice in both physical and mental health care, across the age spectrum, covering acute and chronic conditions, and in “diverse settings”. See §§2.4.1.7.1 and 2.4.1.7.2. This merits endorsement.

Second, clinical facilities in which a student can practice include inpatient, outpatient, home health, hospice, day care centers, schools, senior centers, and correctional settings. See 2.4.1.9.4.1.1.3. This merits endorsement.

Third, in contrast to the above flexibility in educational program settings, a supervised practice plan for inactive nurses if no refresher course is available is limited to “no less than a skilled nursing facility”. See §4.3.1. We recommend reconsideration of this narrow approach.

Fourth, the standards require nurses to practice without discrimination based on disability and to respect the dignity and rights of patients regardless of social or economic status, personal attributes or nature of health problems. See §§7.3.1.7 and 7.3.1.8. We fully support this.

Fifth, §10.4.2.4 defines unprofessional conduct as including falsification of an agency “document” rather than an agency “record”. It may be preferable to retain the term “record” since it would ostensibly include electronic or computer-based entries while a reference to “documents” appears limited to entries on a physical paper.

Sixth, the list of offenses deemed “substantially related to the practice of nursing” (§15.0) spans 8 pages and is manifestly overbroad. It includes many esoteric offenses and unrelated offenses such as environmental misdemeanors [e.g. hunting from farm machinery (§15.8.63)]; and minor violations with a maximum penalty of \$100 or less [e.g. licensee failure to post conspicuously a sign warning against drinking during pregnancy (§15.8.54)]. Consistent with the attached Philadelphia Inquirer article, one in four Americans has some criminal record and governments are taking remedial action to not “overreact” in undermining the employability of such individuals. In Delaware, the June 8 enactment of S.B. No. 59, authorizing the Board of Nursing to restore licenses of persons with criminal convictions after five years, sends a “similar message” discouraging sweeping, inflexible exclusions from licensure.

The Developmental Disabilities Council thanks you in advance for your consideration of our remarks. Should you have any questions please contact our office at 739-3333.



The Delaware Developmental Disabilities Council is federally funded in compliance with the DD Act.

Sincerely,

Harline J. Dennison

Harline Dennison
Chair

cc. GACEC
SCPD