



Oregon

Kate Brown, Governor

Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224-7012
(971) 673-0685
Fax: (971) 673-0684
Oregon.BN.INFO@state.or.us
www.oregon.gov/OSBN

Memorandum

To: Interested Parties

From: Gretchen Koch, MSN, RN
Policy Analyst, Nursing Practice and Evaluation
Oregon State Board of Nursing

Date: March 4, 2015

Re: Draft Division 45 for Public Input and Comment
Upcoming Draft Division 45 Stakeholder Workgroup Meetings
Workgroup subcommittee on draft RN standards for community-based delegation

The following draft document contains proposed revisions to Chapter 851 Division 45 *Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse*.

Your input in this rule drafting process is welcomed. If you wish to provide input, please submit edits, suggested language, and comments electronically to Gretchen.koch@state.or.us.

You are also invited to attend the following public **Draft Division 45 Stakeholder Workgroup** meetings:

- **Friday, March 13, 2015** – 9:00 a.m. to 12:00 p.m. at Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Road, Portland
- **Wednesday, April 1, 2015** - 1:00 a.m. to 4:00 p.m. at Oregon Nurses Association, 18765 SW Boones Ferry Road, Ste 200, Tualatin
- **Wednesday, April 29, 2015** - 1:00 a.m. to 4:00 p.m. at Oregon Nurses Association, 18765 SW Boones Ferry Road, Ste 200, Tualatin

RSVP to nancy.goodding@state.or.us. Please provide your name and identify each meeting(s) that you will be attending.

Note: This draft document includes proposed standards for community-based delegation, teaching non-injectable medication administration, and those related to ORS 433.800 – 433.830 that are all currently contained in Chapter 851 Division 47 *Standards for Community-Base Registered Nurse Delegation*. A subcommittee of the larger Draft Division 45 Stakeholder Workgroup is being created to draft language for RN standards for community-based delegation. If you are interested in participating in the subcommittee or wish to provide written input, please contact Gretchen.koch@state.or.us

DRAFT

Underlined material is proposed to be added.
~~Strikethrough material is proposed to be deleted.~~

Division 45

Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse

851-045-0030

Purpose of Standards and Scope of Practice and Definitions

- (1) Purpose of Standards and Scope of Practice:
- (a) To establish acceptable levels of safe practice for the Licensed Practical Nurse (LPN) and Registered Nurse (RN);
 - (b) To serve as a guide for the Board to evaluate safe and effective nursing care as well as a guide to determine when nursing practice is below the expected standard of care; and
 - (c) To provide a framework for evaluation of continued competency in nursing practice.
- (2) Definitions:
- (a) "Assignment" means the licensed nurse act of selecting, designating, and directing individuals to and distributing, by a licensed nurse, and within a given complete specific work period, responsibilities within a practice environment. the work that each staff member is already authorized to perform;
 - ~~(b)~~ "Certified Medication Aide (CMA)" means a Certified Nursing Assistant who has successfully completed additional training in administration of non-injectable medications, holds current Oregon CMA certification, and performs CMA authorized duties under the supervision of a licensed nurse.
 - ~~(c)~~ "Certified Nursing Assistant (CNA)" means a person who holds current Oregon CNA certification; whose name is listed on the CNA Registry; and through their position as CNA assists licensed nurses in the provision of nursing care. The phrase certified nursing assistant and the acronym CNA are generic and may refer to CNA 1, CNA 2, or all CNAs.
 - ~~(d)~~ "Client" means an individual, persons, families, groups, communities, organizations, and population, or student cohorts who are engaged in a professional relationship with the licensee nurse in order to receive the services provided by the nurse's application of nursing knowledge and skill in practice.;
 - ~~(e)~~ "Client Care Situation" means the combination of an RN, a client, an unlicensed assistive person, a nursing procedure, and a specific care setting.

- 1 (f) “Client-Centered Care” means collaboration with the client receiving nursing services.
2 Client-centered care is considerate and respectful of the client’s expressed wishes.
- 3 (g) “Community-Based Care (CBC) Setting” means a setting that does not exist for the
4 purpose of providing medical and nursing services but where nursing service can be
5 provided incidental to the setting. These are settings where federal and/or state
6 regulations do not require the presence of licensed nursing personnel 24-hours a day.
7 These settings include those identified in ORS 678.150(8), schools, and private homes.
- 8 (h) “Competence” means the ability of the licensee to integrate knowledge, skills,
9 judgment, and personal attributes to practice safely and ethically in a designated role
10 and setting in accordance with their respective scopes of nursing practice.
- 11 (i) “Comprehensive Nursing Assessment” means the collection and in depth analyses and
12 synthesis of data by an RN. The context of care informs the breadth and focus of the
13 comprehensive nursing assessment. (c) —“Comprehensive Assessment” means the
14 extensive collection and analysis of data for assessment involves, but is not limited to,
15 the synthesis of the biological, psychological, social, sexual, economic, cultural and
16 spiritual aspects of the client’s condition or needs, within the environment of practice
17 for the purpose of establishing nursing diagnostic statements, and developing,
18 implementing and evaluating a plan of care;
- 19 (jd) “Context of Care” means the ~~variables~~ cumulative factors which affect informing the
20 manner in which nursing ~~care service is rendered.~~ will be provided for a client. These
21 factors may These variables include, but are not limited to, the practice setting, the
22 designated nursing role, position description, the practice setting policies and
23 procedures of the practice setting, regulations governing the setting,; the urgency of
24 the situation demographics of the population served,; knowledge, beliefs and abilities
25 of the client; the surrounding physical environment,; and current community and
26 industry standards, and the ability of the client to direct and to engage in their own
27 care.;
- 28 (ke) “Delegate” means the RN’s transfer to a competent unlicensed assistive person the
29 authority to perform a specific nursing procedure in a specific situation on a specific
30 client. Delegation,” except as defined in OAR 851-047-0010(7), is the process a
31 Registered Nurse uses when authorizing a competent individual to perform a task of
32 nursing, while retaining accountability for the outcome;
- 33 (l) “Evidence-Based Practice” means the integration of scientific evidence with clinical
34 expertise in the delivery of nursing service.
- 35 (mf) “Focused Assessment” means for the purposes of these rules, an LPN recognizing
36 client characteristics that may affect the client’s health status, gathering and recording
37 assessment data and demonstrating attentiveness by observing, monitoring and
38 reporting signs, symptoms, and changes in a client’s condition in ongoing manner to
39 the supervising RN or licensed independent practitioner. “Focused Assessment”
40 means an appraisal of a client’s status and situation at hand, through observation and
41 collection of objective and subjective data. Focused assessment involves identification
42 of normal and abnormal findings, anticipation and recognition of changes or potential
43 changes in client’s health status, and may contribute to a comprehensive assessment
44 performed by the Registered Nurse;
- 45 (n) “Health Care Team” means those working with the client to achieve the client’s
46 identified outcomes. The composition of the health care team is appropriate to the
47 context of care, includes the client, The Health Care Team can be multi-disciplinary,
48 and is not limited to licensed health professionals.

- 1 ~~(g) “Health Education” means the development and provision of instruction and learning~~
2 ~~experiences for a client including health teaching and health counseling using~~
3 ~~evidence based information, for the purpose of promoting wellness, preventing illness~~
4 ~~or disability, maintaining or restoring health, or assisting the client to adapt to the~~
5 ~~effects of illness or disability.~~
- 6 ~~(o) “Individual Scope of Practice” means within the scope of practice boundaries allowed~~
7 ~~by statute for the nurse’s licensure level, the individual licensee’s recognized nursing~~
8 ~~knowledge, skills and abilities. A licensee’s individual scope of practice is influenced by~~
9 ~~practice experience, professional development, continuing education, and nursing~~
10 ~~practice specialty certification.~~
- 11 ~~(ph) “Licensee” means a licensed practical nurse, registered nurse, or advanced practice~~
12 ~~nurse who is licensed or certified by the Oregon State Board of Nursing. see Nurse~~
13 ~~means all Licensed Practical Nurses and Registered Nurses licensed under ORS 678.~~
- 14 ~~(qi) “Noninjectable Medication” means any medication which is not administered by the~~
15 ~~arterial, intradermal, subcutaneous, intramuscular, intraosseous, epidural, intrathecal~~
16 ~~routes. “Non-Oregon-Based Graduate Program” means an academic program~~
17 ~~accredited by a nursing organization recognized by the United States Department of~~
18 ~~Education or the Council of Higher Education Accreditation that offers a graduate~~
19 ~~degree or graduate level certificate to qualified students for licensure as an advanced~~
20 ~~practice nurse (Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Nurse~~
21 ~~Practitioner) and does not have a physical location in Oregon;~~
- 22 ~~(rj) “Reasoned Conclusion” means the identification of prioritized client risk through the~~
23 ~~intentional process of clinical decision making based on the interpretation of~~
24 ~~assessment data that combines scientific evidence, clinical experience, and nursing~~
25 ~~judgment that then drives implementation of nursing interventions. Reasoned~~
26 ~~conclusions are also known as nursing diagnostic statements.~~
- 27 ~~“Nursing Diagnostic Statements” means the nursing diagnoses or reasoned conclusions which~~
28 ~~are developed as a result of nursing comprehensive nursing assessment. Nursing~~
29 ~~diagnostic statements They describe a client’s actual or potential health status~~
30 ~~problems and/or barriers to health which are amenable to resolution by means of~~
31 ~~nursing strategies, interventions or actions; interventions.~~
- 32 ~~(sk) “Nursing Interventions” means actions deliberately designed, selected and performed~~
33 ~~to implement the plan of care.;~~
- 34 ~~(l) **“Nursing orders” means directives for specific nursing interventions initiated by**~~
35 ~~**the Registered Nurse which are intended to produce the desired outcome or**~~
36 ~~**objective, as defined in the plan of care;**~~
- 37
- 38 ~~(t) “Nursing Procedure” means a nursing intervention that requires nursing education and~~
39 ~~a license as an RN or LPN to perform.~~
- 40 ~~(um) “Nursing Process” means the scientific systematic problem solving method the RN~~
41 ~~applies when engaging in nursing practice implementation. Nursing process is the~~
42 ~~essential core of practice for the RN and consists of assessment, diagnosis and~~
43 ~~identification of outcomes, planning, implementation, and evaluation. licensed nurses~~
44 ~~use when they provide nursing care. The nursing process includes assessing, making~~
45 ~~nursing diagnoses, planning, intervening, and evaluating. The steps of the nursing~~
46 ~~process are interrelated and together form the basis for the practice of nursing;~~
- 47 ~~(n) “Oregon Based Graduate Program” means an academic program accredited by~~
48 ~~a nursing organization recognized by the United States Department of Education or the~~
49 ~~Council of Higher Education Accreditation that offers a graduate degree or graduate~~

- 1 ~~level certificate to qualified students and has a physical location in Oregon which~~
2 ~~provides clinical experiences designated for licensure requirements as an advanced~~
3 ~~Practice nurse (Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Nurse~~
4 ~~Practitioner);~~
- 5 ~~(e) “Person-centered Care” means the collaboration with an individual person regarding~~
6 ~~his or her health care in a manner that is considerate and respectful of the specific~~
7 ~~wishes and needs of that person;~~
- 8 ~~(vp) “Plan of Care” means the document identifies the client’s identified risk, measurable~~
9 ~~goals to which measure client progress and efficacy of nursing interventions, hat~~
10 ~~guides the provision of nursing interventions and assists in the evaluation of those~~
11 ~~interventions. ~~written guidelines developed to identify specific needs of the client and~~~~
12 ~~intervention/regimen to assist clients to optimal health potential. Developing the plan of~~
13 ~~care includes establishing client and nursing goals and determining nursing~~
14 ~~interventions to meet care objectives;~~
- 15 ~~(wq) “Professional Boundaries” means the effective and appropriate therapeutic relationship~~
16 ~~and interactions between the licensee and the client, the licensee and professional~~
17 ~~colleagues, and the licensee and the public. Professional boundaries are established~~
18 ~~under the scope of one’s license to practice nursing and therefore are applicable~~
19 ~~beyond the nurse-client relationship within the context of care ~~limits that allow for safe~~~~
20 ~~and therapeutic connections between the nurse and the client;~~
- 21 ~~(x) “Stable and Predictable Condition” means a client’s health and behavioral state is~~
22 ~~known, is not characterized by rapid changes, and does not require frequent~~
23 ~~assessment and evaluation by an RN. This includes the client whose deteriorating~~
24 ~~condition is predictable such as the client receiving hospice services.~~
- 25 ~~(yf) “Supervision” means the provision RN provision of guidance, direction, oversight, and~~
26 ~~evaluation of RNs, LPNs, CNAs, CMAs, and unlicensed assistive persons of clinical~~
27 ~~services, and follow-up by a licensed nurse for the accomplishment of nursing tasks~~
28 ~~and activities by other nurses and nursing assistive personnel;~~
- 29 ~~(s) “Tasks of Nursing” means those procedures normally performed by nurses when~~
30 ~~implementing the nursing plan of care; and~~
- 31 ~~(z) “Teaching” means the development and provision of instruction and learning~~
32 ~~experiences for the purpose of promoting wellness, preventing illness or disability,~~
33 ~~maintaining or restoring health, or assisting a client to adapt to the effects of illness or~~
34 ~~disability.~~
- 35 ~~(aat) “Unlicensed Assistive Personnel (UAP)” means a person who individuals who are is~~
36 ~~not licensed to practice registered nursing, practical nursing, medicine, or any other~~
37 ~~health profession occupation requiring a license in Oregon, ~~but who may carry out~~~~
38 ~~delegated tasks of nursing. The UAP includes the traditional health care worker,~~
39 ~~medical assistants, and the lay care provider. In the community-based practice setting~~
40 ~~and ~~F~~for the purpose of these ~~rules, rules,~~ the UAP includes the person holding Oregon~~
41 ~~certification as nursing assistant or a medication aide. ~~Certified Nursing Assistants and~~~~
42 ~~Certified Medication Aides are not considered unlicensed assistive personnel.~~

43
44 Stat. Auth.: ORS 678.150

45 Stats. Implemented: ORS 678.150 & 678.010

46 Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 5-2012, f. 5-7-12, cert .ef. 6-1-12

47
48
49

1 **851-045-0040**

2 **Scope of Practice Standards for All Licensed Nurses**

3 (1) Standards related to the licensee's responsibility for documentation of nursing practice. The
4 licensee shall document nursing services rendered in a timely, accurate, thorough, and clear
5 manner. This includes:

- 6 (a) Client assessment and identified risk,
- 7 (b) Reasoned conclusions,
- 8 (c) Nursing plan of care,
- 9 (d) Implementation of nursing interventions,
- 10 (e) Assignment and supervision activities,
- 11 (f) Teaching activities and teaching outcomes,
- 12 (g) Delegation decisions, processes, and outcomes
- 13 (h) Evaluation of client's progress toward outcomes, and
- 14 (i) Modification of the plan of care.

15 (2) Standards related to the licensee's responsibility to accept and implement orders for client
16 care and treatment.

17 (a) The RN and the LPN may accept and implement orders from a licensed independent
18 practitioner (LIP) who is authorized by Oregon statute to independently diagnose and
19 treat:

- 20 (A) Clinical Nurse Specialist licensed under ORS 678,
- 21 (B) Certified Registered Nurse Anesthetist licensed under ORS 678,
- 22 (C) Nurse Practitioner licensed under ORS 678,
- 23 (D) Medical Doctor (MD) licensed under ORS 677
- 24 (E) Doctor of Osteopathic Medicine (DO) licensed under ORS 677
- 25 (F) Doctor of Podiatric Medicine licensed under ORS 677
- 26 (G) Dentist licensed under ORS 679
- 27 (H) Naturopathic Physician licensed under ORS 685
- 28 (I) Optometrist licensed under ORS 683
- 29 (J) Chiropractor Physician licensed under ORS 684
- 30 (K) MD Volunteer Emeritus License licensed under ORS 677, and
- 31 (L) DO Volunteer Emeritus License licensed under ORS 677

32 (b) The RN and the LPN may accept and implement orders from a Physician Assistant
33 (PA) licensed under ORS 677, when the name of the supervising or agent physician is
34 recorded with the order, in the narrative notes, or by a method specified by the policy of
35 the practice setting. At all times the supervising or agent physician must be available to
36 the licensed nurse for direct communication;

37 (c) The RN and the LPN may accept and implement recommendations for care in
38 collaboration with the following health care professional licensed in Oregon:

- 39 (A) Acupuncturist licensed under ORS 677,
- 40 (B) Dietician licensed under ORS 691,
- 41 (C) Occupational Therapist licensed under ORS 675,
- 42 (D) Physical Therapist licensed under ORS 688,
- 43 (E) Pharmacist licensed under ORS 689,
- 44 (F) Psychologist licensed under ORS 675,
- 45 (G) Registered Nurse licensed under ORS 678,
- 46 (H) Respiratory Therapist licensed under ORS 688,
- 47 (I) Social Worker licensed under ORS 675, and
- 48 (J) Speech Therapist licensed under ORS 681.

49 (d) Prior to implementation of an order or recommendation, the RN and the LPN:

1 (A) Must have knowledge that the order or recommendation is within the LIP's,
2 PA's or other health care professional's scope of practice and determine that
3 the order or recommendation is consistent with the overall plan for the client's
4 care; and

5 (B) Shall question any order or recommendation which is not clear, determined to
6 be unsafe, contraindicated for the client, or is inconsistent with the overall plan
7 for the client's care.

8 (e) When the RN or the LPN has determined that an order or recommendation is not clear,
9 unsafe, contraindicated for the client, or is inconsistent with the overall plan for the
10 client's care, the licensee has the responsibility to decline implementation of the order
11 and contact the health care professional making the order or recommendation.

12
13 ~~(1) Standards related to the licensed nurse's responsibilities for client advocacy. The licensed~~
14 ~~nurse:~~

15 ~~(a) Advocates for the client's right to receive appropriate care, including person-centered~~
16 ~~care and end-of-life care, considerate of the client's needs, choices and dignity;~~

17 ~~(b) Intervenes on behalf of the client to identify changes in health status, to protect,~~
18 ~~promote and optimize health, and to alleviate suffering;~~

19 ~~(c) Advocates for the client's right to receive appropriate and accurate information;~~

20 ~~(d) Communicates client's choices, concerns and special needs to other members of the~~
21 ~~healthcare team; and~~

22 ~~(e) Protects clients' rights to engage in or refuse to engage in research.~~

23 ~~(2) Standards related to the licensed nurse's responsibilities for the environment of care. The~~
24 ~~licensed nurse:~~

25 ~~(a) Promotes an environment conducive to safety and comfort for all levels of care,~~
26 ~~including self-care and end-of-life care; and~~

27 ~~(b) Identifies client safety and environment concerns; takes action to correct those~~
28 ~~concerns and report as needed.~~

29 ~~(3) Standards related to the licensed nurse's responsibilities for ethics, including professional~~
30 ~~accountability and competence. The licensed nurse:~~

31 ~~(a) Has knowledge of the statutes and regulations governing nursing, and practices within~~
32 ~~the legal boundaries of licensed nursing practice;~~

33 ~~(b) Accepts responsibility for individual nursing actions and maintains competence in one's~~
34 ~~area of practice;~~

35 ~~(c) Obtains instruction and supervision as necessary when implementing nursing~~
36 ~~practices;~~

37 ~~(d) Accepts only nursing assignments for which one is educationally prepared and has the~~
38 ~~current knowledge, skills and ability to safely perform.~~

39 ~~(e) Accepts responsibility for notifying the employer of an ethical objection to the provision~~
40 ~~of specific nursing care or treatment.~~

41 ~~(f) Maintains documentation of the method by which competency was gained, and~~
42 ~~evidence that it has been maintained.~~

43 ~~(g) Ensures unsafe nursing practices are reported to the Board of Nursing and unsafe~~
44 ~~practice conditions to the appropriate regulatory agency(s);~~

45 ~~(h) Retains professional accountability when accepting, assigning, or supervising nursing~~
46 ~~care and interventions;~~

47 ~~(i) Demonstrates honesty and integrity in nursing practice;~~

48 ~~(j) Promotes and preserves clients' autonomy, dignity and rights in a nonjudgmental,~~
49 ~~nondiscriminatory manner that recognizes client diversity;~~

- 1 ~~(k) — Maintains appropriate professional boundaries; and~~
2 ~~(l) — Protects confidential client information, and uses judgment in sharing this information in~~
3 ~~a manner that is consistent with current law.~~
4 ~~(4) — Standards related to the licensed nurse's responsibilities toward nursing technology. The~~
5 ~~licensed nurse:~~
6 ~~(a) — Acquires and maintains knowledge, skills and abilities for informatics and technologies~~
7 ~~used in nursing practice settings; and~~
8 ~~(b) — Promotes the selection and use of informatics and technologies that are compatible~~
9 ~~with the safety, dignity, and rights of the client.~~
10 ~~(5) — Standards related to the licensed nurse's responsibility to assign and supervise care. The~~
11 ~~licensed nurse:~~
12 ~~(a) — Assigns to another person, tasks of nursing that fall within the nursing scope of practice~~
13 ~~and/or the work that each staff member is already authorized to perform;~~
14 ~~(b) — nSupervises others to whom nursing activities are assigned by monitoring~~
15 ~~performance, progress, and outcomes.~~
16 ~~(c) — Ensures documentation of the activity;~~
17 ~~(d) — Matches client needs with available, qualified personnel, resources and supervision;~~
18 ~~(e) — Provides follow-up on problems and intervenes when needed;~~
19 ~~(f) — Evaluates the effectiveness of the assignment and the outcomes of the interventions;~~
20 ~~and~~
21 ~~(g) — Revises or recommends changes to the plan of care as needed.~~
22 ~~(6) — Standards related to the licensed nurse's responsibility to accept and implement orders for~~
23 ~~client care and treatment. The licensed nurse:~~
24 ~~(a) — May accept and implement orders for client care from licensed health care~~
25 ~~professionals who are authorized by Oregon statute to independently diagnose and~~
26 ~~treat;~~
27 ~~(b) — May accept and implement recommendations for care in collaboration with other health~~
28 ~~care professionals;~~
29 ~~(c) — May accept and implement orders for client care and treatment from Certified~~
30 ~~Registered Nurse Anesthetists licensed under ORS 678. These orders may be~~
31 ~~accepted in ambulatory surgical centers, and in hospital settings, as long as~~
32 ~~independent Certified Registered Nurse Anesthetists practice is consistent with~~
33 ~~hospital bylaws;~~
34 ~~(d) — May accept and implement orders for client care and treatment from Physician~~
35 ~~Assistants licensed under ORS 677, provided that the name of the supervising or agent~~
36 ~~physician is recorded with the order, in the narrative notes, or by a method specified by~~
37 ~~the health care facility. At all times the supervising or agent physician must be available~~
38 ~~to the licensed nurse for direct communication;~~
39 ~~(e) — Prior to implementation of the order or recommendation, must have knowledge that the~~
40 ~~order or recommendation is within the health care professional's scope of practice and~~
41 ~~determine that the order or recommendation is consistent with the overall plan for the~~
42 ~~client's care; and~~
43 ~~(f) — Has the authority and responsibility to question any order or recommendation which is~~
44 ~~not clear, perceived as unsafe, contraindicated for the client or inconsistent with the~~
45 ~~plan of care.~~

46
47 Stat. Auth.: ORS 678.150
48 Stats. Implemented: ORS 678.150 & 678.010
49 Hist.: BN 4-2008, f. & cert. ef. 6-24-08

851-045-0050

Scope of Practice Standards for the Licensed Practical Nurses

~~(1)~~ ~~(1)~~—The Board recognizes that the scope of practice for the Licensed Practical Nurse (LPN) encompasses supervised and supportive roles in clinical practice, education, administration, and research. These roles occur under the clinical supervision and direction of the RN or of the LIP. licensed practical nurse encompasses a variety of roles, including, but not limited to:

- ~~(a)~~ Provision of client care;
- ~~(b)~~ Supervision of others in the provision of care;
- ~~(c)~~ Participation in the development and implementation of health care policy;
- ~~(d)~~ Participation in nursing research; and
- ~~(e)~~ Teaching health care providers and prospective health care providers.

~~(2)~~ Standards related to the LPN's responsibility for LPN licensure and practice role disclosure.

- ~~(a)~~ The LPN shall wear identification that clearly identifies the licensee as an LPN unless wearing identification creates a safety or health risk for either the LPN or the client.
- ~~(b)~~ The LPN shall inform the client of the LPN's practice role unless the activity creates a safety or health risk for either the LPN or the client.

~~(3)~~ Standards related to the LPN's responsibility for ethics, professional accountability, and competence. The LPN:

- ~~(a)~~ Bases LPN practice on current nursing science, other sciences, and the humanities;
- ~~(b)~~ Has knowledge of the statutes and regulations governing LPN practice and practices within those legal boundaries;
- ~~(c)~~ Demonstrates honesty, integrity and professionalism in the practice of licensed practical nursing;
- ~~(d)~~ Accepts responsibility for individual LPN actions;
- ~~(e)~~ Maintains competence in one's LPN practice role.
- ~~(f)~~ Maintains documentation of the method by which competence was acquired and maintained;
- ~~(g)~~ Accepts only LPN assignments for which one is educationally prepared and possesses the current knowledge, skills, ability, and competency to function safely;
- ~~(h)~~ Recognizes and respects a client's autonomy, dignity and choice;
- ~~(i)~~ Maintains professional boundaries;
- ~~(j)~~ Accepts responsibility for notifying employer of an ethical objection to the provision of a specific nursing intervention;
- ~~(k)~~ Ensures unsafe nursing practices are addressed immediately;
- ~~(l)~~ Ensures unsafe practice and practice conditions are reported to the appropriate regulatory agency; and
- ~~(m)~~ Protects confidential client information and only shares information in a manner that is consistent with current law.

~~(42)~~ Standards related to the Licensed Practical Nurse's LPN's responsibility for nursing practice implementation. Applying practical nursing knowledge, the LPN shall, under the clinical direction of the RN or the LIP: Under the clinical direction of the RN or other licensed provider who has the authority to make changes in the plan of care, and applying practical nursing knowledge drawn from the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, the Licensed Practical Nurse shall:

- 1 (a) Conduct ~~and document initial and ongoing~~ focused ~~nursing~~ assessments ~~of the health~~
2 ~~status of clients~~ by:
- 3 (A) Collecting ~~objective and subjective~~ data from observations, examinations,
4 interviews, and written records in an accurate and timely manner as appropriate
5 to the client's ~~health care~~ needs and context of care;
- 6 (B) Validating data by utilizing available resources, including interactions with the
7 client and health care team members.
8 ~~Distinguishing abnormal from normal data, sorting, selecting, recording, and reporting~~
9 ~~the data;~~
- 10 (C) Distinguishing abnormal from normal data, sorting, selecting, recording,
11 evaluating and reporting the data;
- 12 (D) ~~Detecting~~ Identifying potentially inaccurate, incomplete or missing ~~client~~
13 ~~information~~ data and reporting data discrepancies as needed to the supervising
14 RN or supervising LIP;
- 15 ~~(D) Anticipating and recognizing changes or potential changes in client status;~~
16 ~~(E) Recognizing signs and symptoms of deviation from current status; and~~
17 ~~(F) Evaluating data to identify risks presented by the client. Identifying signs and~~
18 ~~symptoms of deviation from current health status; and~~
19 ~~(E) Validating data by utilizing available resources, including interactions with the~~
20 ~~client and health team members.~~
- 21 (b) Select nursing diagnostic statements and/or reasoned conclusions, from available
22 resources, which serve as the basis for the plan ~~or program~~ of care.
- 23 (c) Contributes to the development of a client-centered comprehensive plan of ~~nursing~~
24 care, ~~or~~ and develops a focused plans of ~~nursing~~ care. This includes:
- 25 (A) Identifying priorities in the plan of care;
- 26 (B) Setting realistic and measurable outcomes in collaboration with the client goals
27 to implement the plan of care in collaboration with the client and the healthcare
28 team; and
- 29 ~~(C)~~ (C) Selecting appropriate nursing interventions as established by the RN or
30 consistent with the LIP's plan of care.
31 and strategies;
- 32 (d) Implement the plan of care ~~by:~~
- 33 ~~(A) Implementing treatments and therapy, appropriate to the context of care,~~
34 ~~including, but not limited to, medication administration, nursing activities,~~
35 ~~nursing, medical and interdisciplinary orders; health teaching and health~~
36 ~~counseling; and~~
- 37 ~~(B) Documenting nursing interventions and responses to care in an accurate, timely,~~
38 ~~thorough, and clear manner;~~
- 39 (e) Evaluate responses to nursing interventions, progress toward outcomes. Evaluating
40 client responses to nursing interventions and progress toward desired outcomes.
- 41 ~~(A) and communicate to appropriate members of the health care team.~~
42 ~~Outcome data shall be used as a basis for reassessing the plan of care and modifying~~
43 ~~nursing interventions; and~~
- 44 ~~(B) Outcome data shall be collected, documented and communicated to~~
45 ~~appropriate members of the healthcare team.~~
- 46 (5) Standards related to the LPN's responsibility to assign and supervise client care. The LPN, as
47 directed by the RN's or LIP's plan of care, shall:
- 48 (a) Assign to an LPN, nursing interventions that fall within LPN scope of practice and for
49 which the licensee has the current knowledge, skills and ability to perform safely;

- 1 (b) Assign to the CNA and CMA the duties identified within Chapter 851 Division 63 and
2 for which the certificate holder has the current knowledge, skills, and abilities to
3 perform safely;
- 4 (c) Assign to the UAP work they are authorized to perform within the practice setting and
5 that the UAP has the current knowledge, skills, and abilities to perform safely;
- 6 (d) Ensure the assignment matches client service need with qualified personnel and
7 available resources;
- 8 (e) Supervise the LPN, CNA, CMA, and UAP to whom an assignment of client care has
9 been made.
- 10 (A) Supervises per the context of care.
- 11 (B) Ensures documentation of supervision activities occurs per the context of the
12 assignment;
- 13 (C) Evaluates the effectiveness of the assignment; and
- 14 (D) Reports effectiveness of assignment to the supervising RN or supervising LIP.
- 15 (f) Revise the assignment as directed by the supervising RN or supervising LIP, and as
16 supported by available, qualified personnel, resources.
- 17 (6) Standards related to the LPN's responsibility for client advocacy. The LPN:
- 18 (a) Advocates for the client's right to receive appropriate care, including client-centered
19 care and end-of-life care, respectful of the client's needs, choices and dignity;
- 20 (b) Intervenes on behalf of the client to identify changes in health status, to protect,
21 promote and optimize health, and to alleviate suffering;
- 22 (c) Advocates for the client's right to receive appropriate and accurate information;
- 23 (d) Communicates client's choices, concerns and special needs to the supervising RN or
24 supervising LIP and to other members of the healthcare team; and
- 25 (e) Protects the client's right to engage or decline to participate in research.
- 26 (37) Standards related to the Licensed Practical Nurse's LPN's responsibility for collaboration with
27 an interdisciplinarythe health care team. The Licensed Practical Nurse LPN shall:
- 28 (a) Functions as a member of the health care team;
- 29 (b) Collaborate in the development, implementation, and evaluation of an integrated
30 client-centered plans of care appropriate to the context of care;
- 31 (cb) Demonstrates knowledgeknowledge of the roles of health care team membersof the
32 interdisciplinary team;
- 33 (de) Communicates with the supervising RN or supervising LIP registered nurse and/or and
34 other relevant personnel regarding integrated client-centered health care team
35 members regarding the plans of care; and
- 36 (de) Makes referrals as directed in a timely manner and follows up on referrals. necessary;
- 37 (4) Standards related to the Licensed Practical Nurse's responsibility for leadership. The Licensed
38 Practical Nurse:
- 39 (a) Contributes to the formulation, interpretation, implementation and evaluation of the
40 policies, protocols and operating guidelines related to nursing practice, and to the
41 needs of the clients served;
- 42 (b) Assists with the development and mentoring of other members of the healthcare team;
43 and
- 44 (c) Identifies changes in clients and changes in the practice environment that require
45 change in policy and/or protocol.
- 46 (8) Standards related to the LPN's responsibility for the environment of care. The LPN:
- 47 (a) Promotes and advocates for an environment conducive to safety, and
- 48 (b) Identifies safety and environmental concerns, takes action to address those concerns
49 and reports to the supervising RN or supervising LIP.

- 1 (9) Standards related to the LPN's responsibility toward technology. The LPN:
2 (a) Acquires and maintains the knowledge, skills, and competency necessary to properly
3 use the informatics and technologies of the practice setting; and
4 (b) Advocates for the use of informatics and technologies that are compatible with the
5 safety, dignity, and the rights of the client.
- 6 (510) Standards related to the ~~Licensed Practical Nurse's~~ LPN's responsibility for leadership and
- 7 quality of care. The ~~Licensed Practical Nurse~~ LPN shall:
8 (a) Identifies factors that affect the quality of ~~client care~~ nursing service delivery;
9 (b) Implement policies, protocols, and guidelines that are pertinent to the practice of
10 nursing and to health services delivery;
11
12 (~~cb~~) Be aware of quality improvement initiatives and activities within the practice setting;
13 and ~~contributes to the development of quality improvement standards and processes.~~
14 (~~b~~) Contributes to the collection of data related to the quality of nursing care; and
15 (~~ed~~) Participates in the measurement of outcomes of nursing ~~care~~ service delivery and
16 overall ~~health care~~ delivery at the individual and aggregate level.
17 (e) Assist with the development and mentoring of other members of the health care team;
18 and
19 (f) Identify changes in the practice environment that necessitates change in policy or
20 protocol and report to the supervising RN or supervising LIP.
- 21 (116) Standards related to the ~~Licensed Practical Nurse's~~ LPN's responsibility for teaching, health
- 22 promotion and teaching. At the direction of the supervising RN or the supervising LIP, ~~the~~
23 ~~Licensed Practical Nurse~~ LPN shall:
24 (a) Selects and or implements evidence-based ~~health education teaching~~ plans
25 appropriate to that address the ~~client's~~ context of care, ~~culture,~~ recipient's learning
26 needs, ~~and~~ readiness and ability to learn, ~~in order to achieve optimal health;~~ and,
27 (b) Evaluates and report the outcome of ~~health education teaching to the supervising RN~~
28 or ~~supervising LIP~~ to determine effectiveness, adjusts teaching strategies as
29 indicated, and
30 (c) ~~Refers client recipient~~ to another licensed healthcare professional for additional
31 teaching as ~~needed~~ directed.
- 32
33 (127) Standards related to the ~~Licensed Practical Nurse's~~ LPN's responsibility for cultural sensitivity
- 34 responsiveness. The ~~Licensed Practical Nurse~~ LPN shall:
35 (a) Apply a basic knowledge of cultural diversity, and
36 (b) Respond to the cultural values, beliefs, and customs of the client. ~~Applies a basic~~
37 knowledge of cultural differences to collaborate with clients to provide healthcare that
38 recognizes cultural values, beliefs, and customs.

39
40 Stat. Auth.: ORS 678.150
41 Stats. Implemented: ORS 678.150 & 678.010
42 Hist.: BN 4-2008, f. & cert. ef. 6-24-08
43
44

45 **851-045-0060**

46 **Scope of Practice Standards for the Registered Nurses**

- 47 (1) The Board recognizes that the scope of practice for the Registered Nurse RN encompasses
- 48 clinical practice, education, administration, and research. ~~a variety of roles, including, but not~~
49 limited to:

- 1 ~~(a) Provision of client care;~~
2 ~~(b) Supervision of others in the provision of care;~~
3 ~~(c) Development and implementation of health care policy;~~
4 ~~(d) Consultation in the practice of nursing;~~
5 ~~(e) Nursing administration;~~
6 ~~(f) Nursing education;~~
7 ~~(g) Case management;~~
8 ~~(h) Nursing research;~~
9 ~~(i) Teaching health care providers and prospective health care providers; and~~
10 ~~(j) Specialization in advanced practice.~~
11 ~~(k) Nursing Informatics.~~
12
13 ~~(2) Standards related to the RN's responsibility for RN licensure and practice role disclosure.~~
14 ~~(a) The RN shall wear identification that clearly identifies the licensee as an RN unless~~
15 ~~wearing identification creates a safety or health risk for either the RN or the client.~~
16 ~~(b) The RN shall inform the client of the RN's practice role unless the activity creates a~~
17 ~~safety or health risk for either the RN or the client.~~
18 ~~(3) Standards related to the RN's responsibility for ethics, professional accountability, and~~
19 ~~competence. The RN:~~
20 ~~(a) Bases ~~RNregistered nurse practice~~ on current and evolving nursing science, other~~
21 ~~sciences, and the humanities;~~
22 ~~(b) Has knowledge of the statutes and regulations governing RN practice and practices~~
23 ~~within those legal boundaries;~~
24 ~~(c) Demonstrates honesty, integrity and professionalism in the practice of registered~~
25 ~~nursing;~~
26 ~~(d) Accepts responsibility for individual RN actions;~~
27 ~~(e) Evaluates own skills and competencies to safely meet the responsibly of the nursing~~
28 ~~assignment.~~
29 ~~(f) Maintains competence in one's RN practice role;~~
30 ~~(g) Maintains documentation of the method by which competence was gained and~~
31 ~~maintained;~~
32 ~~(h) Accepts only RN assignments *****for which one is educationally prepared, and has~~
33 ~~the current knowledge, skills, ability, and competency to function safely;~~
34 ~~(i) Recognizes and respects a client's autonomy, dignity and choice;~~
35 ~~(j) Maintains professional boundaries;~~
36 ~~(k) Accepts responsibility for notifying employer of an ethical objection to the provision of a~~
37 ~~specific nursing intervention;~~
38 ~~(l) Ensures unsafe nursing practices are addressed immediately;~~
39 ~~(m) Ensures unsafe practice and practice conditions are reported to the appropriate~~
40 ~~regulatory agency; and~~
41 ~~(n) Protects confidential client information and only shares information in a manner that is~~
42 ~~consistent with current law.~~
43 ~~(42) Standards related to the Registered Nurse's RN's responsibility for nursing practice~~
44 ~~implementation. Applying Through the application of nursing knowledgescientific evidence,~~
45 ~~clinical practice experience, and nursing, critical thinking and clinical judgment, effectively in~~
46 ~~the synthesis of biological, psychological, social, sexual, economic, cultural and spiritual~~
47 ~~aspects of the client's condition or needs, the Registered NurseRN shall:~~
48 ~~(a) Conduct and document initial and ongoing comprehensive ~~and focused nursing~~~~
49 ~~assessments ~~of the health status of clients~~ by:~~

- 1 (A) Collecting ~~objective and subjective~~ data from observations, examinations,
2 interviews, and review of written client and other records in an accurate and
3 timely manner as appropriate to the client's ~~health care~~ needs and context of
4 care;
- 5 (B) Validating data by utilizing available resources, including interactions with the
6 client, the health care team members and by accessing scientific literature;
- 7 ~~(BC)~~ Distinguishing abnormal from normal data, sorting, selecting, recording,
8 analyzing evaluating, synthesizing and communicating reporting the data;
- 9 ~~(CD)~~ Detecting Identifying potentially inaccurate, incomplete or missing client
10 information data and reporting data discrepancies as appropriate or indicated for
11 the context of care needed;
- 12 ~~(DE)~~ Recognizing signs and symptoms of deviation from current status; Anticipating
13 and recognizing changes or potential changes in client status; Identifying signs
14 and symptoms of deviation from current health status; and
- 15 (F) Anticipating changes in client status; and, -and
- 16 ~~(E)~~ Validating data by utilizing available resources, including interactions with the
17 client and health team members; and-
- 18 (G) Evaluating data to identify risks presented by the client.
- 19 (b) Develop
- 20 ~~(b)~~ Reach a reasoned conclusions based upon evaluation of data based upon assessment
21 data which which identify communicateies and focuses on Establish and document
22 prioritized risks nursing diagnostic statements, and/or reasoned conclusions which
23 serve as the basis for the plan or program of care.
- 24 (c) Develop and, coordinate and document an individualized comprehensive and/or
25 focused a client-centered plan of nursing care that identifies reasoned conclusion(s),
26 sets measurable client outcomes, and identifies nursing interventions to assist the
27 client to reach outcomes. identified risks. This includes:
- 28 ~~(A)~~ Identifying priorities in the plan of care;
- 29 ~~(B)~~ Setting realistic and measurable goals to implement the plan of care in collaboration
30 with the client and the healthcare team; and (C) —
- 31 Developing nursing orders and identifying nursing strategies, interventions and actions;
- 32 ~~(D)~~ Reconcile literature based and pre-formed plans of care during the
33 development of the plan of care to professional practice standards and client
34 need.
- 35 (d) Implement the plan of care, by:
- 36 ~~(A)~~ Ensuring data collection mechanisms are in place to document implementation
37 of the plan;
- 38 ~~(B)~~ Implementing nursing interventions; and treatments and therapy, appropriate to
39 the context of care, including emergency measures, interpretation of medical
40 orders, medication administration, independent nursing activities, nursing,
41 medical and interdisciplinary orders, health teaching and health counseling; and
- 42 ~~(BC)~~ Documenting nursing interventions and client responses to nursing
43 interventions care in an accurate, timely, thorough, and clear manner.
- 44 (e) Evaluating client responses to nursing interventions and progress toward desired
45 outcomes.
- 46 (f) Updates and modifies the plan of care based upon ongoing evaluation of data.
- 47 ~~(A)~~ Outcome data shall be collected, documented, and communicated to
48 appropriate members of the health care team;

~~(B) Outcome data shall be used as a basis for reassessing evaluating the plan of care and modifying nursing interventions; and~~

~~(B) Outcome data shall be collected, documented and communicated to appropriate members of the healthcare team.~~

(5) Standards related to the RN's responsibility to assign and supervise client care. The RN shall:

(a) Assign to the RN, nursing interventions that fall within RN scope of practice and for which the licensee receiving the assignment has the current knowledge, skills, and ability to perform safely;

(b) Assign to the LPN, nursing interventions that fall within LPN scope of practice and for which the licensee has the current knowledge, skills and ability to perform safely;

(c) Assign to the CNA and CMA authorized duties identified within Chapter 851 Division 63 and for which the certificate holder has the current knowledge, skills, and abilities to perform safely;

(d) Assign to the UAP work they are authorized to perform within the practice setting and that the UAP has the current knowledge, skills, and abilities to perform safely;

(e) Ensure the assignment matches client service need with qualified personnel and available resources; and

(f) Supervise the RN, LPN, CNA, CMA, and UAP to whom an assignment has been made.

(A) Provides supervision per the context of care;

(B) Ensures documentation of supervision activities per the context of the assignment; and

(C) Evaluates the effectiveness of the assignment;

(g) Revise the assignment as indicated based on available, qualified personnel, resources, and the services needed.

(6) Standards Related to RN's responsibility to delegate and supervise the practice of nursing.

(a) The RN has the authority to delegate to a UAP the implementation of a procedure that requires the education and license as a RN to perform. The RN:

(A) Maintains sole responsibility for the decision to delegate a nursing procedure,

(B) Maintains sole responsibility for the decision to rescind the UAP's authorization to implement the nursing procedure once it's been delegated.

(C) Maintains responsibility, accountability, and authority for the delegation;

(D) Must decline to delegate a nursing procedure if the RN believes it would not be a safe care option for the client care situation;

(E) Must decline to delegate a nursing procedure if unable to provide ongoing supervision and evaluation of the client care situation;

(F) Delegates only a procedure that is within nursing scope of practice and that is within the RN's individual scope of practice;

(G) Delegates only the physical implementation of the procedure.

(H) Never delegates assessment, planning, evaluation, or nursing judgment associated with implementation of the nursing procedure;

(I) Shall only delegate the implementation of the nursing procedure to the number of UAPs who will have the opportunity to maintain competency in its implementation for the client.

(J) Shall only delegate the implementation of a client's procedure to the number of UAPs for whom the RN can provide adequate supervision and evaluation;

(K) Shall adhere to the policies and procedures of the practice setting when delegating a nursing procedure.

- 1 (L) Matches the client's care needs with a qualified UAP by evaluating the
2 knowledge, skills, and ability of the UAP.
- 3 (M) Only delegates when the UAP demonstrates the necessary knowledge, skills,
4 willingness, and ability to implement the procedure safely; _
- 5 (N) Communicates expectations for implementation of the delegated procedure to
6 the UAP via the plan of care
- 7 (O) Generates client-centered instructions that identify how the nursing procedure
8 is to be implemented by the UAP for the client; and
- 9 (P) Provides supervision of UAP to whom a procedure has been delegated by:
10 (i) Monitoring the UAP's implementation of the procedure,
11 (ii) Evaluating the outcomes of the delegated procedure, and
12 (iii) Assessing the client.
- 13 (b) The RN who delegates in a community-based care (CBC) setting shall also adhere to
14 the following standards:
- 15 (A) The RN shall delegate only when the RN determines the client care situation
16 meets the following conditions:
- 17 (i) The environment where the procedure will be implemented allows for its
18 safe implementation;
- 19 (ii) The client's condition for which the procedure is ordered is stable and
20 predictable;
- 21 (iii) The procedure under consideration is a regularly scheduled chronic
22 maintenance procedure;
- 23 (iv) The UAP has been taught the procedure and is willing to implement the
24 procedure for the client per the RN's written instructions.
- 25 (v) The RN is available to provide ongoing supervision and evaluation of
26 the client care situation.
- 27 (B) The RN shall use the following process to delegate the nursing procedure:
- 28 (i) Evaluate the environment of care to determine that it is conducive to
29 safe implementation of the procedure.
- 30 (ii) Assess the client's health status with a focus on the chronic condition for
31 which the procedure is ordered.
- 32 (iii) Evaluating the appropriateness of the procedure to be delegated. The
33 RN shall determine that:
- 34 (I) There is a current LIP order for the procedure;
- 35 (II) The complexity and risks of the procedure are minimal;
- 36 (III) Implementation of the procedure does not require nursing
37 assessment, the application of nursing judgment, or the direct
38 supervision of the UAP by the RN;
- 39 (IV) The procedure is a chronic support that is regularly scheduled for
40 the client;
- 41 (V) The procedure is ordered for the client at a frequency that
42 provides for the UAP to implement it often enough to maintain
43 competency in its performance; and
- 44 (IV) Evaluating the skills, ability and willingness of the UAP related to
45 implementation of the procedure for the client.
- 46 (C) The RN shall generate and provide to the UAP client-centered, evidenced-
47 based, step-by-step, instructions for implementation of the procedure by the
48 UAP. The instructions shall:

- 1 (i) Direct the preparation, implementation, and follow up to implementation
2 of the procedure.
- 3 (ii) Identify the specific needs and preferences of the client, signs and
4 symptoms to observe for, actions to take in response to observations,
5 (iii) Incorporate infection control practices, and
6 (iv) Be appropriate to the client's level of care and knowledge base of the
7 UAP.
- 8 (D) The RN shall generate a teaching plan that delivers the following content to the
9 UAP:
- 10 (i) Basic principles of the health condition that warrants the need for the
11 regularly scheduled procedure, why procedure is needed by the client,
12 and expected outcomes of the procedure;
- 13 (ii) Known client risks for complications from the procedure and anticipated
14 side effects of the procedure;
- 15 (iii) Signs, symptoms or behaviors the UAP will observe in the client if
16 complications present, and if side effects occur;
- 17 (iv) Proper method for implementing the procedure that includes
18 preparation, implementation, follow-up and documentation of the
19 procedure; and
- 20 (v) Actions the UAP will take in response to complications and side effects.
- 21 (vi) If more than one UAP is being considered for delegated authority to
22 implement the procedure, the content of the teaching plan can be
23 delivered to more than one UAP.
- 24 (vii) Evaluate the UAP's learning outcomes.
- 25 (E) The RN shall observe the UAP in their implementation of the procedure in its
26 entirety on the client per the written instructions.
- 27 (i) Only when the RN observes the UAP safely, competently and accurately
28 implement the procedure on the client shall the RN exercise the
29 authority to delegate the implementation of the procedure to the UAP.
- 30 (ii) If the RN does not observe the UAP safely and accurately implement
31 the procedure on the client, the RN shall not delegate the
32 implementation of the procedure to the UAP.
- 33 (F) Following the RN's observation of the UAP's safe and accurate implementation
34 of the procedure on the client, the RN may initially authorize the UAP to
35 implement the procedure for the client under the RN's delegated authority. If the
36 RN chooses to exercise this authority, the RN shall:
- 37 (i) Document the initial delegated authorization of the UAP to implement
38 the procedure for the client under the RN's delegated authority for a
39 period not to exceed 60 days.
- 40 (ii) Instruct the UAP that their delegated authority to implement the nursing
41 procedure is only for the specific client, that the procedure cannot
42 implemented on any other client, and the UAP cannot teach the
43 procedure to another UAP.
- 44 (iii) Prior to the expiration of the UAP's delegated authority to implement the
45 procedure for the client, the RN schedule a supervision and evaluation
46 visit to determine if the conditions that allow CBC delegation to occur
47 continue to be met by client care situation. The visit shall be scheduled
48 to occur prior to expiration of the UAP's delegated authority to
49 implement the procedure for the client. The RN shall base the

1 timeframe for the supervision and evaluation visit upon the stability of
2 the client's chronic condition in combination with the individuals UAP's
3 skills, knowledge, and abilities in their implementation of the procedure
4 for the client. The RN must document the client care situation-specific
5 rationale for the timeframe chosen.

6 (G) When the RN is no longer available to provide supervision and evaluation of the
7 client situation, the delegation ends, making the UAP no longer authorized to
8 implement the procedure.

9 (H) The RN shall complete the first supervision and evaluation visit within the
10 timeframe documented. During the supervision and evaluation visit the RN shall
11 determine if the UAP's delegated authority to implement the procedure will
12 continue or not.

13 (i) The RN shall assess the environment, client, and procedure by applying
14 the process identified in in 851-045-0060(13)(b)(D)(i) through (iv);

15 (ii) The RN shall evaluate the written instructions to verify that they remain
16 current, evidence-based, consistent with the LIP's order, client
17 preference, level of care and knowledge base of the UAP;

18 (iii) The RN shall evaluate data collection sources and verify the UAP's
19 proper documentation of the procedure;

20 (iv) The RN shall observe and evaluate the UAP in their implementation of
21 the nursing procedure on the client to verify continued safe and accurate
22 implementation. The RN must observe the UAP implementing the
23 nursing procedure in its entirety on the client; and

24 (v) The RN shall ensure the provision of ongoing supervision and
25 evaluation of the client care situation.

26 (vi) When the RN determines that the conditions that allow CBC delegation
27 to occur continue to be met, the RN may authorize the UAP to
28 implement the procedure for the client under the RN's delegated
29 authority for up to 180 days and schedule the next supervision and
30 evaluation visit. The RN shall base the timeframe chosen on the stability
31 of the client's chronic condition in combination with the UAP's skills,
32 knowledge and competency in implementation of the procedure for the
33 client; or

34 (vii) When any one of the conditions for CBC delegation is not met, the RN
35 shall rescind the UAP's authority to implement the procedure for the
36 client. This action will be communicated to the client's health care team.

37 (I) Thereafter, prior to the expiration of the UAP's authorization to implement the
38 procedure for the client, the RN must schedule and complete a supervision and
39 evaluation visit to determine if the conditions that allow CBC delegation to occur
40 continue to be met by client care situation. The timeframe for each subsequent
41 supervision and evaluation visit will be determined at the time of the current
42 visit, based on the status of the client care situation, and will not exceed 180
43 days from the previous supervision and evaluation visit. At each supervision
44 and evaluation visit the, RN shall evaluate the client care situation by applying
45 the process identified in in 851-045-0060(6)(b)(I)(i) through (vii).

46 (J) It is expected that the RN who delegates the implementation of a procedure to
47 a UAP will provide ongoing supervision and evaluation of the client care
48 situation. However, the RN who delegated the procedure may assign
49 supervision and evaluation responsibilities to another RN.

1 (i) The RN making the assignment shall ensure the following conditions are
2 met:

3 (I) The RN shall follow standards related to the RN's responsibility
4 to assign and supervise client care as codified in 851-045-
5 0060(5).

6 (II) The RN shall amend the plan of care to identify the supervision
7 and evaluation responsibilities that have been assigned and to
8 whom.

9 (III) The RN shall revise the written instructions if revisions are
10 necessary as a result of the assignment.

11 (IV) The RN shall communicate the assignment to the client, UAP,
12 and other health care team members that need to know.

13 (V) The RN shall maintain sole responsibility for the decision to
14 delegate.

15 (ii) The RN who accepts the assignment for supervision and evaluation
16 responsibilities must evaluate the client care situation to determine that
17 it meets the conditions that allow CBC delegation to occur. The RN
18 shall:

19 (I) Assess the environment, client and procedure by applying the
20 process identified in in 851-045-0060(6)(b)(D)(i) through (iv):

21 (II) Verify that the written instructions are evidenced-based,
22 appropriate to the client's level of care and knowledge base of
23 the UAP, direct the preparation, implementation, and follow up to
24 implementation of the procedure, identify the specific needs and
25 preferences of the client, signs and symptoms to observe for,
26 actions to take in response to observations, and incorporate
27 infection control practices.

28 (III) Observe and evaluate the skills, ability, and willingness of the
29 UAP in their implementation of the procedure in its entirety on
30 the client.

31 (IV) Complete the supervision and evaluation responsibilities as
32 assigned per the plan of care.

33 (V) Maintain sole responsibility for the decision to accept the
34 assignment.

35 (VI) Adhere to standards related to the RN's responsibilities for client
36 advocacy when the RN determines that the conditions that allow
37 for CBC delegation are not met. This includes the RN's initial
38 evaluation of the client care situation when accepting the
39 assignment and when fulfilling subsequent supervision and
40 evaluation responsibilities.

41 (K) The RN who is an employee of a licensed home health, home infusion or
42 hospice provider may delegate the administration of intravenous (IV)
43 maintenance procedures by the IV route to an unlicensed assistive person:

44 (i) The procedures are limited to:

45 (I) Flushing the line with routine, pre-measured flushing solutions,

46 (II) Adding premeasured and prepackaged medications,

47 (III) Changing pre-measured bags of fluid,

1 (IV) Administering premeasured and prepackaged bolus of
2 medication by using a preprogrammed delivery device. This
3 applies to any route of intravenous administration.

4 (ii) All pre-measured and prepackaged bags of fluid and doses of
5 medications must be verified by a licensed health care professional
6 whose scope of practice includes these functions.

7 (iii) A RN is designated and available on call for consultation to the UAP, is
8 available for on-site intervention 24 hours each day, and regularly
9 assesses the client's intravenous site.

10 (iv) The RN's employer has clear written policies regarding the
11 circumstances for, and supervision of, the delegated procedures.

12 (v) The insertion or removal of devices intended for intravenous infusion
13 cannot be delegated.

14 (L) The RN has the responsibility to rescind the UAP's authority to implement a
15 procedure when the RN determines that any one of the conditions for CBC
16 delegation is no longer met.

17 (i) The RN shall communicate to the health care team the change in the
18 client care situation that warrants rescinding of the UAP's delegated
19 authority to implement a procedure is rescinded.

20 (ii) The RN shall document the date and time the UAP's delegated authority
21 to implement the nursing procedure is rescinded.

22 (iii) The RN shall adhere to standards related to the RN's responsibilities for
23 client advocacy when working with the client's health care team to
24 procure appropriate care for the client.

25 (7) Standards related to the RN's responsibilities for client advocacy. The RN:

26 (a) Advocates for the client's right to receive appropriate care, including client-centered
27 care and end-of-life care, respectful of the client's needs, choices and dignity;

28 (b) Intervenes on behalf of the client to identify changes in health status, to protect,
29 promote and optimize health, and to alleviate suffering;

30 (c) Advocates for the client's right to receive appropriate and accurate information;

31 (d) Communicates client's choices, concerns and special needs to other members of the
32 healthcare team; and

33 (e) Protects the client's right to engage or decline to participate in research.

34 (8) Standards related to the RN's responsibility for collaboration with the health care team. The
35 RN shall:

36 (a) Function as a member of the health care team;

37 (b) Collaborate in the development, implementation, and evaluation of integrated plans of
38 care as appropriate to the context of care;

39 (c) Demonstrate knowledge of roles of health care team members;

40 (d) Communicate with health care team members and other relevant persons regarding
41 integrated plans of care; and

42 (e) Makes referrals in a timely manner and ensures follow-up on referrals.

43 (9) Standards related to the RN's responsibilities for the environment of care. The RN:

44 (a) Promotes and advocates for an environment conducive to safety, and

45 (b) Identifies safety and environmental concerns, takes action to address those concerns
46 and reports as needed.

47 (10) Standards related to the RN's responsibility toward technology. The RN:

48 (a) Acquires and maintains the knowledge, skills, and competency necessary to properly
49 use the informatics and technologies of the practice setting; and

1 (b) Advocates for the use of informatics and technologies that are compatible with the
2 safety, dignity, and the rights of the client.

3 ~~(3) Standards related to the Registered Nurse's responsibility for collaboration with an~~
4 ~~interdisciplinary team. The Registered Nurse:~~

5 ~~(a) Functions as a member of the healthcare team to collaborate in the development,~~
6 ~~implementation and evaluation of integrated client-centered plans of care;~~

7 ~~(b) Demonstrates knowledge of roles of members of the interdisciplinary team;~~

8 ~~(c) Communicates with other relevant personnel regarding integrated client-centered plans~~
9 ~~of care; and~~

10 ~~(d) Makes referrals as necessary and ensures follow-up on those referrals.~~

11 (114) Standards related to the Registered Nurse's RN's responsibility for leadership and quality of
12 care. The Registered Nurse RN shall:

13 (a) Be knowledgeable of quality improvement initiatives and activities within the practice
14 setting;

15 (b) Interpret and evaluate policies, protocols, and guidelines that are pertinent to nursing
16 practice and to health services delivery;

17 (c) Identify factors that affect the quality nursing service and health service delivery;

18 (d) Evaluate data to identify needed changes in practice and policy;

19 (ae) Develop and implement policies, protocols, and guidelines that are pertinent to the
20 practice of nursing and to health services delivery;

21 (f) Engage in quality improvement processes in the practice setting;

22
23 (g) Participate in the development and mentoring of new licensees, nursing colleagues,
24 students, and members of the health care team.;

25 ~~s~~~~Formulates, interprets, implements and evaluates the policies, protocols and operating~~
26 ~~guidelines related to nursing practice, and the needs of the clients served;~~

27 ~~(b) Assumes responsibility for the development and mentoring of other members of the~~
28 ~~healthcare team; and~~

29 ~~(c) When available, uses evidence to identify needed changes in practice, standards for~~
30 ~~policy development, and clinical decision-making.~~

31 ~~(5) Standards related to the Registered Nurse's responsibility for quality of care. The Registered~~
32 ~~Nurse:~~

33 ~~(a) Identifies factors that affect the quality of client care and develops quality improvement~~
34 ~~standards and processes;~~

35 ~~(b) Applies the knowledge and tools of continuous improvement in practice to improve the~~
36 ~~delivery of healthcare; and~~

37 ~~(c) Measures quality outcomes of nursing care and overall care at the individual and~~
38 ~~aggregate level.~~

39 (126) Standards related to the Registered Nurse RN's responsibility for health promotion teaching.
40 The RN shall:

41 (a) Develop and implement evidence-based teaching plans that address the client's
42 context of care, learning needs, readiness and ability to learn. This includes:

43 (A) Teaching the client on their health needs and on the management of their
44 health.

45 (B) Teaching the LPN, CNA, CMA, and UAP on the client's health needs and
46 health supports.

47 (C) Teaching a member of the client's immediate family on the client's health
48 needs and health supports.

1 (D) Teaching a member of the client's immediate family how to safely perform a
2 nursing procedure on the client.

3 (E) Teaching a UAP how to administer noninjectable medications to a client in a
4 CBC setting when the RN holds responsibility for such teaching.

5 (F) Teaching a UAP how to administer medications by the intramuscular route as
6 provided in ORS 433.800 - 433.830 Programs to Treat Allergens and
7 Hypoglycemia, as indicated.

8 (G) Teaching a UAP how to administer premeasured doses of epinephrine to
9 students as provided in ORS 339.869 Administration of Medication to
10 Students.

11 (b) Evaluate the outcome of teaching and adjust teaching strategies as indicated, and

12 (c) Refer client to another licensed healthcare professional for additional teaching as
13 needed.

14 The Registered Nurse:

15 (a) Develops and implements evidence-based health education plans that address the client's
16 context of care, learning needs, readiness, ability to learn, and culture, to achieve optimal health; and

17 (b) Evaluates the outcome of health education to determine effectiveness, adjusts teaching
18 strategies, and refers client to another licensed healthcare professional as needed.

19 (137) Standards related to the Registered Nurse's RN's responsibility for cultural
20 sensitivity/responsiveness. The Registered Nurse RN shall:

21 (a) Applies a broad knowledge and awareness of cultural differences, diversity, and

22 (b) Respond to, collaborate with clients to provide healthcare that recognizes the cultural
23 values, beliefs, and customs of the client.

24
25 (14) Standards related to RN in the role of registered nurse first assistant (RNFA) in surgery. In the
26 role of RNFA, the RN shall:

27 (a) Be under the continuous, direct, and on site supervision of the physician performing the
28 surgical procedure.

29 (b) Only function in the role of RNFA. The RN cannot concurrently function as a scrub
30 nurse or circulating nurse.

31
32
33 (8) Standards Related to Registered Nurse's responsibility to delegate and supervise the practice
34 of nursing. The Registered Nurse:

35 ;
36 (a) Delegates to other Oregon licensed nurses and Certified Nursing Assistants or
37 Medication Aides tasks of nursing that may not be within the licensee's or certificate-
38 holder's normal duties but always fall within the licensee's scope of practice or
39 certificate holder's authorized duties;

40 (b) Delegates to Unlicensed Assistive Personnel;

41 (c) Delegates only within the scope of Registered Nursing practice;

42 (d) May delegate tasks of nursing, but may not delegate the nursing process. The core
43 nursing functions of assessment, planning, evaluation and nursing judgment cannot be
44 delegated;

45 (e) Maintains responsibility, accountability and authority for teaching and delegation of
46 tasks of;

47 (f) Maintains sole responsibility, based on professional judgment, whether or not to
48 delegate a task of nursing or to rescind that delegation;

- ~~(g) Maintains the right to refuse to tasks of nursing if the Registered Nurse believes it would be unsafe to delegate or is unable to provide adequate supervision;~~
- ~~(h) Considers the training, experience and cultural competence of the delegated individual as well as facility and agency policies and procedures before delegating.~~
- ~~(i) Delegates tasks of nursing to another individual only if that individual has the necessary skills and competence to accomplish those tasks of nursing safely;~~
- ~~(j) Matches client needs with available, qualified personnel, resources and supervision;~~
- ~~(k) Communicates directions and expectations for completion of the delegated tasks of nursing;~~
- ~~(l) Supervises others to whom nursing activities are delegated and monitors performance, progress, and outcomes. Ensures documentation of the activity;~~
- ~~(m) Evaluates the effectiveness of the delegation and the outcomes of the interventions;~~
- ~~(n) Revises the plan of care as needed;~~
- ~~(o) (CBC) may provide supervision of the delegation Follows OAR 851-047-0000 through 851-047-0040 when delegating tasks of nursing in practice settings identified in those rules.~~
- ~~(p) May not delegate the insertion or removal of devices intended for intravenous infusion; and~~
- ~~(q) May not delegate administration of medications by the intravenous route, except as provided in OAR 851-047-0030.~~

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150 & 678.010

Hist.: BN 4-2008, f. & cert. ef. 6-24-08

851-045-0070

Conduct Derogatory to the Standards of Nursing **Defined**

~~A licensee~~Nurse_s, regardless of role, whose behavior fails to conform to the legal standard and accepted standards of the nursing profession, or who may adversely affect the health, safety, ~~and~~ and welfare of the public, may be found guilty of conduct derogatory to the standards of nursing. Such conduct ~~shall~~ includes, but is not limited to, ~~the following~~:

- (1) Conduct, regardless of setting, related to general fitness to practice nursing:
 - (a) Demonstrated incidents of violent, abusive, neglectful or reckless behavior; or
 - (b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.
- (2) Conduct related to achieving and maintaining clinical competency:
 - ~~(a) Performing acts beyond the authorized scope or the level of nursing for which the individual is licensed.~~
 - (a**b**) Failing to conform to the essential standards of acceptable and prevailing nursing practice. Actual injury need not be established.
 - (b) Performing acts beyond the authorized scope or the level of nursing for which the individual is licensed.
 - ~~(c) Assuming duties and responsibilities within the practice of nursing for direct client care, supervisory, managerial or consulting roles without documented preparation for the duties and responsibilities and when competency has not been established and maintained; and~~
 - ~~(d) Performing new nursing techniques or procedures without documented education specific to the technique or procedure and clinical preceptored experience to establish competency.~~

- 1 (31) Conduct related to ~~the client's~~ safety and integrity:
- 2 (ba) Failing to take action to preserve or promote a ~~the~~ client's safety based on nursing
- 3 assessment and judgment.
- 4 (eb) Failing to develop, implement, evaluate and/or ~~follow through with~~ modify the plan of
- 5 care.
- 6 ~~(c) Developing, modifying, or implementing standards of nursing which jeopardize a~~
- 7 ~~person's safety.~~
- 8 ~~(d) Failing to modify, or failing to attempt to modify the plan of care as needed based on~~
- 9 ~~nursing assessment and judgment, either directly or through proper channels.~~
- 10 (de) Assigning to a licensed nurse, CNA, CMA, or UAP persons to perform functions an
- 11 activity for which is beyond their scope of practice, beyond their list of authorized
- 12 duties, or for which they are not prepared or which are beyond their scope of
- 13 practice/s.
- 14 (e) ~~Failing to supervise those to whom an assignment has been made. scope of duties.~~
- 15 (f) Improperly delegating ~~tasks of a nursing care procedure to a unlicensed persons~~ UAP
- 16 in any setting ~~settings where a registered nurse is not regularly scheduled.~~
- 17 ~~(g) Failing to supervise persons to whom nursing tasks have been assigned.~~
- 18 (gh) Failing to ~~teach and supervise unlicensed persons~~ the UAP to whom a nursing tasks
- 19 procedure ~~has~~ ve been delegated.
- 20 (i) ~~Leaving a client care assignment during the previously agreed upon work time period~~
- 21 ~~without notifying the appropriate supervisory personnel and confirming that nursing~~
- 22 ~~care for the client(s) will be continued.~~
- 23 (hj) Leaving or failing to complete any nursing assignment, including a supervisory
- 24 assignment, without notifying the appropriate personnel and confirming that nursing
- 25 assignment responsibilities will be met.
- 26 (ik) Failing to report through proper channels information or facts known regarding the
- 27 incompetent, unethical, unsafe or illegal practice of any health care provider.
- 28 (jl) Failing to respect the dignity and rights of ~~clients~~ the client receiving nursing services,
- 29 regardless of social or economic status, age, race, religion, sex, sexual orientation,
- 30 national origin, nature of health needs, other physical attributes-, or disability.
- 31 (k) ~~Failing to report actual or suspected incidents of abuse, neglect or mistreatment.~~
- 32 (lm) ~~Engaging in or attempting to engage in sexual~~ misconduct with a client in any setting,
- 33 or in the workplace, and
- 34 (m) ~~Engaging in sexual misconduct with a client in the workplace.~~
- 35 (n) Failing to maintain professional boundaries ~~with a client.~~
- 36 (34) Conduct related to communication:
- 37 (a) ~~Failure to accurately document nursing interventions and nursing practice~~
- 38 ~~implementation.~~
- 39 (b) ~~Failure to document nursing interventions and nursing practice implementation in a~~
- 40 ~~timely manner. This includes failing to document a late entry within a reasonable time~~
- 41 ~~period.~~
- 42 (c) ~~Entering inaccurate, incomplete, falsified or altered documentation into a health record~~
- 43 ~~or agency records. This includes but is not limited to:~~
- 44 ~~(A) Documenting the provision of services that were not provided;~~
- 45 ~~(B) Failing to document information pertinent to a person's care;~~
- 46 ~~(C) Documenting someone else's charting omissions or signing someone else's~~
- 47 ~~name;~~
- 48 ~~(D) Falsifying data;~~

- 1 (E) Altering or changing words or characters within an existing document to
2 mislead the reader; or
3 (F) Adding documentation to health record or agency record without recording the
4 date and time of the event being recorded. This includes late entry
5 documentation that does not demonstrate the date and time of the initial event
6 documented, the date and time the late entry is being placed into the record,
7 and/or the signature of the licensee placing the late entry documentation to the
8 record.
9 ~~(a) Inaccurate recordkeeping in client or agency records.~~
10 ~~(b) Incomplete recordkeeping regarding client care; including, but not limited, to failure to~~
11 ~~document care given or other information important to the client's care or~~
12 ~~documentation which is inconsistent with the care given.~~
13 ~~(c) Falsifying a client or agency record or records prepared for an accrediting or~~
14 ~~credentialing entity; including, but not limited to, filling in someone else's omissions,~~
15 ~~signing someone else's name, record care not given, and fabricating data/values.~~
16 ~~(d) Altering a client or agency record or records prepared for an accrediting or~~
17 ~~credentialing entity; including, but not limited to, changing words/letters/numbers from~~
18 ~~the original document to mislead the reader of the record, adding to the record after the~~
19 ~~original time/date without indicating a late entry.~~
20 ~~(de) Destroying a client or an agency record, a client's health record, or any document -prior~~
21 ~~to the destruction date indicated for type of recorded data or document; or records~~
22 ~~prepared for an accrediting or credentialing entity.~~
23 ~~(ef) Directing another person-individual to falsify, alter or destroy client or an agency record,~~
24 ~~a client's health record, or any document s prior to the destruction date indicated for~~
25 ~~the type of recorded data or type of document; -or records prepared for an accrediting~~
26 ~~or credentialing entity.~~
27 ~~(g) Failing to maintain client records in a timely manner which accurately reflects~~
28 ~~management of client care, including failure to make a late entry within a reasonable~~
29 ~~time period.~~
30 ~~(fh) Failing to communicate information regarding the client's status to members of the~~
31 ~~health care team -(physician, nurse practitioner, nursing supervisor, nurse co-worker)~~
32 ~~in an ongoing and timely manner and as appropriate to the context of care; and~~
33 ~~(gi) Failing to communicate information regarding- the client's status to other individuals~~
34 ~~who need to know; for example, family, and facility administrator. are authorized to~~
35 ~~receive the information and have a need to know.~~
36 (5) Conduct related to ~~the client's interactions with the person's~~ family:
37 (a) Failing to respect the ~~client's family and the client's relationship with their family; rights~~
38 ~~of the client's family regardless of social or economic status, race, religion or national~~
39 ~~origin.~~
40 (b) Using ~~the one's title/position as a nurse client relationship~~ to exploit the ~~client's~~ family
41 for ~~the nurse's~~ personal gain or for any other reason;
42 (c) ~~Theft of Stealing~~ money, property, services or supplies from the family; ~~and~~
43 (d) Soliciting or borrowing money, materials or property from the family; ~~or~~
44 ~~(e) Engaging in unacceptable behavior towards or in the presence of the client's family.~~
45 ~~Such behavior includes but is not limited to using derogatory names, derogatory or~~
46 ~~threatening gestures, or profane language.~~
47 (96) Conduct related to ~~relationships~~ co-workers ~~and health care team members~~:
48 (a) ~~Engaging in v~~Violent, abusive or threatening behavior towards a co-worker; ~~or~~

- 1 ~~(b)~~ Engaging in violent, abusive, or threatening behavior that ~~which either occurs in the~~
2 presence of clients or otherwise relates to the delivery of safe ~~care to clients~~nursing
3 practice implementation.
- 4 (75) Conduct related to ~~impaired function~~ safe nursing practice:
- 5 (a) Practicing nursing when unable/unfit to perform ~~procedures~~ nursing interventions due
6 to: and/or make decisions due to
- 7 (A) Pphysical impairment as evidenced by documented deterioration of functioning
8 in the practice setting and/or by the assessment of a ~~health care provider~~LIP qualified
9 to diagnose physical condition/status; or:
- 10 (B)(b) Ppsychological or mental impairment as evidenced by documented
11 deterioration of functioning in the practice setting and/or by the assessment of a ~~health~~
12 ~~care provider~~LIP qualified to diagnose mental condition/status; and
- 13 (eb) Practicing nursing when physical or mental ability to practice is impaired by use of a
14 prescription or non-prescription drugs, alcohol or mind-altering substances; or
- 15 (ed) Using a prescription or non-prescription of drugs, alcohol or a mind-altering
16 substances to an extent or in a manner dangerous or injurious to the licensee or
17 others, or to an extent that such use impairs the ability to conduct safely the practice of
18 nursing.
- 19
- 20 (82) Conduct related to other federal or state statute/rule violations:
- 21 (a) Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or
22 regulation intended to guide the conduct of nurses or other health care providers; ;
- 23 (b) Violating the rights of privacy, confidentiality of information, or knowledge concerning
24 the client, unless required by law to disclose such ~~information~~information;
- 25 (c) Discriminating against a client on the basis of age, race, religion, gender, sexual
26 preference, national origin or disability;
- 27 (da) Abusing a ~~client~~person; ~~The definition of abuse includes, but is not limited to,~~
28 ~~intentionally causing physical or emotional harm or discomfort, striking a client,~~
29 ~~intimidating, threatening or harassing a client, wrongfully taking or appropriating money~~
30 ~~or property, or knowingly subjecting a client to distress by conveying a threat to~~
31 ~~wrongfully take or appropriate money or property in a manner that causes the client to~~
32 ~~believe the threat will be carried out.~~
- 33 (eb) Neglecting a ~~client~~person; ~~The definition of neglect includes, but is not limited to,~~
34 ~~carelessly allowing a client to be in physical discomfort or be injured.~~
- 35 (f) Failing to report actual or suspected incidents of abuse through the proper channels in
36 the work place and to the appropriate state agencies;
- 37 (ge) Failing to report actual or suspected incidents of ~~child abuse or elder~~ abuse to the
38 appropriate state agencyies.
- 39 ~~(d)~~ ~~Failing to report actual or suspected incidents of client abuse through the proper~~
40 ~~channels in the work place and to the appropriate state agencies.~~
- 41 (eh) Engaging in other unacceptable behavior towards or in the presence of ~~a client such~~
42 the recipient of nursing practice implementation. Such behavior includes but is not
43 limited to ~~as~~ using derogatory names, derogatory ~~or~~ threatening gestures, or profane
44 language; ;
- 45 (i) Soliciting or borrowing money, materials, or property from the client or their family;
- 46 (j) Possessing, obtaining, attempting to obtain, furnishing, or administering prescription or
47 controlled drugs to any person, including self, except as directed by a LIP authorized
48 by law to prescribe drugs;

- 1 (kf) Unauthorized removal or attempted removal of ~~narcotics, other~~ drugs, supplies,
2 property, or money from ~~clients anyone or from any place; , the work place, or any~~
3 ~~person.~~
- 4 (l) ~~Unauthorized removal of records, client information, or facility property from the place~~
5 ~~of work.~~
- 6 (g) ~~Soliciting or borrowing money, materials, or property from clients.~~
- 7 (mh) Using ~~one's role or title the as a nurse to defraud a person of their personal property or~~
8 ~~possessions; client relationship to exploit the client by gaining property or other items~~
9 ~~of value from the client either for personal gain or sale, beyond the compensation for~~
10 ~~nursing services.~~
- 11 (i) ~~Possessing, obtaining, attempting to obtain, furnishing, or administering prescription or~~
12 ~~controlled drugs to any person, including self, except as directed by a person~~
13 ~~authorized by law to prescribe drugs.~~
- 14 (j) ~~Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or~~
15 ~~regulation intended to guide the conduct of nurses or other health care providers.~~
- 16 (k) ~~Failing to conduct practice without discrimination on the basis of age, race, religion,~~
17 ~~sex, sexual orientation, national origin, nature of health needs, or disability or unless~~
18 ~~there is a "need to know."~~
- 19 (mn) Violating ~~a person's the~~ rights of privacy, ~~confidentiality and confidentiality~~ of
20 information, ~~or knowledge concerning the client by obtaining the~~ accessing information
21 without proper authorization ~~to do so, or without a demonstrated when there is no~~
22 ~~"need to know;:-~~
23 ~~"~~
- 24 (no) ~~Unauthorized removal of client records, client information, facility property, policies or~~
25 ~~written standards from the work place; and Unauthorized removal of records, client~~
26 ~~information, or facility property from the place of work.~~
- 27 (op) Failing to dispense or administer medications, including Methadone, in a manner
28 consistent with state and federal law;:-
- 29 (q) ~~Billing fraudulently;~~
- 30 (r) ~~Failing to release a client's health record upon receipt of release of information. This~~
31 ~~includes requests for records after closure of a practice. Records must be released~~
32 ~~within 60 days from receipt of written notice for release of records; or~~
- 33 (s) ~~Failing to properly maintain records after closure of practice or practice setting.~~
- 34 (t) ~~Failure to notify client of closure of practice and of the location of their health records.~~
- 35 (pu) ~~Failure to report to the Board the licensee's arrest for a felony crime within 10 days of~~
36 ~~the arrest; or~~
- 37 (v) ~~Failure to report to the Board the licensee's conviction of a misdemeanor or a felony~~
38 ~~crime within 10 days of the conviction.~~
- 39 (4) ~~Conduct related to achieving and maintaining clinical competency:~~
- 40 (a) ~~Performing acts beyond the authorized scope or the level of nursing for which the~~
41 ~~individual is licensed.~~
- 42 (b) ~~Failing to conform to the essential standards of acceptable and prevailing nursing~~
43 ~~practice. Actual injury need not be established.~~
- 44 (c) ~~Assuming duties and responsibilities within the practice of nursing for direct client care,~~
45 ~~supervisory, managerial or consulting roles without documented preparation for the~~
46 ~~duties and responsibilities and when competency has not been established and~~
47 ~~maintained; and~~

~~(d) Performing new nursing techniques or procedures without documented education specific to the technique or procedure and clinical preceptored experience to establish competency.~~

~~(96)~~ Conduct related to licensure or certification violations:

~~(a) Resorting to fraud, misrepresentation, or deceit during the application process for licensure or certification, while taking the examination for licensure or certification, while obtaining initial licensure or certification, or renewal of licensure or certification;~~

~~(ba) Practicing nursing without a current Oregon license or certificate;~~

~~(cb) Practicing as an Advanced Practice Registered Nurse nurse practitioner or clinical nurse specialist without a current Oregon certificate;~~

~~(de) Allowing another person to use one's nursing license or certificate for any purpose;~~

~~(ed) Using another's another licensee's nursing license or certificate for any purpose;~~

~~(e) Resorting to fraud, misrepresentation, or deceit during the application process for licensure or certification, while taking the examination for licensure or certification, while obtaining initial licensure or certification or renewal of licensure or certification.~~

(f) Impersonating any applicant or acting as a proxy for the applicant in any nurse licensure or certification examination;

(g) Disclosing the contents of the licensure or certification examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration; and

~~(h) Failing to obtain Board authorization prior to participating in a clinical practicum in Oregon for nursing students enrolled in a Non-Oregon Based Graduate Program.~~

~~(107)~~ Conduct related to the licensee's relationship with the Board:

(a) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except client-attorney privilege;

(b) Failing to answer truthfully and completely any question asked by the Board on an application for licensure, renewal of licensure, ~~or~~ during the course of an investigation, or any other question asked by the Board;

~~(ca) Failing to provide the Board with any documents requested by the Board;~~

~~(b) Failing to answer truthfully and completely any question asked by the Board on an application for licensure or during the course of an investigation or any other question asked by the Board.~~

~~(c) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except client-attorney privilege.~~

(d) Violating the terms and conditions of a Board order; or and

~~(e) Failing to comply with the terms and conditions of Nurse Monitoring Program agreements.~~

~~(10)~~ Conduct related to advanced practice nursing:

~~(a) Ordering laboratory or other diagnostic tests or treatments or therapies for one's self.~~

~~(b) Prescribing for or dispensing medications to one's self.~~

~~(c) Using self-assessment and diagnosis as the basis for the provision of care which would otherwise be provided by a client's professional caregiver.~~

~~(d) Billing fraudulently.~~

~~(e) Failing to release patient records upon receipt of request or release of information, including after closure of practice, and within a reasonable time, not to exceed 60 days from receipt of written notification from patient.~~

~~(f) Ordering unnecessary laboratory or other diagnostic test or treatments for the purpose of personal gain; and~~

~~(g) Failing to properly maintain patient records after closure of practice or practice setting.~~

1
2 Stat. Auth: ORS 678.150
3 Stats. Implemented: ORS 678.150, 678.111 & 678.390
4 Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 2-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 12-
5 2010, f. & cert. ef. 9-30-10; BN 5-2012, f. 5-7-12, cert .ef. 6-1-12
6
7

8 **851-045-0080**

9 **Criminal Conviction History/Falsification of Application Denial of Licensure; Grounds for**
10 **Discipline: Revocation of Licensure**

11 (1) ~~As of the effective date of this rule, t~~The Board will issue a Notice to Deny Licensure to an
12 applicant for initial licensure or re-licensure as a Licensed Practical Nurse or Registered
13 Nurse, following the provisions of the Administrative Procedure Act in contested case
14 hearings, to persons who have been convicted as an adult, or found responsible except for
15 mental illness, or adjudicated as a juvenile for the following crimes as set forth in Oregon law
16 or comparable law in other jurisdictions:

- 17 (a) Aggravated Murder, as in ORS 163.095 and 115;
- 18 (b) First Degree Manslaughter, as in ORS 163.118;
- 19 (c) Second Degree Manslaughter, as in ORS 163.125;
- 20 (d) First Degree Assault, as in ORS 163.185;
- 21 (e) Second Degree Assault, as in ORS 163.175;
- 22 (f) First Degree Criminal Mistreatment, as in ORS 163.205;
- 23 (g) Second Degree Criminal Mistreatment, as in ORS 163.200;
- 24 (h) First Degree Kidnapping, as in ORS 163.235;
- 25 (i) First Degree Rape, as in ORS 163.375;
- 26 (j) Second Degree Rape, as in ORS 163.365;
- 27 (k) Third Degree Rape, as in ORS 163.355;
- 28 (l) First Degree Sodomy, as in ORS 163.405;
- 29 (m) Second Degree Sodomy, as in ORS 163.395;
- 30 (n) Third Degree Sodomy, as in ORS 163.385;
- 31 (o) First Degree Unlawful Sexual Penetration, as in ORS 163.411;
- 32 (p) Second Degree Unlawful Sexual Penetration, as in ORS 163.408;
- 33 (q) First Degree Sexual Abuse, as in ORS 163.427;
- 34 (r) Second Degree Sexual Abuse, as in ORS 163.425;
- 35 (s) Contributing to the Sexual Delinquency of a Minor, as in ORS 163.435;
- 36 (t) Sexual Misconduct, as in ORS 163.445;
- 37 (u) Child Abandonment, as in ORS 165.535;

38 (2) Any individual who applies for initial licensure or re-licensure as a practical nurse or registered
39 nurse ~~from the effective date of these rules,~~ who has a history of arrests and convictions over
40 an extended period of time will be issued a Notice to Deny Licensure following the provisions
41 of the Administrative Procedure Act in contested case hearings.

42 (3) All other applicants with conviction histories, other than those listed above, including crimes
43 which are drug and alcohol related, will be considered on an individual basis. ~~The following~~
44 ~~factors will be considered by the Board:~~
45 ~~(a) Evidence of rehabilitation;~~
46 ~~(b) The length of time since the conviction to the time of application for licensure as a~~
47 ~~practical nurse or registered nurse;~~
48 ~~(c) The circumstances surrounding the commission of the crime which demonstrate that a~~
49 ~~repeat offense is not likely; and~~

~~(d) Character references.~~

- (4) ~~As of the effective date of these rules, a~~ Any individual who applies for initial licensure or re-licensure as a practical nurse or registered nurse, and supplies false or incomplete information to the Board on an application for licensure regarding the individual's criminal conviction record, will be issued a Notice to Deny Licensure under the provisions of the Administrative Procedure Act in contested case hearings.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150 & 678.111

Hist.: BN 4-2008, f. & cert. ef. 6-24-08

851-045-0090

Mandatory Reporting Defined

Duty to Report

~~(1) It is not the intent of the Board of Nursing that each and every nursing error be reported.~~

~~(2) It is not the intent of the Board of Nursing that mandatory reporting take away the disciplinary ability and responsibility from the employer of the nurse.~~

~~(3) Anyone knowing of a licensed nurse whose behavior or nursing practice fails to meet accepted standards for the level at which the nurse is licensed, shall report the nurse to the person in the work setting who has authority to institute corrective action. Anyone who has knowledge or concern that the nurse's behavior or practice presents a potential for, or actual danger to the public health, safety and welfare, shall report or cause a report to be made to the Board of Nursing. Failure of any licensed nurse to comply with this reporting requirement may in itself constitute a violation of nursing standards.~~

(1) A licensed nurse who has knowledge or concern that a licensee's behavior and/or practice fails to meet essential standards of acceptable and prevailing nursing practice and presents a potential for, or actual danger to the public health, safety and welfare, has a responsibility to make a report to the Board of Nursing.

(2) The following Licensee behavior and/or practice that shall always be reported to the Board of Nursing:

~~(a) A nurse imposter. As used here "nurse imposter" means an individual who has not attended or completed a nursing education program or who is ineligible for nursing licensure as a LPN or RN and who practices or offers to practice nursing or uses any title, abbreviation, card, or device to indicate that the individual is licensed to practice nursing in Oregon;~~

(a) A single serious occurrence for actual or potential harm to a client or the public's health, safety or welfare;

(b) A pattern of conduct derogatory to the standards of nursing as contained in the rules of the Board;

(c) A demonstrated pattern of failing to meet essential standards of acceptable and prevailing nursing practice, substandard practice, or conduct derogatory to the standards of nursing;

(d) Practicing outside the scope for which the licensee is licensed or certified;

(e) Abuse;

~~(b) Practicing nursing when the license has become void due to nonpayment of fees;~~

(f) Dismissal from employment or contractual work agreement due to unsafe practice, failing to meet essential standards of acceptable and prevailing nursing practice or conduct derogatory to the standards of nursing;

- 1 (g) Impairment as defined in ORS 676.303;
2 (h) Any other cause for discipline as defined in ORS 678.111;
3 (i) Arrest for or a conviction of a crime which relates adversely to the practice of nursing;
4 (j) Any violation of a disciplinary sanction imposed on the licensee by the Board of
5 Nursing; and
6 (k) Engaging in the practice of nursing when the license has become void due to non-
7 payment of fees;
8 ~~(e) Practicing nursing as defined in ORS 678.010 unless licensed as a registered nurse or~~
9 ~~licensed practical nurse or certified as a nurse practitioner;~~
10 ~~(d) Arrest for or conviction of a crime which relates adversely to the practice of nursing or~~
11 ~~the ability to safely practice nursing;~~
12 ~~(e) Dismissal from employment due to unsafe practice or conduct derogatory to the~~
13 ~~standards of nursing;~~
14 ~~(f) Client abuse;~~
15 ~~(g) A pattern of conduct derogatory to the standards of nursing as defined by the rules of~~
16 ~~the Board or a single serious occurrence;~~
17 ~~(h) Any violation of a disciplinary sanction imposed on the licensee by the Board of~~
18 ~~Nursing;~~
19 ~~(i) Failure of a nurse not licensed in Oregon and hired to meet a temporary staffing~~
20 ~~shortage to apply for Oregon licensure by the day the nurse is placed on staff;~~
21 ~~(j) Substance abuse as defined in ORS 678.111(e); and~~
22 ~~(k) Any other cause for discipline as defined in ORS 678.111.~~
23 (3) When a licensee's behavior or practice does not equate to that identified in section (2) of this
24 rule, but it is believed that their behavior or practice is unsafe, unethical, illegal, or does not
25 meet essential standards of acceptable and prevailing nursing practice, a licensed nurse has a
26 responsibility to make a report the licensee to the Board of Nursing based on factors including:
27 (a) Past history of the licensee's behavior or practice including a demonstrated pattern of
28 failing to meet essential standards of acceptable and prevailing nursing practice, a
29 pattern of substandard practice, errors in practice, or a pattern of conduct derogatory to
30 the standards of nursing; and/or
31 (b) The magnitude of any single occurrence for potential or actual harm to public health,
32 safety and welfare.
33 (4) The following behaviors or actions of any person shall always be reported to the Board:
34 (a) A person practicing or offering to practice nursing as defined in ORS 678.010 and not
35 licensed and/or certified under ORS 678.010 to 678.410. This includes the person
36 holding a nursing license in another state and not licensed in Oregon who is hired to
37 meet a temporary staffing shortage, and does not apply for Oregon licensure by the
38 day they are placed on staff; and
39 (b) A person who uses any title or abbreviation, sign, card, device, or advertisement to
40 indicate that practice of nursing defined in ORS 678.010 and is not licensed and/or
41 certified under ORS 678.010 to 678.410.
42 (5) A licensee who is arrested for a felony crime shall self-report the arrest to the Board within 10
43 days of the arrest.
44 (6) A licensee who is convicted of a misdemeanor or felony crime shall self-report the conviction
45 to the Board within 10 days of the conviction.
46 (7) Failure of any licensee to comply with the reporting requirements may constitute a violation of
47 nursing standards.
48

1 ~~(4)(8)~~ Any organization representing licensed nurses shall report a suspected violation of ORS
2 Chapter 678, or the rules adopted within, in the manner prescribed by sections ~~(52)~~ and ~~(36)~~ of
3 this rule.

4 ~~(5) The decision to report a suspected violation of ORS Chapter 678, or the rules adopted within,~~
5 ~~shall be based on, but not limited to, the following:~~

6 ~~(a) The past history of the licensee's performance;~~

7 ~~(b) A demonstrated pattern of substandard practice, errors in practice or conduct~~
8 ~~derogatory to the standards of nursing, despite efforts to assist the licensee to improve~~
9 ~~practice or conduct through a plan of correction; and~~

10 ~~(c) The magnitude of any single occurrence for actual or potential harm to the public~~
11 ~~health, safety and welfare.~~

12 ~~(6) The following shall always be reported to the Board of Nursing:~~

13 ~~(a) A nurse imposter. As used here "nurse imposter" means an individual who has not~~
14 ~~attended or completed a nursing education program or who is ineligible for nursing~~
15 ~~licensure as a LPN or RN and who practices or offers to practice nursing or uses any~~
16 ~~title, abbreviation, card, or device to indicate that the individual is licensed to practice~~
17 ~~nursing in Oregon;~~

18 ~~(b) Practicing nursing when the license has become void due to nonpayment of fees;~~

19 ~~(c) Practicing nursing as defined in ORS 678.010 unless licensed as a registered nurse or~~
20 ~~licensed practical nurse or certified as a nurse practitioner;~~

21 ~~(d) Arrest for or conviction of a crime which relates adversely to the practice of nursing or~~
22 ~~the ability to safely practice nursing;~~

23 ~~(e) Dismissal from employment due to unsafe practice or conduct derogatory to the~~
24 ~~standards of nursing;~~

25 ~~(f) Client abuse;~~

26 ~~(g) A pattern of conduct derogatory to the standards of nursing as defined by the rules of~~
27 ~~the Board or a single serious occurrence;~~

28 ~~(h) Any violation of a disciplinary sanction imposed on the licensee by the Board of~~
29 ~~Nursing;~~

30 ~~(i) Failure of a nurse not licensed in Oregon and hired to meet a temporary staffing~~
31 ~~shortage to apply for Oregon licensure by the day the nurse is placed on staff;~~

32 ~~(j) Substance abuse as defined in ORS 678.111(e); and~~

33 ~~(k) Any other cause for discipline as defined in ORS 678.111.~~

34
35 Stat. Auth.: ORS 678.150

36 Stats. Implemented: ORS 678.150

37 Hist.: BN 4-2008, f. & cert. ef. 6-24-08

38
39
40 **851-045-0100**

41 **Imposition of Civil Penalties**

42 (1) Imposition of a civil penalty does not preclude disciplinary sanction against the nurse's license.
43 Disciplinary sanction against the nurse's license does not preclude imposing a civil penalty.
44 Criminal conviction does not preclude imposition of a civil penalty for the same offense.

45 (2) Civil penalties may be imposed according to the following schedule:

46 (a) Practicing nursing as a Licensed Practical Nurse (LPN), Registered Nurse (RN), ~~Nurse~~
47 ~~Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA) or Clinical Nurse~~
48 ~~Specialist (CNS)Advanced Practice Registered Nurse (APRN)~~ without a current
49 license or certificate or Board required concurrent national certification; or prescribing,

- 1 dispensing, or distributing drugs without current prescription writing authority, due to
2 failure to renew and continuing to practice \$50 per day, up to \$5,000.
- 3 (b) Using a limited license to practice nursing for other than its intended purpose \$100 per
4 day.
- 5 (c) Nurses not licensed in Oregon hired to meet a temporary staffing shortage who fail to
6 make application for an Oregon license by the day placed on staff \$100 per day up to
7 \$3,000.
- 8 (d) Practicing nursing prior to obtaining an Oregon license by examination or endorsement
9 \$100 per day.
- 10 ~~(e) Nurse imposter up to \$5,000. "Nurse Imposter" means an individual who has not~~
11 ~~attended or completed a nursing education program or who is ineligible for nursing~~
12 ~~licensure or certification as a LPN, RN, NP, CRNA or CNS and who practices or offers~~
13 ~~to practice nursing or uses any title, abbreviation, card or device to indicate that the~~
14 ~~individual is so licensed or certified to practice nursing in Oregon; and~~
- 15 (e) Practicing nursing or offering to practice nursing as defined in ORS 678.010 and not
16 licensed and/or certified under ORS 678.010 to 678.410 up to \$5000.
- 17 (f) Using any title or abbreviation, sign, card, device, or advertisement to indicate the
18 practice of nursing defined in ORS 678.010 and not licensed and/or certified under
19 ORS 678.010 to 678.410 up to \$5000.
- 20 (fg) Conduct derogatory to the standards of nursing \$1,000–\$5,000. The following factors
21 will be considered in determining the dollar amount, to include, but not be limited to:
- 22 (A) Intent;
- 23 (B) Damage and/or injury to the client;
- 24 (C) History of performance in current and former employment settings;
- 25 (D) Potential danger to the public health, safety and welfare;
- 26 (E) Prior offenses or violations including prior complaints filed with the Board and
27 past disciplinary actions taken by the Board;
- 28 (F) Severity of the incident;
- 29 (G) Duration of the incident; and
- 30 (H) Economic impact on the person.
- 31 (gh) Violation of any disciplinary sanction imposed by the Board of Nursing \$1,000–\$5,000.
- 32 (hi) Conviction of a crime which relates adversely to the practice of nursing or the ability to
33 safely practice \$1,000–\$5000.
- 34 (ij) Gross incompetence in the practice of nursing \$2,500–\$5000.
- 35 (jk) Gross negligence in the practice of nursing \$2,500–\$5000.
- 36 (kl) Employing any person without a current Oregon LPN, RN or CRNA license, NP or CNS
37 certificate to function as a LPN, RN, CRNA, NP or CNS subject to the following
38 conditions:
- 39 (A) Knowingly hiring an individual in a position of a licensed nurse when the
40 individual does not have a current, valid Oregon license or certificate \$5,000; or
- 41 (B) Allowing an individual to continue practicing as a LPN, RN, NP, CRNA or CNS
42 Knowing that the individual does not have a current, valid Oregon license or
43 certificate \$5,000.
- 44 (lm) Employing a LPN, RN, NP, CRNA or CNS without a procedure in place for checking
45 the current status of that nurse's license or certificate to ensure that only those nurses
46 with a current, valid Oregon license or certificate be allowed to practice nursing \$5,000;
- 47 (mn) Supplying false information regarding conviction of a crime, discipline in another state,
48 physical or mental illness/physical handicap, or meeting the practice requirement on an

1 application for initial licensure or re-licensure, or certification or recertification \$5,000;
2 and

3 (AO) Precepting a nursing student at any level without verifying their appropriate licensure,
4 registration, or certification — \$5,000.
5

6 Stat. Auth.: ORS 678.150

7 Stats. Implemented: ORS 678.150 & 678.117

8 Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 2-2012(Temp), f. & cert. ef. 4-26-12 thru 10-1-12; BN 5-
9 2012, f. 5-7-12, cert .ef. 6-1-12, BN 9-2012, f. & cert. ef. 6-5-12; BN 11-2012, f. 7-6-12, cert. ef. 8-1-12
10
11
12

13 *The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the*
14 *Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published*
15 *version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the*
16 *Oregon Bulletin are copyrighted by the Oregon Secretary of State.*

DRAFT