



State of Oregon
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TO: All Interested Parties

FROM: Ruby R. Jason
Executive Director

DATE: October 2016

**SUBJECT: ADMINISTRATIVE RULEMAKING HEARING REGARDING THE
ADOPTION OF THE AMENDMENTS TO OAR 851-045-0030,
851-045-0035, 851-045-0040, 851-045-0050, 851-045-0060,
851-045-0070, 851-045-0080, 851-045-0090, AND 851-045-0100
(STANDARDS AND SCOPE OF PRACTICE FOR THE LICENSED
PRACTICAL NURSE AND REGISTERED NURSE)**

On Tuesday, November 15, 2016, 6:30 p.m., the Oregon State Board of Nursing will hold a hearing regarding the adoption of the proposed amendments to Chapter 851, Division 45, of the Oregon Administrative Rules regarding Administration. This hearing will be held in the conference room of the Oregon State Board of Nursing, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon.

Attached is a copy of the Notice of Proposed Rulemaking for this hearing. The Board is authorized by ORS 678.245, 678.285, and 678.111 to establish and amend such rules.

If you are unable to attend the hearing, you may submit your comments in writing by November 14, 2016 and I will see that they are incorporated into the testimony received at the hearing and considered by the Board at their November 15, 2016 meeting. Comments should be submitted to peggy.lightfoot@state.or.us.

The Board looks forward to receiving your input.

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form

FILED
10-5-16 1:58 PM
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SECRETARY OF STATE

Board of Nursing
Agency and Division
Peggy A. Lightfoot
Rules Coordinator
Board of Nursing, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224
Address

851
Administrative Rules Chapter Number
(971) 673-0638
Telephone

RULE CAPTION

To amend, adopt and repeal various rules within Chapter 851 Division 45

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
11-15-16	6:30 p.m.	17938 SW Upper Boones Ferry Road, Portland, OR 97224	Bonnie Kostelecky, Board

RULEMAKING ACTION

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

851-045-0035

AMEND:

851-045-0030, 851-045-0040, 851-045-0050, 851-045-0060, 851-045-0070, 851-045-0090, 851-045-0100

REPEAL:

851-045-0080

RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

AMEND AND RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

Statutory Authority:

ORS 678.010 - 678.448

Other Authority:

ORS 433.800 - 433.830, ORS 339.869

Statutes Implemented:

ORS 678.010 -678.138, 678.150, 678.157 - 678.164, 678.245 - 678.285

RULE SUMMARY

Provides practice setting neutral language, adopts new rule number for definition, adopts stand alone standards related to documentation, adopts standards related to licensee practice role discloser to clients, per Board directions adopts former policy language related to accepting and implementing orders for client care and treatment into rule, provides greater clarity in scope of practice standards at the registered nurse level of licensure and the licensed practical nurse level of licensure, adopts standards related to ORS 433.800 training on lifesaving treatments, adopts standards specific to ORS 678.038 for registered nurses employed by a school, per Board direction adopts former policy language related to supervision of the registered nurse practicing as first assistant in surgery, sequences order of conduct derogatory to the practice of nursing standards similar to sequenced conduct unbecoming a certified nursing assistant and conduct unbecoming a certified medication aide standards, repeals 851-0045-0080 Criminal Conviction History/Falsification of Application Denial of Licensure, Revocation of Licensure.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

11-15-2016 Close of Hearing
Last Day (m/d/yyyy) and Time
for public comment

Peggy A. Lightfoot
Rules Coordinator Name

peggy.lightfoot@state.or.us
Email Address

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT
A Notice of Proposed Rulemaking Hearing accompanies this form.

FILED
10-5-16 1:58 PM
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SECRETARY OF STATE

Board of Nursing
Agency and Division

851
Administrative Rules Chapter Number

To amend, adopt and repeal various rules within Chapter 851 Division 45

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

OAR 851-045-0030, OAR 851-045-0035, OAR 851-045-0040, OAR 851-045-0050, OAR 851-045-0060, OAR 851-045-0070, OAR 851-045-0080, OAR 851-045-0090, and OAR 851-045-0100

Statutory Authority:

ORS 678.010 - 678.448

Other Authority:

ORS 433.800 - 433.830, ORS 339.869

Statutes Implemented:

ORS 678.010 - 678.138, 678.150, 678.157 - 678.164, 678.245 - 678.285

Need for the Rule(s):

Amends Division 45 to contain practice setting neutral language, adopts new rule number for definition, adopts stand alone standards related to documentation, adopts standards related to licensee practice role disclosure to clients, adopts former policy language related to accepting and implementing orders for client care and treatment into rule, provides greater clarity in scope of practice standards at the registered nurse level of licensure and the licensed practical nurse level of licensure, adopts standards related to ORS 433.800 training on lifesaving treatments, adopts standards specific to ORS 678.038 for registered nurses employed by a school, adopts former policy language related to supervision of the registered nurse as first assistant into rule, sequences conduct derogatory to the practice of nursing standards with similar conduct unbecoming a certified nursing assistant and conduct unbecoming a certified medication aide, repeals 851-0045-0080 Criminal Conviction History/Falsification of Application Denial of Licensure, Revocation of Licensure.

Documents Relied Upon, and where they are available:

Available at Oregon Secretary of State Archives Division (2015 Editions): ORS Chapter 678 Nurses, Nursing Home Administrators; ORS Chapter 443 Disease and Condition Control; ORS Chapter 339 School Attendance; Admission; Discipline; Safety; ORS Chapter 677 Regulation of Medicine, Podiatry and Acupuncture; ORS Chapter 679 Dentists; ORS Chapter 685 Naturopaths; ORS Chapter 683 Optometrists, Opticians; ORS Chapter 684 Chiropractors, ORS Chapter 675 Physiologists, Occupational Therapists, Certified Sex Offender Therapists, Regulated Social Workers, ORS Chapter 691, ORS Chapter 688 Therapeutic and Technical Services: Physical Therapists; Medical Imaging Practitioner; ORS Chapter 689 Pharmacists; Drug Outlets; Drug , ORS Chapter 681 Hearing, Speech and Music Therapy Professionals; ORS Chapter 676 Health Professions Generally.
On file at OSBN: Retired policies Authority to Accept and Implement Orders for Client Care and Treatment (April 2013), Registered Nurses as First Assistant in Surgery (June 2013).

Fiscal and Economic Impact:

None.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

None.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:

While no data is tracked on nursing licensees who own small businesses, there is no anticipated cost of compliance.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

None.

c. Equipment, supplies, labor and increased administration required for compliance:

None.

How were small businesses involved in the development of this rule?

OSBN licensees and other public members who participated in the Draft Division 45 stakeholder meetings were small business owners.

Administrative Rule Advisory Committee consulted?: No

If not, why?:

A collaborative rule process was used to draft these rules with participation and input solicited from public members, OSBN licensees, persons representing health care organizations, provider organizations, other state agencies, collective bargaining organizations, professional nursing organizations, and from Board staff.

<u>11-15-2016 Close of Hearing</u>	<u>Peggy A. Lightfoot</u>	<u>peggy.lightfoot@state.or.us</u>
Last Day (m/d/yyyy) and Time for public comment	Printed Name	Email Address

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:~~

~~(1a) To establish acceptable levels of safe practice for the Licensed Practical Nurse (LPN) and Registered Nurse (RN);~~

~~(2b) To serve as a guide for the Board to evaluate safe and effective nursing care;~~

~~(3) To serve as a guide for the Board as well as a guide to determine when nursing practice is below the expected standard of care; and~~

~~(4e) To provide a framework for evaluation of continued competency in nursing practice.~~

~~(2) Definitions:~~

~~(a) "Assignment" means the act of directing and distributing, by a licensed nurse, and within a given work period, the work that each staff member is already authorized to perform;~~

~~(b) "Client" means individuals, families, groups, communities, organizations, and populations who are engaged in a relationship with the nurse in order to receive the services provided by the nurse's application of nursing knowledge and skill in practice;~~

~~(c) "Comprehensive Assessment" means the extensive collection and analysis of data for assessment involves, but is not limited to, the synthesis of the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, within the environment of practice for the purpose of establishing nursing diagnostic statements, and developing, implementing and evaluating a plan of care;~~

~~(d) "Context of Care" means the cumulative factors which affect the manner in which nursing care will be provided for a client. These factors may include, but are not limited to, the practice setting; the urgency of the situation; knowledge, beliefs and abilities of the client; the surrounding environment; and community and industry standards;~~

~~(e) "Delegation," except as defined in OAR 851-047-0010(7), is the process a Registered Nurse uses when authorizing a competent individual to perform a task of nursing, while retaining accountability for the outcome;~~

- 1 (f) —“Focused Assessment” means an appraisal of a client’s status and situation at hand,
2 through observation and collection of objective and subjective data. Focused
3 assessment involves identification of normal and abnormal findings, anticipation and
4 recognition of changes or potential changes in client’s health status, and may
5 contribute to a comprehensive assessment performed by the Registered Nurse;
6 (g) —“Health Education” means the development and provision of instruction and learning
7 experiences for a client, including health teaching and health counseling, using
8 evidence-based information, for the purpose of promoting wellness, preventing illness
9 or disability, maintaining or restoring health, or assisting the client to adapt to the
10 effects of illness or disability;
11 (h) —“Licensed Nurse” means all Licensed Practical Nurses and Registered Nurses licensed
12 under ORS 678.
13 (i) —“Non-Oregon Based Graduate Program” means an academic program accredited by a
14 nursing organization recognized by the United States Department of Education or the
15 Council of Higher Education Accreditation that offers a graduate degree or graduate
16 level certificate to qualified students for licensure as an advanced practice nurse
17 (Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Nurse Practitioner)
18 and does not have a physical location in Oregon;
19 (j) —“Nursing Diagnostic Statements” means the nursing diagnoses or reasoned
20 conclusions which are developed as a result of nursing assessment. They describe a
21 client’s actual or potential health problems which are amenable to resolution by means
22 of nursing strategies, interventions or actions;
23 (k) —“Nursing Interventions” means actions deliberately designed, selected and performed
24 to implement the plan of care;
25 (l) —“Nursing orders” means directives for specific nursing interventions initiated by the
26 Registered Nurse which are intended to produce the desired outcome or objective, as
27 defined in the plan of care;
28 (m) —“Nursing process” means the systematic problem solving method licensed nurses use
29 when they provide nursing care. The nursing process includes assessing, making
30 nursing diagnoses, planning, intervening, and evaluating. The steps of the nursing
31 process are interrelated and together form the basis for the practice of nursing;
32 (n) —“Oregon Based Graduate Program” means an academic program accredited by a
33 nursing organization recognized by the United States Department of Education or the
34 Council of Higher Education Accreditation that offers a graduate degree or graduate
35 level certificate to qualified students and has a physical location in Oregon which
36 provides clinical experiences designated for licensure requirements as an advanced
37 practice nurse (Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Nurse
38 Practitioner);
39 (o) —“Person-centered Care” means the collaboration with an individual person regarding
40 his or her health care in a manner that is considerate and respectful of the specific
41 wishes and needs of that person;
42 (p) —“Plan of Care” means the written guidelines developed to identify specific needs of the
43 client and intervention/regimen to assist clients to achieve optimal health potential.
44 Developing the plan of care includes establishing client and nursing goals and
45 determining nursing interventions to meet care objectives;
46 (q) —“Professional Boundaries” means the limits that allow for safe and therapeutic
47 connections between the nurse and the client;

- 1 (r) ~~“Supervision” means the provision of guidance, direction, oversight, evaluation and~~
2 ~~follow-up by a licensed nurse for the accomplishment of nursing tasks and activities by~~
3 ~~other nurses and nursing assistive personnel;~~
4 (s) ~~“Tasks of Nursing” means those procedures normally performed by nurses when~~
5 ~~implementing the nursing plan of care; and~~
6 (t) ~~“Unlicensed Assistive Personnel” means individuals who are not licensed to practice~~
7 ~~nursing, medicine or any other health occupation requiring a license in Oregon, but~~
8 ~~who may carry out delegated tasks of nursing. For the purpose of these rules, Certified~~
9 ~~Nursing Assistants and Certified Medication Aides are not considered unlicensed~~
10 ~~assistive personnel.~~

11
12 Stat. Auth.: ORS 678.150

13 Stats. Implemented: ORS 678.150 & 678.010

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

15
16
17 **851-045-0035**

18 **Definitions**

- 19 (1) “Assign” means directing and distributing, within a given work period, the work that each staff
20 member is already authorized to perform.
21 (2) “Board” means the Oregon State Board of Nursing.
22 (3) “Client” means an individual, person, family, group, community, organization population, or a
23 student cohort who is engaged in a professional relationship with a licensee.
24 (4) “Clinical Supervision” means the RN’s provision of guidance, direction, oversight and
25 evaluation of another RN, an LPN, Certified Nursing Assistant (CNA), Certified Medication
26 Aide (CMA), or unlicensed assistive person (UAP) in their implementation of the plan of care.
27 (5) “Community-Based Setting” means a setting where federal law or state law does not require
28 the presence of licensed nursing personnel 24-hours a day. These settings include private
29 homes, congregate housing, home-like settings, schools, and those settings identified in ORS
30 678.150(8).
31 (6) “Competency” or competence means demonstrating specified levels of knowledge, technical
32 skill, ethical principle, and clinical reasoning which are relevant to the practice role, prevailing
33 standards, and client safety.
34 (7) “Comprehensive Assessment” means the collection, in-depth analysis and synthesis of client
35 data performed by the RN.
36 (8) “Context of Care” means the variables that guide a licensee’s nursing service delivery and
37 include, but are not limited to, the practice setting, the licensee’s role within the setting, the
38 regulations governing the setting, the policies and procedures of the setting, specialty nursing
39 practice standards applicable to the nursing activity, and the ability of the client to engage in
40 their own care.
41 (9) “Delegation Process” means the process an RN uses to authorize an unlicensed assistive
42 person to perform a nursing procedure for a client while retaining accountability for the
43 outcome.
44 (10) “Ethical Practice” means nursing practice consistent with the ethics of the profession of
45 nursing.
46 (11) “Focused Assessment” means for the purpose of these rules, the collection and appraisal of
47 data related to the client’s health status performed by the LPN that occurs as assigned to the
48 LPN by the RN or by the licensed independent practitioner who is providing clinical direction
49 and supervision of the LPN.

- 1 (12) "Focused Plan of Care" means the outline authored by the LPN, at the direction of the RN or
2 licensed independent practitioner, that identifies client risk, identifies a measurable client
3 outcome, and identified nursing interventions designed to mitigate the risk.
- 4 (13) "Health Care Team" means those working with the client to achieve the client's identified
5 outcomes. The composition of the health care team is appropriate to the context of care,
6 includes the client, can be multidisciplinary, and is not limited to licensed health professionals.
- 7 (14) "Impaired Function" means the inability to practice nursing with professional skill and safety.
- 8 (15) "Individual Scope of Practice" means an individual licensee's demonstrated competency
9 developed and maintained through practice experience and through engagement in
10 independent and formal learning experiences, which occurs within the boundaries of nursing
11 practice allowed by statute.
- 12 (16) "Licensed Independent Practitioner" means a health care professional who is authorized by
13 Oregon statute to independently diagnose and treat.
- 14 (17) "Licensee" means the RN, RN Emeritus, LPN, LPN Emeritus, and advanced practice
15 registered nurse (APRN) as licensed under ORS 678.
- 16 (18) "Noninjectable Medication" means a medication that is not administered by injection.
- 17 (19) "Nursing Intervention" means an action deliberately designed, selected and performed to
18 implement the plan of care.
- 19 (20) "Nursing Judgment" means the intellectual process the nurse exercises in forming an opinion
20 and reaching a clinical decision based on analysis of evidence or data.
- 21 (21) "Nursing Procedure" means a health-related procedure that is commonly taught in nursing
22 education programs and normally performed by an RN or LPN when implementing the nursing
23 plan of care.
- 24 (22) "Nursing Process" means the critical thinking model use at the RN level of practice that
25 integrates the singular and concurrent actions of assessment, identification of client risks,
26 identification of expected outcomes, planning, implementation, and evaluation.
- 27 (23) "Plan of Care" means the comprehensive outline authored by the RN that communicates the
28 client's identified risk(s), identifies measurable client outcomes, and identifies nursing
29 interventions chosen to mitigate the client's identified risk(s).
- 30 (24) "Professional Boundaries" means nurse and client therapeutic relationship limitations that
31 guide appropriate and professional interactions. Professional boundaries are established
32 under the scope of one's license to practice nursing, are applicable in and outside of the
33 practice setting, and protect the space between the licensee's power, the client, and the
34 client's vulnerability.
- 35 (25) "Reasoned Conclusion" means the RN's identification of prioritized client risk through the
36 application of scientific evidence, clinical experience, and nursing knowledge to
37 comprehensive assessment data. Reasoned conclusions are also known as nursing
38 diagnostic statements.
- 39 (26) "Self-Regulate" means the licensee's personal responsibility and accountability for adhering to
40 legal, ethical, professional practice, and performance standards.
- 41 (27) "Teaching" means the development and provision of instruction and learning experiences for
42 the purpose of promoting wellness, preventing illness or disability, maintaining or restoring
43 health, or assisting a client to adapt to the effects of illness or disability.
- 44 (28) "Unlicensed Assistive Person (UAP)" means a person who holds a job, position, or role within
45 the client health care team where the individual is not required to be licensed or certified by a
46 state of Oregon health-related licensing body. This may include, but is not limited to the lay
47 care provider, direct care staff, traditional health worker, medical assistant, volunteer, or
48 technician.
- 49

1 **851-045-0040**

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

- 3 (1) Standards related to the licensee's responsibility for safe nursing practice. The licensee shall:
4 (a) Practice within the laws and rules governing the practice of nursing at the level the nurse
5 is licensed.
6 (b) Ensure competency in the cognitive and technical aspects of a nursing intervention or a
7 nursing procedure prior to its performance.
8 (c) Self-regulate one's professional practice by:
9 (A) Adhering to professional practice and performance standards,
10 (B) Practicing within the context of care, and
11 (C) Removing one's self from practice when unable to practice with professional skill
12 and safety.
13 (d) Establish, communicate, and maintain professional boundaries.
14 (2) Standards related to the licensee's responsibility for licensure and practice role disclosure. The
15 licensee shall disclose licensure type and practice role to the client unless the disclosure creates
16 a safety or health risk for either the licensee or the client.
17 ~~(34) Standards related to the licensed nurse's licensee's responsibilities toward nursing regarding~~
18 ~~technology. The licensee nurse shall:~~
19 ~~(a) Acquires and maintains the competencies necessary to properly use the informatics and~~
20 ~~technologies of the knowledge, skills and abilities for informatics and technologies used~~
21 ~~in nursing practice settings; and~~
22 ~~(b) Advocate for the Promotes the selection and use of informatics and technologies that~~
23 ~~are compatible with the safety, dignity, and rights of the client.~~
24 (4) Standards related to the licensee's responsibility for documentation of nursing practice. The
25 licensee shall document nursing practice implementation in a timely, accurate, thorough, and
26 clear manner.
27 ~~(1) Standards related to the licensed nurse's responsibilities for client advocacy. The licensed~~
28 ~~nurse:~~
29 ~~(a) Advocates for the client's right to receive appropriate care, including person-centered~~
30 ~~care and end-of-life care, considerate of the client's needs, choices and dignity;~~
31 ~~(b) Intervenes on behalf of the client to identify changes in health status, to protect, promote~~
32 ~~and optimize health, and to alleviate suffering;~~
33 ~~(c) Advocates for the client's right to receive appropriate and accurate information;~~
34 ~~(d) Communicates client's choices, concerns and special needs to other members of the~~
35 ~~healthcare team; and~~
36 ~~(e) Protects clients' rights to engage in or refuse to engage in research.~~
37 ~~(2) Standards related to the licensed nurse's responsibilities for the environment of care. The~~
38 ~~licensed nurse:~~
39 ~~(a) Promotes an environment conducive to safety and comfort for all levels of care, including~~
40 ~~self-care and end-of-life care; and~~
41 ~~(b) Identifies client safety and environment concerns; takes action to correct those concerns~~
42 ~~and report as needed.~~
43 ~~(3) Standards related to the licensed nurse's responsibilities for ethics, including professional~~
44 ~~accountability and competence. The licensed nurse:~~
45 ~~(a) Has knowledge of the statutes and regulations governing nursing, and practices within~~
46 ~~the legal boundaries of licensed nursing practice;~~
47 ~~(b) Accepts responsibility for individual nursing actions and maintains competence in one's~~
48 ~~area of practice;~~
49 ~~(c) Obtains instruction and supervision as necessary when implementing nursing practices;~~

- 1 ~~(d) — Accepts only nursing assignments for which one is educationally prepared and has the~~
- 2 ~~current knowledge, skills and ability to safely perform.~~
- 3 ~~(e) — Accepts responsibility for notifying the employer of an ethical objection to the provision~~
- 4 ~~of specific nursing care or treatment.~~
- 5 ~~(f) — Maintains documentation of the method by which competency was gained, and evidence~~
- 6 ~~that it has been maintained.~~
- 7 ~~(g) — Ensures unsafe nursing practices are reported to the Board of Nursing and unsafe~~
- 8 ~~practice conditions to the appropriate regulatory agency(s);~~
- 9 ~~(h) — Retains professional accountability when accepting, assigning, or supervising nursing~~
- 10 ~~care and interventions;~~
- 11 ~~(i) — Demonstrates honesty and integrity in nursing practice;~~
- 12 ~~(j) — Promotes and preserves clients' autonomy, dignity and rights in a nonjudgmental,~~
- 13 ~~nondiscriminatory manner that recognizes client diversity;~~
- 14 ~~(k) — Maintains appropriate professional boundaries; and~~
- 15 ~~(l) — Protects confidential client information, and uses judgment in sharing this information in~~
- 16 ~~a manner that is consistent with current law.~~
- 17 ~~(5) — Standards related to the licensed nurse's responsibility to assign and supervise care. The~~
- 18 ~~licensed nurse:~~
- 19 ~~(a) — Assigns to another person, tasks of nursing that fall within the nursing scope of practice~~
- 20 ~~and/or the work that each staff member is already authorized to perform;~~
- 21 ~~(b) — Supervises others to whom nursing activities are assigned by monitoring performance,~~
- 22 ~~progress, and outcomes.~~
- 23 ~~(c) — Ensures documentation of the activity;~~
- 24 ~~(d) — Matches client needs with available, qualified personnel, resources and supervision;~~
- 25 ~~(e) — Provides follow up on problems and intervenes when needed;~~
- 26 ~~(f) — Evaluates the effectiveness of the assignment and the outcomes of the interventions;~~
- 27 ~~and~~
- 28 ~~(g) — Revises or recommends changes to the plan of care as needed.~~
- 29 ~~(56) Standards related to the licensed nurse's licensee's responsibility to accept and implement~~
- 30 ~~orders for client care and treatment. The licensed nurse:~~
- 31 ~~(a) The licensee may accept and implement orders for client care from a licensed~~
- 32 ~~independent practitioner (LIP) health care professionals who are authorized by Oregon~~
- 33 ~~statute to independently diagnose and treat;~~
- 34 ~~(A) Clinical Nurse Specialist licensed under ORS 678,~~
- 35 ~~(B) Certified Registered Nurse Anesthetist licensed under ORS 678,~~
- 36 ~~(C) Nurse Practitioner licensed under ORS 678,~~
- 37 ~~(D) Medical Doctor (MD) licensed under ORS 677,~~
- 38 ~~(E) Doctor of Osteopathic Medicine (DO) licensed under ORS 677,~~
- 39 ~~(F) Doctor of Podiatric Medicine licensed under ORS 677,~~
- 40 ~~(G) Dentist licensed under ORS 679,~~
- 41 ~~(H) Naturopathic Physician licensed under ORS 685,~~
- 42 ~~(I) Optometrist licensed under ORS 683,~~
- 43 ~~(J) Chiropractor Physician licensed under ORS 684,~~
- 44 ~~(K) MD Volunteer Emeritus License licensed under ORS 677, and~~
- 45 ~~(L) DO Volunteer Emeritus License licensed under ORS 677.~~
- 46 ~~(b) — May accept and implement recommendations for care in collaboration with other health~~
- 47 ~~care professionals;~~
- 48 ~~(c) — May accept and implement orders for client care and treatment from Certified Registered~~
- 49 ~~Nurse Anesthetists licensed under ORS 678. These orders may be accepted in~~

- 1 ambulatory surgical centers, and in hospital settings, as long as independent Certified
2 Registered Nurse Anesthetists practice is consistent with hospital bylaws;
- 3 (be) May accept and implement orders for client care and treatment from a Physician
4 Assistants licensed under ORS 677, provided that the name of the supervising or agent
5 physician is recorded with the order, in the narrative notes, or by a method specified by
6 the health care facility. At all times the supervising or agent physician must be available
7 to the licensed nurse for direct communication;
- 8 (ce) Prior to implementation of ~~the~~ an order, the licensee:
9 (A) ~~or recommendation, m~~Must have knowledge that the order or recommendation
10 is within the LIP's or PA's health care professional's scope of practice and determine that
11 the order or recommendation is consistent with the overall plan for the client's care; and
12 (Bf) ~~Has the authority and responsibility~~ Shall to question any order or
13 recommendation which that is not clear, perceived determined to be unsafe,
14 contraindicated for the client, or is inconsistent with the overall plan of for the client's
15 care.
- 16 (d) The licensee may accept and implement recommendations for care from the following
17 health care professionals licensed in Oregon:
18 (A) Acupuncturist licensed under ORS 677,
19 (B) Dietician licensed under ORS 691,
20 (C) Occupational Therapist licensed under ORS 675,
21 (D) Physical Therapist licensed under ORS 688,
22 (E) Pharmacist licensed under ORS 689,
23 (F) Psychologist licensed under ORS 675,
24 (G) Registered Nurse licensed under ORS 678,
25 (H) Respiratory Therapist licensed under ORS 688,
26 (I) Social Worker licensed under ORS 675, and
27 (J) Speech Therapist licensed under ORS 681.
- 28 (e) Prior to implementation of a recommendation, the licensee must have knowledge that
29 the recommendation is within the health care professional's scope of practice and
30 determine that the recommendation is consistent with the overall plan for the client's
31 care.
- 32 (f) When the licensee has determined that an order or a recommendation is not clear,
33 unsafe, contraindicated for the client, or inconsistent with the overall plan for the client's
34 care, the licensee has the responsibility to decline implementation and contact the health
35 care professional making the order or recommendation.

37 Stat. Auth.: ORS 678.150

38 Stats. Implemented: ORS 678.150 & 678.010

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

40
41
42 **851-045-0050**

43 **Scope of Practice Standards for Licensed Practical Nurses**

- 44 (1) The Board recognizes that the LPN has a supervised practice that occurs at the clinical direction
45 and under the clinical supervision of the RN, or at the clinical direction and under the clinical
46 supervision of the licensed independent practitioner (LIP) who has authority to make changes
47 in the plan of care, and scope of practice for the licensed practical nurse encompasses a variety
48 of roles, including, but not limited to:
49 (a) Provision of client care;

- 1 (b) Supervision of others in the provision of care;
2 (c) Participation in the development and implementation of health care policy;
3 (d) Participation in nursing research; and
4 (e) Teaching health care providers and prospective health care providers.
- 5 (2) Standards related to the LPN's responsibility for ethical practice, accountability for services
6 provided, and competency. The LPN shall:
- 7 (a) Base LPN practice on current nursing science, other sciences, and the humanities;
8 (b) Be knowledgeable of the statutes and regulations governing LPN practice and practice
9 within those legal boundaries;
10 (c) Be knowledgeable of the professional nursing practice standards applicable to LPN
11 practice and adhere to those standards;
12 (d) Demonstrate honesty, integrity and professionalism in the practice of licensed practical
13 nursing;
14 (e) Be accountable for individual LPN actions;
15 (f) Maintain competency in one's LPN practice role;
16 (g) Maintain documentation of the method competency was acquired and maintained;
17 (h) Accept only LPN assignments that are within one's individual scope of practice;
18 (i) Recognize and respect a client's autonomy, dignity and choice;
19 (j) Accept responsibility for notifying employer of an ethical objection to the provision of a
20 specific nursing intervention;
21 (k) Ensure unsafe nursing practice is addressed immediately;
22 (l) Ensure unsafe practice and unsafe practice conditions are reported to the appropriate
23 regulatory agency; and
24 (m) Protect confidential client information and only share information in a manner that is
25 consistent with current law.
- 26 (32) Standards related to the Licensed Practical Nurse LPN's responsibility for nursing practice,
27 implementation. Under the clinical direction of the RN or other licensed provider who has the
28 authority to make changes in the plan of care, and aApplying practical nursing knowledge, and
29 at the clinical direction and under the clinical supervision of the RN or LIP who has the authority
30 to make changes in the plan of care, the LPN drawn from the biological, psychological, social,
31 sexual, economic, cultural and spiritual aspects of the client's condition or needs, the Licensed
32 Practical Nurse shall:
- 33 (a) Conduct and document initial and ongoing focused nursing assessments of the health
34 status of clients by:
- 35 (A) Collecting objective and subjective data from by observations, examinations,
36 interviews, and written records in an accurate and timely manner as appropriate
37 to the client's health care needs and context of care;
- 38 (B) Validating data by utilizing available resources, including interactions with the
39 client and health team members.
- 40 (CB) Distinguishing abnormal from normal data, sorting, selecting, recording, and
41 reporting the data discrepancies to the supervising RN or supervising LIP;
- 42 (DG) Detecting Identifying potentially inaccurate, incomplete or missing client
43 information data and reporting as needed;
- 44 (ED) Recognizing signs and symptoms of deviation from current health. Anticipating
45 and recognizing changes or potential changes in client status; Identifying signs
46 and symptoms of deviation from current health status; and
- 47 (E) Validating data by utilizing available resources, including interactions with the
48 client and health team members.
- 49 (F) Evaluating data to identify risks presented by the client.

- 1
2 (b) ~~Select reasoned conclusions that communicate prioritized client risk, nursing diagnostic~~
3 ~~statements and/or reasoned conclusions, from available resources, which serve as the~~
4 ~~basis for the plan or program of care.~~
- 5 (c) ~~Contributes to the development of a comprehensive plan of nursing care or, and~~
6 ~~develops a focused plans of nursing care. This includes:~~
- 7 (A) ~~Identifying priorities in the plan of care;~~
8 (B) ~~Setting realistic and measurable goals to implement the plan of care outcomes~~
9 ~~in collaboration with the client and the healthcare team; and~~
- 10 (C) ~~Selecting appropriate nursing interventions as established by the RN or~~
11 ~~consistent with the LIP's plan of care and strategies;~~
- 12 (d) ~~Implement the plan of care by:~~
- 13 ~~(A) Implementing treatments and therapy, appropriate to the context of care,~~
14 ~~including, but not limited to, medication administration, nursing activities, nursing,~~
15 ~~medical and interdisciplinary orders; health teaching and health counseling; and~~
- 16 ~~(B) Documenting nursing interventions and responses to care in an accurate, timely,~~
17 ~~thorough, and clear manner;~~
- 18 (e) ~~Evaluating client responses to nursing interventions, and progress toward desired~~
19 ~~measurable outcomes.~~
- 20 ~~(A) Outcome data shall be used as a basis for reassessing the plan of care and modifying~~
21 ~~nursing interventions; and~~
- 22 ~~(B) Outcome data shall be collected, documented and communicated such to appropriate~~
23 ~~members of the health care team.~~
- 24 (4) ~~Standards related to the LPN's responsibility to assign and supervise care. At the clinical~~
25 ~~direction and under the clinical supervision of the RN or LIP, the LPN:~~
- 26 (a) ~~May assign to an LPN, nursing interventions that fall within LPN scope of practice and~~
27 ~~that the licensee receiving the assignment has the competencies to perform safely;~~
- 28 (b) ~~May assign to the CNA and CMA the duties identified within Chapter 851 and Division~~
29 ~~63 and that the certificate holder has the competencies to perform safely;~~
- 30 (c) ~~May assign to the UAP work the UAP is authorized to perform within the practice setting~~
31 ~~and that the UAP has the competencies to perform safely;~~
- 32 (d) ~~Shall ensure the assignment matches client service need;~~
- 33 (e) ~~Shall provide clinical supervision of the LPN, CNA, CMA, and UAP to whom an~~
34 ~~assignment has been made.~~
- 35 (A) ~~Provides supervision per the context of care;~~
- 36 (B) ~~Ensures documentation of supervision activities occurs per the context of the~~
37 ~~assignment;~~
- 38 (C) ~~Evaluates the effectiveness of the assignment; and~~
- 39 (D) ~~Reports effectiveness of assignment to the supervising RN or supervising LIP.~~
- 40 (f) ~~Shall revise the assignment as directed by the supervising RN or supervising LIP.~~
- 41 (g) ~~Prior to making an assignment, the LPN is responsible to know which duties, activities,~~
42 ~~or procedures the recipient of the assignment is authorized to perform within the setting.~~
- 43 (5) ~~Standards related to the LPN's responsibility for client advocacy. The LPN shall:~~
- 44 (a) ~~Advocate for the client's right to receive appropriate care, including client-centered care~~
45 ~~and end-of-life care, respectful of the client's needs, choices and dignity;~~
- 46 (b) ~~Intervene on behalf of the client to identify changes in health status, to protect, promote~~
47 ~~and optimize health, and to alleviate suffering.~~
- 48 (c) ~~Advocate for the client's right to receive appropriate and accurate information;~~

- 1 (d) Communicate client's choices, concerns and special needs to the supervising RN or
2 supervising LIP and to other members of the healthcare team; and
3 (e) Protect the client's right to participate or decline to participate in research.
4 (63) Standards related to the Licensed Practical Nurse LPN's responsibility for collaboration with the
5 health care interdisciplinary team. The Licensed Practical Nurse LPN shall:
6 (a) Functions as a member of the health care team; to
7 (b) Collaborate in the development, implementation and evaluation of an integrated client-
8 centered plans of care appropriate to the context of care;
9 (c) Demonstrates a knowledge of health care roles of members of the interdisciplinary team
10 members' roles;
11 (d) Communicates with the supervising RN or supervising LIP and registered nurse and/or
12 other relevant personnel health care team members regarding integrated client-centered
13 the plans of care; and
14 (e) Makes referrals as directed in a timely manner and follow up on referrals made.
15 necessary;
16 (7) Standards related to the LPN's responsibility for the environment of care. The LPN shall:
17 (a) Promote and advocate for an environment conducive to safety; and
18 (b) Identify safety and environmental concerns, take action to address those concerns, and
19 report to the supervising RN or supervising LIP.
20 (84) Standards related to the Licensed Practical Nurse LPN's responsibility for leadership. The
21 Licensed Practical Nurse:
22 (a) Contributes to the formulation, interpretation, implementation and evaluation of the
23 policies, protocols and operating guidelines related to nursing practice, and to the needs
24 of the clients served;
25 (b) Assists with the development and mentoring of other members of the healthcare team;
26 and
27 (c) Identifies changes in clients and changes in the practice environment that require change
28 in policy and/or protocol.
29 (5) Standards related to the Licensed Practical Nurse's responsibility for and quality of care. The
30 Licensed Practical Nurse LPN shall:
31 (a) Identifies factors that affect the quality of client care and contributes to the development
32 of quality improvement standards and processes nursing service delivery and report to
33 the supervising RN or LIP;-
34 (b) Implement policies, protocols, and guidelines that are pertinent to nursing service
35 delivery;
36 (c) Contributes to development and implementation of policies, protocols, and guidelines
37 that are pertinent to the practice of nursing and to health services delivery; the collection
38 of data related to the quality of nursing care; and
39 (d) Participate in quality improvement initiatives and activities within the practice setting;
40 (e) Participate in the development and mentoring of new licensees, nursing colleagues,
41 students, and members of the health care team.
42 (c) Participates in the measurement of outcomes of nursing care and overall care at the
43 individual and aggregate level.
44 (96) Standards related to the Licensed Practical Nurse LPN's responsibility for health promotion and
45 teaching. At the clinical direction and under the clinical supervision of the RN or LIP, the LPN
46 shall participate in the development, implementation and evaluation of teaching plans
47 appropriate to the context of care, that address the learner's learning needs, readiness to learn,
48 and ability to learn.
49 The Licensed Practical Nurse:

1 (a) ~~Selects or implements evidence-based health education plans that address the client's~~
2 ~~context of care, culture, learning needs, readiness and ability to learn, in order to achieve~~
3 ~~optimal health; and~~

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

6 (107) ~~Standards related to the Licensed Practical Nurse LPN's responsibility for cultural~~
7 ~~responsivenessensitivity. The Licensed Practical Nurse LPN shall:~~

8 (a) ~~Apply~~ a basic knowledge of cultural diversity, and

9 (b) Recognize and respect the differences to collaborate with clients to provide healthcare
10 that recognizes cultural values, beliefs, and customs of the client.

11 Stat. Auth.: ORS 678.150

12 Stats. Implemented: ORS 678.150 & 678.010

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

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17 **851-045-0060**

18 **Scope of Practice Standards for Registered Nurses**

19 (1) The Board recognizes that the scope of practice for the ~~registered nurse RN~~ encompasses a
20 variety of roles, including, but not limited to:

21 (a) Provision of client care;

22 (b) Clinical direction and clinical supervision of others in the provision of care;

23 (c) Development and implementation of health care policy;

24 (d) Consultation in the practice of nursing;

25 (e) Nursing administration;

26 (f) Nursing education;

27 (g) Case management;

28 (h) Nursing research;

29 (i) Teaching health care providers and prospective health care providers; and

30 (j) ~~Specialization in advanced practice.~~

31 (jk) Nursing Informatics; and

32 (k) Specialization as an advanced practice registered nurse;

33 (2) Standards related to the RN's responsibility for ethical practice, accountability for services
34 provided, and competency. The RN shall:

35 (a) Base RN practice on current and evolving nursing science, other sciences, and the
36 humanities;

37 (b) Be knowledgeable of the professional nursing practice and performance standards and
38 adhere to those standards;

39 (c) Be knowledgeable of the statutes and regulations governing RN practice and practice
40 within those legal boundaries;

41 (d) Demonstrate honesty, integrity and professionalism in the practice of registered nursing;

42 (e) Be accountable for individual RN actions;

43 (f) Maintain competency in one's RN practice role;

44 (g) Maintain documentation of the method that competency was acquired and maintained;

45 (h) Accept only RN assignments that are within one's individual scope of practice;

46 (i) Recognize and respect a client's autonomy, dignity and choice;

47 (j) Accept responsibility for notifying employer of an ethical objection to the provision of a
48 specific nursing intervention;

49 (k) Ensure unsafe nursing practices are addressed immediately;

1 (l) Ensure unsafe practice and practice conditions are reported to the appropriate regulatory
2 agency; and

3 (m) Protect confidential client information and only share information in a manner that is
4 consistent with current law.

5 (32) Standards related to the Registered Nurse RN's responsibility for nursing practice
6 implementation. Through the application of scientific evidence, practice experience, and nursing
7 judgment Applying nursing knowledge, critical thinking and clinical judgment effectively in the
8 synthesis of biological, psychological, social, sexual, economic, cultural and spiritual aspects of
9 the client's condition or needs, the Registered Nurse RN shall:

10 (a) Conduct and document initial and ongoing comprehensive assessments and focused
11 nursing assessments of the health status of clients by:

12 (A) Collecting objective and subjective data from observations, examinations,
13 interviews, and written records in an accurate and timely manner as appropriate
14 to the client's health care needs and context of care;

15 (B) Validating data by utilizing available resources, including interactions with the
16 client, with health care team members, and by accessing scientific literature.

17 (C) Distinguishing abnormal from normal data, sorting, selecting, recording,
18 analyzing evaluating, synthesizing and reporting communicating the data;

19 (D) Detecting Identifying potentially inaccurate, incomplete or missing client
20 information data and reporting data discrepancies as appropriate for the context
21 of care as needed;

22 (E) Anticipating and recognizing signs and symptoms of deviation from changes or
23 potential changes in client status; Identifying signs and symptoms of deviation
24 from current health status; and

25 (F) Anticipating changes in client status; and

26 (G) Evaluating the data to identify risks presented by the client.

27 (E) Validating data by utilizing available resources, including interactions with the
28 client and health team members.

29 (b) Develop Establish and document nursing diagnostic statements and/or reasoned
30 conclusions which serve as the basis for the plan or program of care that identify
31 prioritized client risk.

32 (c) Develop and coordinate a client-centered comprehensive and/or focused plan of nursing
33 care based on analysis of the client's risks that: This includes:

34 (A) Identifying Establishes priorities in the plan of care;

35 (B) Setting realistic and identifies measurable outcomes goals to implement the plan
36 of care in collaboration with the client and the healthcare team; and

37 (C) Includes nursing interventions to address each identified diagnostic statement or
38 reasoned conclusion. Developing nursing orders and identifying nursing
39 strategies, interventions and actions;

40 (d) Implement the plan of care by:

41 (A) Implementing treatments and therapy, appropriate to the context of care,
42 including emergency measures, interpretation of medical orders, medication
43 administration, independent nursing activities, nursing, medical and
44 interdisciplinary orders, health teaching and health counseling; and

45 (B) Documenting nursing interventions and responses to care in an accurate, timely,
46 thorough, and clear manner.

47 (e) Evaluating client responses to nursing interventions and progress toward identified
48 desired outcomes.

- 1 ~~(A) Outcome data shall be used as a basis for reassessing the plan of care and~~
2 ~~modifying nursing interventions; and~~
3 ~~(B) Outcome data shall be collected, documented and communicated to appropriate~~
4 ~~members of the healthcare team.~~
5 (f) Update and modify the plan of care based on ongoing client assessment and evaluation
6 of data.
7 (4) Standards related to the RN's responsibility to assign and supervise care.
8 (a) The RN may assign to the RN, nursing interventions that fall with RN scope of practice
9 and that the licensee receiving the assignment has the competencies to perform safely;
10 (b) The RN may assign to the LPN, nursing interventions that fall with LPN scope of practice
11 and that the licensee receiving the assignment has the competencies to perform safely;
12 (c) The RN may assign to the CNA and CMA authorized duties identified within Chapter 851
13 Division 63 and that the certificate holder has the competencies to perform safely;
14 (d) The RN may assign to the UAP work the UAP is authorized to perform within the setting
15 and that the UAP has the competencies to perform safely;
16 (e) The RN shall ensure the assignment matches the client's service needs with qualified
17 personnel and available resources;
18 (f) The RN shall provide clinical supervision of the RN, LPN, CNA, CMA, and UAP to whom
19 an assignment has been made.
20 (A) Provide clinical supervision per the context of care;
21 (B) Ensure documentation of supervision activities per the context of the assignment;
22 and,
23 (C) Evaluate the effectiveness of the assignment;
24 (g) The RN shall revise the assignment as indicated by client outcome data, availability of
25 qualified personnel and available resources.
26 (h) Prior to making an assignment, the RN is responsible to know which duties, activities, or
27 procedures the recipient of the assignment is authorized to perform in the setting.
28 (5) Standards related to the RN's responsibility for client advocacy. The RN shall:
29 (a) Advocate for the client's right to receive appropriate care, including client-centered care
30 and end-of-life care, respectful of the client's needs, choices and dignity;
31 (b) Intervene on behalf of the client to identify changes in health status, to protect, promote
32 and optimize health, and to alleviate suffering;
33 (c) Advocate for the client's right to receive appropriate and accurate information;
34 (d) Communicate client's choices, concerns and special needs to other members of the
35 healthcare team; and
36 (e) Protect the client's right to participate or decline to participate in research.
37 (6) Standards related to the Registered NurseRN's responsibility for collaboration with an
38 interdisciplinary the health care team. The Registered NurseRN shall:
39 (a) Function as a member of the health care team;
40 ~~(b) Collaborate in the development, implementation and evaluation of integrated client-~~
41 ~~centered plans of care as appropriate to the context of care;~~
42 ~~(c) Demonstrates a knowledge of roles of health care team members' roles of the~~
43 ~~interdisciplinary team;~~
44 ~~(d) Communicates with health care team members other relevant personnel regarding~~
45 ~~integrated client-centered the plans of care; and~~
46 (d) Makes referrals as necessary in a timely manner and ensures follow-up on these
47 referrals.
48 (7) Standards related to the RN's responsibility for the environment of care. The RN shall:
49 (a) Promote and advocate for an environment conducive to safety, and

- 1 (b) Identify safety and environmental concerns, take action to address those concerns and
2 report as needed.
- 3 (84) Standards related to the Registered Nurse's responsibility for leadership. ~~The Registered Nurse:~~
4 ~~(a) Formulates, interprets, implements and evaluates the policies, protocols and operating~~
5 ~~guidelines related to nursing practice, and the needs of the clients served;~~
6 ~~(b) Assumes responsibility for the development and mentoring of other members of the healthcare~~
7 ~~team; and~~
8 ~~(c) When available, uses evidence to identify needed changes in practice, standards for policy~~
9 ~~development, and clinical decision-making.~~
- 10 ~~(5) Standards related to the Registered Nurse's responsibility for and quality of care. The~~
11 ~~Registered NurseRN shall:~~
- 12 ~~(a) Identifies factors that affect the quality of nursing service and health services delivery;~~
13 ~~client care and develops quality improvement standards and processes;~~
14 ~~(b) Interpret and evaluate policies, protocols, and guidelines that are pertinent to nursing~~
15 ~~practice and to health services delivery;~~
16 ~~(c) Develop and implement policies, protocols, and guidelines that are pertinent to the~~
17 ~~practice of nursing and to health services delivery;~~
18 ~~(d) Participate in quality improvement initiatives and activities within the practice setting;~~
19 ~~(e) Participate in the development and mentoring of new licensees, nursing colleagues,~~
20 ~~students, and members of the health care team.~~
- 21 ~~(b) Applies the knowledge and tools of continuous improvement in practice to improve the~~
22 ~~delivery of healthcare; and~~
23 ~~(c) Measures outcomes of nursing care and overall care at the individual and aggregate~~
24 ~~level.~~
- 25 (96) Standards related to the Registered NurseRN's responsibility for health promotion and teaching.
26 The Registered NurseRN shall :
27 ~~(a) Ddevelops and , implements, and evaluate evidence-based health educationteaching~~
28 ~~plans that address the client's context of care, learning needs, readiness to learn and ,~~
29 ~~ability to learn, and culture, to achieve optimal health; and.~~
30 ~~(b) Evaluates the outcome of health education to determine effectiveness, adjusts teaching~~
31 ~~strategies, and refers client to another licensed healthcare professional as needed. This~~
32 ~~includes:~~
- 33 ~~(A) Client health promotion and health education.~~
34 ~~(B) Teaching a UAP how to administer injectable emergency medications as~~
35 ~~provided in ORS 433.800 – 433.830 Programs to Treat Allergic Response,~~
36 ~~Adrenal Insufficiency or and Hypoglycemia.~~
37 ~~(C) Teaching a UAP how to administer Naloxone as authorized by ORS 689.681.~~
38 ~~(D) Teaching a school personnel how to administer premeasured doses of~~
39 ~~epinephrine as provided in ORS 339.869.~~
40 ~~(E) Teaching a UAP how to administer noninjectable medications to a client in a~~
41 ~~community care setting as codified in Chapter 851 Division 47.~~
- 42
- 43 (107) Standard related to the Registered NurseRN's responsibility for cultural sensitivity
44 responsiveness. The Registered Nurse:RN shall:
45 (a) Applies a broad knowledge and awareness of cultural diversity, and differences to
46 collaborate with clients to provide healthcare that recognizes
47 (b) Recognize and respect the cultural values, beliefs, and customs of the client.

- 1 ~~(118)~~ Standards Related to the RN Registered Nurse's responsibility to who delegates the
2 performance of a nursing procedure to a UAP, and supervise the practice of nursing. The
3 Registered Nurse:
- 4 (a) The RN may authorize a UAP to perform a nursing procedure through delegation process
5 when polices of the setting, or policies supporting the RN's practice role, allow for RN
6 delegation.
- 7 (b) The nursing process components of assessment, identification of reasoned conclusions,
8 identification of outcomes, planning, and evaluation shall not be delegated.
- 9 (c) The RN maintains sole accountability for the decision to delegate, which includes the
10 decision to decline to delegate, based application of these rules and nursing judgment.
- 11 (d) The RN maintains sole accountability for the completion of all delegation process steps.
- 12 (e) The RN's authorization of a UAP to perform a nursing procedure shall only occur when
13 the following delegation process steps are met:
- 14 (A) Based on nursing judgment, the RN determines that:
- 15 (i) The procedure does not require interpretation or independent decision
16 making during its performance on the client.
- 17 (ii) The results of performing the procedure are reasonably predictable.
- 18 (iii) The client's condition does not warrant assessment during performance
19 of the procedure.
- 20 (iv) The selected client and circumstances of the delegation are such that
21 delegation of the procedure to the UAP poses minimal risk to the client
22 and the consequences of performing the procedure are not life-
23 threatening.
- 24 (B) The RN teaches the nursing procedure to the UAP and competency validates the
25 UAP in their safe and accurate performance of the procedure. The RN holds sole
26 accountability for these actions.
- 27 (C) The RN provides clear, accurate, retrievable, and accessible directions detailing
28 the performance of the procedure and verifies the UAPs adherence to those
29 directions.
- 30 (D) The RN retains professional accountability for nursing care as provided.
- 31 (f) The RN shall provide clinical supervision of the UAP to whom a procedure has been
32 delegated. The clinical supervision shall include:
- 33 (A) Monitoring of the UAP's performance of the procedure to verify the UAP's
34 adherence to written directions, and
- 35 (B) Engaging in ongoing evaluation of the client and associated data to determine
36 the degree to which client outcomes related to performance of the procedure are
37 being met.
- 38 (g) The RN shall only delegate the performance of a procedure to a UAP when standards
39 851-045-0060(11)(a) through (g) are met.
- 40 (h) The RN holds the responsibility and accountability to rescind the UAP's authorization to
41 perform the procedure based upon the RN's judgment concerning the client's situation.
42 Causes for rescinding the UAP's authorization to perform the procedure include, but are
43 not limited to, decreasing stability of the client's condition, increased potential for harm
44 to the client, decreasing predictability of client outcomes, failure of the UAP to adhere to
45 directions for performance of the procedure, inability of the RN to provide clinical
46 supervision of the UAP to whom a procedure has been delegated.
- 47 (i) The RN who accepts an assignment to delegate a nursing procedure to a UAP in a
48 community based care environment shall also adhere to Chapter 851 Division 47
49 standards on community based RN delegation.

- 1 ~~(a) Delegates to other Oregon licensed nurses and Certified Nursing Assistants or~~
2 ~~Medication Aides tasks of nursing that may not be within the licensee's or certificate-~~
3 ~~holder's normal duties but always fall within the licensee's scope of practice or certificate-~~
4 ~~holder's authorized duties;~~
5 ~~(b) Delegates to Unlicensed Assistive Personnel;~~
6 ~~(c) Delegates only within the scope of Registered Nursing practice;~~
7 ~~(d) May delegate tasks of nursing, but may not delegate the nursing process. The core~~
8 ~~nursing functions of assessment, planning, evaluation and nursing judgment cannot be~~
9 ~~delegated;~~
10 ~~(e) Maintains responsibility, accountability and authority for teaching and delegation of tasks~~
11 ~~of nursing;~~
12 ~~(f) Maintains sole responsibility, based on professional judgment, whether or not to delegate~~
13 ~~a task of nursing or to rescind that delegation;~~
14 ~~(g) Maintains the right to refuse to delegate tasks of nursing if the Registered Nurse believes~~
15 ~~it would be unsafe to delegate or is unable to provide adequate supervision;~~
16 ~~(h) Considers the training, experience and cultural competence of the delegated individual~~
17 ~~as well as facility and agency policies and procedures before delegating.~~
18 ~~(i) Delegates tasks of nursing to another individual only if that individual has the necessary~~
19 ~~skills and competence to accomplish those tasks of nursing safely;~~
20 ~~(j) Matches client needs with available, qualified personnel, resources and supervision;~~
21 ~~(k) Communicates directions and expectations for completion of the delegated tasks of~~
22 ~~nursing;~~
23 ~~(l) Supervises others to whom nursing activities are delegated and monitors performance,~~
24 ~~progress, and outcomes. Ensures documentation of the activity;~~
25 ~~(m) Evaluates the effectiveness of the delegation and the outcomes of the interventions;~~
26 ~~(n) Revises the plan of care as needed;~~
27 ~~(o) Follows OAR 851-047-0000 through 851-047-0040 when delegating tasks of nursing in~~
28 ~~practice settings identified in those rules.~~
29 ~~(p) May not delegate the insertion or removal of devices intended for intravenous infusion;~~
30 ~~and~~
31 ~~(q) May not delegate administration of medications by the intravenous route, except as~~
32 ~~provided in OAR 851-047-0030.~~
33 (12) Standards Related to RN in the role of registered nurse first assistant (RNFA) in surgery.
34 (a) The RN who accepts an assignment to practice in the role of RNFA shall have
35 successfully completed an RNFA program that meets the Association of Perioperative
36 Nurses standards for the RN first assistant programs.
37 (b) Intraoperatively, the RNFA shall practice at the direction of the surgeon and not
38 concurrently function in any non-RNFA practice role.
39 (c) The RNFA shall be under the direct supervision of the surgeon who is on site in the unit
40 of care and not otherwise engaged in any other uninterruptible procedure or activity.
41 (13) Standards related to the RN who is employed by a public or private school. The RN who is
42 employed by a public or private school may accept orders from a licensed physician or osteopath
43 who practices in another state or US territory if the order is related to the treatment of a student
44 who has been enrolled at the school for not more than 90 days.
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1 Stat. Auth.: ORS 678.150
2 Stats. Implemented: ORS 678.150 & 678.010
3 Hist.: BN 4-2008, f. & cert. ef. 6-24-08
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6 **851-045-0070**

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

8 ~~Nurses, regardless of role, whose behavior~~ Conduct that adversely affects the health, safety, and
9 welfare of the public, fails to conform to the legal nursing standards, or fails to conform to ~~and accepted~~
10 ~~standards of the nursing profession, or who may adversely affect the health, safety, and welfare of the~~
11 ~~public, may be found guilty of~~ is ~~conduct derogatory to the standards of nursing. Such conduct shall~~
12 ~~include, but is not limited to, the following:~~

13 (1) Conduct related to general fitness to practice nursing:

14 (a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior;

15 or

16 (b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.

17 (24) Conduct related to achieving and maintaining clinical competency:

18 (a) Performing acts beyond the authorized scope or the level of nursing for which the
19 individual is licensed.

20 (ab) Failing to conform to the essential standards of acceptable and prevailing nursing
21 practice. Actual injury need not be established.

22 (b) Performing acts beyond the authorized scope or beyond the level of nursing for which
23 the individual is licensed.

24 (c) Accepting an assignment when individual competencies necessary to safely perform the
25 assignment have not been established. (c) Assuming duties and responsibilities within
26 the practice of nursing for direct client care, supervisory, managerial or consulting roles
27 without documented preparation for the duties and responsibilities and when
28 competency has not been established and maintained; and

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

32 (34) Conduct related to the client's safety and integrity:

33 (a) Developing, modifying, or implementing standards of nursing practice/care which
34 jeopardize patient safety.

35 (ab) Failing to take action to preserve or promote the client's safety based on nursing
36 assessment and judgment.

37 (be) Failing to develop, implement and/or follow through with the plan of care.

38 (d) Failing to modify, or failing to attempt to modify the plan of care as needed based on
39 nursing assessment and judgment, either directly or through proper channels.

40 (ce) Assigning persons to perform functions for which they are not prepared to perform or
41 that is which are beyond their scope of practice, authorized duties, or job functions.
42 /scope of duties.

43 (f) Improperly delegating tasks of nursing care to unlicensed persons in settings where a
44 registered nurse is not regularly scheduled.

45 (de) Failing to clinically supervise persons to whom an assignment has been made. nursing
46 tasks have been assigned.

47 (e) Assuming duties and responsibilities within the practice of nursing when competency
48 has not been established or maintained.

- 1 (f) Improperly delegating the performance of a nursing procedure to a UAP. ~~tasks of nursing~~
2 ~~care to unlicensed persons in settings where a registered nurse is not regularly~~
3 ~~scheduled.~~
- 4 (gh) ~~Failing to teach and clinically supervise unlicensed persons a UAP to whom a nursing~~
5 ~~procedure has to whom nursing tasks have been delegated.~~
- 6 (i) ~~Leaving a client care assignment during the previously agreed upon work time period~~
7 ~~without notifying the appropriate supervisory personnel and confirming that nursing care~~
8 ~~for the client(s) will be continued.~~
- 9 (hj) Leaving or failing to complete any nursing assignment, including a supervisory
10 assignment, without notifying the appropriate personnel and confirming that nursing
11 assignment responsibilities will be met.
- 12 (ik) Failing to report through proper channels, facts known regarding the incompetent,
13 unethical, unsafe or illegal practice of any health care provider per ORS 676.
- 14
- 15 (jl) Failing to respect the dignity and rights of clients, inclusive of regardless of social or
16 economic status, age, race, religion, sex, sexual orientation, national origin, nature of
17 health needs, physical attributes, or disability.
- 18 (k) Failing to report actual or suspected incidents of abuse, neglect or mistreatment.
- 19 (lm) Engaging in or attempting to engage in sexual contact with a client in any setting; ~~and~~
20 (m) Engaging in sexual misconduct with a client in the workplace.
- 21 (n) Failing to establish or maintain professional boundaries with a client.
- 22 (o) Using social media to communicate, post, or otherwise distribute protected client data
23 including client image and client identifiers.
- 24 (43) Conduct related to communication:
- 25 (a) Inaccurate recordkeeping in client or agency records. ~~Failure to accurately document~~
26 ~~nursing interventions and nursing practice implementation.~~
- 27 (b) Failure to document nursing interventions and nursing practice implementation in a
28 timely, accurate, thorough, and clear manner. This includes failing to document a late
29 entry within a reasonable time period. Incomplete recordkeeping regarding client care;
30 including, but not limited, to failure to document care given or other information important
31 to the client's care or documentation which is inconsistent with the care given.
- 32 (c) Entering inaccurate, incomplete, falsified or altered documentation into a health record
33 or agency records. This include but is not limited to:
- 34 (A) Documenting nursing practice implementation that did not occur;
35 (B) Documenting the provision of services that were not provided;
36 (C) Failing to document information pertinent to a client's care;
37 (D) Documenting someone else's charting omissions or signing someone else's
38 name;
39 (E) Falsifying data;
40 (F) Altering or changing words or characters within an existing document to mislead
41 the reader; or
42 (G) Entering late entry documentation into the record that does not demonstrate the
43 date and time of the initial event documented, the date and time the late entry is
44 being placed into the record, or the signature of the licensee placing the late entry
45 documentation to the record.
- 46 (c) Falsifying a client or agency record or records prepared for an accrediting or
47 credentialing entity; including, but not limited to, filling in someone else's omissions,
48 signing someone else's name, record care not given, and fabricating data/values.

- 1 ~~(d) — Altering a client or agency record or records prepared for an accrediting or credentialing~~
2 ~~entity; including, but not limited to, changing words/letters/numbers from the original~~
3 ~~document to mislead the reader of the record, adding to the record after the original~~
4 ~~time/date without indicating a late entry.~~
- 5 ~~(de) Destroying a client or agency record or records prepared for an accrediting or~~
6 ~~credentialing entity to conceal a record of care.~~
- 7 ~~(ef) Directing another individual person to falsify, alter or destroy client or an agency records,~~
8 ~~a client's health record, or any document to conceal a record of care. or records prepared~~
9 ~~for an accrediting or credentialing entity.~~
- 10 ~~(g) — Failing to maintain client records in a timely manner which accurately reflects~~
11 ~~management of client care, including failure to make a late entry within a reasonable~~
12 ~~time period.~~
- 13 ~~(fh) Failing to communicate information regarding the client's status to members of the health~~
14 ~~care team (physician, nurse practitioner, nursing supervisor, nurse co-worker) in an~~
15 ~~ongoing and timely manner as appropriate to the context of care; and~~
- 16 ~~(gi) Failing to communicate information regarding the client's status to other individuals who~~
17 ~~are authorized to receive information and have a need to know; for example, family, and~~
18 ~~facility administrator.~~
- 19 ~~(58) Conduct related to the client's family:~~
- 20 ~~(a) Failing to be respectful to the rights of the client's family and the client's relationship with~~
21 ~~their family;~~
22 ~~regardless of social or economic status, race, religion or national origin.~~
- 23 ~~(b) Using the nurse-client relationship one's title or position as a nurse to exploit the client's~~
24 ~~family for the nurse's personal gain or for any other reason.~~
- 25 ~~(c) Theft of Stealing money, property, services or supplies from the client's family; and~~
- 26 ~~(d) Soliciting or borrowing money, materials or property from the client's family.~~
- 27 ~~(e) Engaging in unacceptable behavior towards, or in the presence of, the client's family.~~
28 ~~Such behavior includes but is not limited to using derogatory names, derogatory or~~
29 ~~threatening gestures, or profane language.~~
- 30 ~~(6) Conduct related to co-workers and health care team members:~~
- 31 ~~(a) Engaging in violent, abusive or threatening behavior towards a co-worker, or~~
- 32 ~~(b) Engaging in violent, abusive, or threatening behavior that relates to the delivery of safe~~
33 ~~delivery of nursing services.~~
- 34 ~~(7) Conduct related to impaired function:~~
- 35 ~~(a) Practicing nursing when unable or unfit due to:~~
- 36 ~~(A) Physical impairment as evidenced by documented deterioration of functioning in~~
37 ~~the practice setting or by the assessment of an LIP qualified to diagnose physical~~
38 ~~condition or status, or~~
- 39 ~~(B) Psychological or mental impairment as evidenced by documented deterioration of~~
40 ~~functioning in the practice setting or by the assessment of an LIP qualified to~~
41 ~~diagnose mental conditions or status; or~~
- 42 ~~(b) Practicing nursing when physical or mental ability to practice is impaired by use of~~
43 ~~prescription or non-prescription drug, alcohol or mind-altering substance; or~~
- 44 ~~(c) Using of a prescription or non-prescription drug, alcohol or mind-altering substance to an extent~~
45 ~~or in a manner dangerous or injurious to the licensee or others or to an extent that such use impairs the~~
46 ~~ability to conduct safely the practice of nursing.~~
- 47 ~~(82) Conduct related to other federal or state statute or rule violations:~~
- 48 ~~(aj) Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or~~
49 ~~regulation intended to guide the conduct of nurses or other health care providers.~~

- 1 (b) Violating the rights of privacy, confidentiality of information, or knowledge concerning the
2 client, unless required by law to disclose such information.
- 3 (c) Discriminating against a client on the basis of age, race, religion, gender, sexual
4 preference, national origin or disability.
- 5 ~~(da)~~ Abusing a client. The definition of abuse includes, but is not limited to, intentionally
6 causing physical or emotional harm or discomfort, striking a client, intimidating,
7 threatening or harassing a client, wrongfully taking or appropriating money or property,
8 or knowingly subjecting a client to distress by conveying a threat to wrongfully take or
9 appropriate money or property in a manner that causes the client to believe the threat
10 will be carried out.
- 11 ~~(eb)~~ Neglecting a client. The definition of neglect includes, but is not limited to, carelessly
12 allowing a client to be in physical discomfort or be injured.
- 13 ~~(c)~~ Engaging in other unacceptable behavior towards or in the presence of a client such as
14 using derogatory names or gestures or profane language.
- 15 ~~(fd)~~ Failing to report actual or suspected incidents of client abuse through the proper
16 channels in the work place and to the appropriate state agencies.
- 17 ~~(g)~~ Failing to report actual or suspected incidents of client abuse through the proper
18 channels in the work place.
- 19 ~~(he)~~ Engaging in other unacceptable behavior towards or in the presence of a client. Such
20 conduct includes but is not limited to using derogatory names, derogatory gestures or
21 profane language. Failing to report actual or suspected incidents of child abuse or elder
22 abuse to the appropriate state agencies.
- 23 ~~(ig)~~ Soliciting or borrowing money, materials, or property from clients.
- 24 ~~(j)~~ Stealing money, property, services or supplies from the client.
- 25 ~~(ki)~~ Possessing, obtaining, attempting to obtain, furnishing, or administering prescription or
26 controlled drugs to any person, including self, except as directed by a person authorized
27 by law to prescribe drugs.
- 28 ~~(lf)~~ Unauthorized removal or attempted removal of narcotics, other drugs, supplies, property,
29 or money from clients, anyone in the work place, or any person.
- 30 ~~(g)~~ Soliciting or borrowing money, materials, or property from clients.
- 31 ~~(m)~~ Unauthorized removal of client records, client information, facility property, policies or
32 written standards from the work place.
- 33 ~~(nh)~~ Using one's role as a the nurse client relationship to exploit the client by gaining, defraud
34 a person of their personal property or other items of value from the client either for
35 personal gain or sale, beyond the compensation for nursing services possessions.
- 36 ~~(i)~~ Possessing, obtaining, attempting to obtain, furnishing, or administering prescription or
37 controlled drugs to any person, including self, except as directed by a person authorized
38 by law to prescribe drugs.
- 39 ~~(om)~~ Violating a person's the rights of privacy and, confidentiality of information, or knowledge
40 concerning the client by obtaining the accessing information without proper authorization
41 or when there is no "without a demonstrated need to know."
- 42 ~~(p)~~ Engaging in unsecured transmission of protected client data.
- 43 ~~(qe)~~ Failing to dispense or administer medications, including Methadone, in a manner
44 consistent with state and federal law.
- 45 ~~(r)~~ Failure to release a client's health record within 60 days from receipt of written notice for
46 release of records. This includes requests for records after closure of practice.
- 47 ~~(s)~~ Improper billing practices including the submission of false claims.
- 48 ~~(t)~~ Failing to properly maintain records after closure of practice or practice setting.
- 49 ~~(u)~~ Failure to notify client of closure of practice and of the location of their health records.

- 1 (v) Failure to report to the Board the licensee's arrest for a felony crime within 10 days of
2 the arrest.
- 3 (w) Failure to report to the Board the licensee's conviction of a misdemeanor or a felony
4 crime within 10 days of the conviction.
- 5 ~~(j) Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or~~
6 ~~regulation intended to guide the conduct of nurses or other health care providers.~~
- 7 ~~(k) Failing to conduct practice without discrimination on the basis of age, race, religion, sex,~~
8 ~~sexual orientation, national origin, nature of health needs, or disability.~~
- 9 ~~(l) Violating the rights of privacy, confidentiality of information, or knowledge concerning the~~
10 ~~client, unless required by law to disclose such information or unless there is a "need to~~
11 ~~know."~~
- 12 ~~(m) Violating the rights of privacy, confidentiality of information, or knowledge concerning the~~
13 ~~client by obtaining the information without proper authorization or when there is no "need~~
14 ~~to know."~~
- 15 ~~(n) Unauthorized removal of client records, client information, facility property, policies or~~
16 ~~written standards from the work place; and~~
- 17 ~~(o) Failing to dispense or administer medications, including Methadone, in a manner consistent with~~
18 ~~state and federal law. (96) Conduct related to licensure or certification violations:~~
- 19 (ae) Resorting to fraud, misrepresentation, or deceit during the application process for
20 licensure or certification, while taking the examination for licensure or certification, while
21 obtaining initial licensure or certification or renewal of licensure or certification.
- 22 (ba) Practicing nursing without a current Oregon license or certificate.
- 23 (cb) Practicing as a nurse practitioner or clinical nurse specialist without a current Oregon
24 certificate.
- 25 (d) Practicing as a certified registered nurse anesthetist (CRNA) without a current Oregon
26 CRNA license.
- 27 (ee) Allowing another person to use one's nursing license or certificate for any purpose.
- 28 (fd) Using another's person's nursing license or certificate for any purpose.
- 29 ~~(e) Resorting to fraud, misrepresentation, or deceit during the application process for~~
30 ~~licensure or certification, while taking the examination for licensure or certification, while~~
31 ~~obtaining initial licensure or certification or renewal of licensure or certification.~~
- 32 (gf) Impersonating any applicant or acting as a proxy for the applicant in any nurse licensure
33 or certification examination;
- 34 (hg) Disclosing the contents of a nurse licensure or certification ~~the~~ examination or soliciting,
35 accepting or compiling information regarding the contents of the examination before,
36 during or after its administration.; and
- 37 (h) Failing to obtain Board authorization prior to participating in a clinical practicum in Oregon
38 for nursing students enrolled in a Non-Oregon Based Graduate Program.
- 39
- 40 ~~(3) Conduct related to communication:~~
- 41 ~~(a) Inaccurate recordkeeping in client or agency records.~~
- 42 ~~(b) Incomplete recordkeeping regarding client care; including, but not limited, to failure to~~
43 ~~document care given or other information important to the client's care or documentation~~
44 ~~which is inconsistent with the care given.~~
- 45 ~~(c) Falsifying a client or agency record or records prepared for an accrediting or~~
46 ~~credentialing entity; including, but not limited to, filling in someone else's omissions,~~
47 ~~signing someone else's name, record care not given, and fabricating data/values.~~
- 48 ~~(d) Altering a client or agency record or records prepared for an accrediting or credentialing~~
49 ~~entity; including, but not limited to, changing words/letters/numbers from the original~~

- 1 document to mislead the reader of the record, adding to the record after the original
2 time/date without indicating a late entry.
- 3 ~~(e) Destroying a client or agency record or records prepared for an accrediting or~~
4 ~~credentialing entity.~~
- 5 ~~(f) Directing another person to falsify, alter or destroy client or agency records or records~~
6 ~~prepared for an accrediting or credentialing entity.~~
- 7 ~~(g) Failing to maintain client records in a timely manner which accurately reflects~~
8 ~~management of client care, including failure to make a late entry within a reasonable~~
9 ~~time period.~~
- 10 ~~(h) Failing to communicate information regarding the client's status to members of the health~~
11 ~~care team (physician, nurse practitioner, nursing supervisor, nurse co-worker) in an~~
12 ~~ongoing and timely manner; and~~
- 13 ~~(i) Failing to communicate information regarding the client's status to other individuals who~~
14 ~~need to know; for example, family, and facility administrator.~~
- 15 ~~(4) Conduct related to achieving and maintaining clinical competency:~~
- 16 ~~(a) Performing acts beyond the authorized scope or the level of nursing for which the~~
17 ~~individual is licensed.~~
- 18 ~~(b) Failing to conform to the essential standards of acceptable and prevailing nursing~~
19 ~~practice. Actual injury need not be established.~~
- 20 ~~(c) Assuming duties and responsibilities within the practice of nursing for direct client care,~~
21 ~~supervisory, managerial or consulting roles without documented preparation for the~~
22 ~~duties and responsibilities and when competency has not been established and~~
23 ~~maintained; and~~
- 24 ~~(d) Performing new nursing techniques or procedures without documented education~~
25 ~~specific to the technique or procedure and clinical preceptored experience to establish~~
26 ~~competency.~~
- 27 ~~(5) Conduct related to impaired function:~~
- 28 ~~(a) Practicing nursing when unable/unfit to perform procedures and/or make decisions due~~
29 ~~to physical impairment as evidenced by documented deterioration of functioning in the~~
30 ~~practice setting and/or by the assessment of a health care provider qualified to diagnose~~
31 ~~physical condition/status.~~
- 32 ~~(b) Practicing nursing when unable/unfit to perform procedures and/or make decisions due~~
33 ~~to psychological or mental impairment as evidenced by documented deterioration of~~
34 ~~functioning in the practice setting and/or by the assessment of a health care provider~~
35 ~~qualified to diagnose mental condition/status; and~~
- 36 ~~(c) Practicing nursing when physical or mental ability to practice is impaired by use of drugs,~~
37 ~~alcohol or mind-altering substances.~~
- 38 ~~(d) Use of drugs, alcohol or mind-altering substances to an extent or in a manner dangerous~~
39 ~~or injurious to the licensee or others or to an extent that such use impairs the ability to~~
40 ~~conduct safely the practice for which the licensee is licensed.~~
- 41 ~~(6) Conduct related to licensure or certification violations:~~
- 42 ~~(a) Practicing nursing without a current Oregon license or certificate.~~
- 43 ~~(b) Practicing as a nurse practitioner or clinical nurse specialist without a current Oregon~~
44 ~~certificate.~~
- 45 ~~(c) Allowing another person to use one's nursing license or certificate for any purpose.~~
- 46 ~~(d) Using another's nursing license or certificate for any purpose.~~
- 47 ~~(e) Resorting to fraud, misrepresentation, or deceit during the application process for~~
48 ~~licensure or certification, while taking the examination for licensure or certification, while~~
49 ~~obtaining initial licensure or certification or renewal of licensure or certification.~~

Oregon State Board of Nursing ▪ Oregon Administrative Rules

- 1 (f) — Impersonating any applicant or acting as a proxy for the applicant in any nurse licensure
2 or certification examination;
- 3 (g) — Disclosing the contents of the examination or soliciting, accepting or compiling
4 information regarding the contents of the examination before, during or after its
5 administration; and
- 6 (h) — Failing to obtain Board authorization prior to participating in a clinical practicum in Oregon
7 for nursing students enrolled in a Non-Oregon Based Graduate Program.
- 8 (107) Conduct related to the licensee's relationship with the Board:
- 9 (ae) Failing to fully cooperate with the Board during the course of an investigation, including
10 but not limited to, waiver of confidentiality privileges, except client-attorney privilege.
- 11 (b) Failing to answer truthfully and completely any question asked by the Board on an
12 application for licensure or during the course of an investigation or any other question
13 asked by the Board.
- 14
- 15 (ca) Failing to provide the Board with any documents requested by the Board.
- 16 (b) — Failing to answer truthfully and completely any question asked by the Board on an
17 application for licensure or during the course of an investigation or any other question
18 asked by the Board.
- 19 (c) — Failing to fully cooperate with the Board during the course of an investigation, including
20 but not limited to, waiver of confidentiality privileges, except client-attorney privilege.
- 21 (d) Violating the terms and conditions of a Board order; and
- 22 (e) Failing to comply with the terms and conditions of Nurse Monitoring — Health
23 Professionals' Services Program agreements.
- 24 (8) — Conduct related to the client's family:
- 25 (a) — Failing to respect the rights of the client's family regardless of social or economic status,
26 race, religion or national origin.
- 27 (b) — Using the nurse-client relationship to exploit the family for the nurse's personal gain or
28 for any other reason.
- 29 (c) — Theft of money, property, services or supplies from the family; and
- 30 (d) — Soliciting or borrowing money, materials or property from the family.
- 31 (9) — Conduct related to co-workers: Violent, abusive or threatening behavior towards a co-worker
32 which either occurs in the presence of clients or otherwise relates to the delivery of safe care to
33 clients.
- 34 (10) Conduct related to the advanced practice registered nursing:
- 35 (a) Ordering laboratory or other diagnostic tests or treatments or therapies for one's self.
- 36 (b) Prescribing for or dispensing medications to one's self.
- 37 (c) Using self-assessment and diagnosis as the basis for the provision of care which would
38 otherwise be provided by a client's professional caregiver.
- 39 (d) — Billing fraudulently.
- 40 (e) — Failing to release patient records upon receipt of request or release of information,
41 including after closure of practice, and within a reasonable time, not to exceed 60 days
42 from receipt of written notification from patient.
- 43 (df) Ordering unnecessary laboratory or other diagnostic test or treatments for the purpose
44 of personal gain; and
- 45 (g) — Failing to properly maintain patient records after closure of practice or practice setting.
- 46

47 Stat. Auth: ORS 678.150

48 Stats. Implemented: ORS 678.150, 678.111 & 678.390

1 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-
2 2010, f. & cert. ef. 9-30-10; BN 5-2012, f. 5-7-12, cert .ef. 6-1-12

3
4
5 **851-045-0080**

6 ~~**Criminal Conviction History/Falsification of Application Denial of Licensure; Revocation of**~~
7 ~~**Licensure**~~

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

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

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

39 ~~(3) All other applicants with conviction histories, other than those listed above, including crimes~~
40 ~~which are drug and alcohol related, will be considered on an individual basis. The following~~
41 ~~factors will be considered by the Board:~~

- 42 ~~(a) Evidence of rehabilitation;~~
- 43 ~~(b) The length of time since the conviction to the time of application for licensure as a~~
44 ~~practical nurse or registered nurse;~~
- 45 ~~(c) The circumstances surrounding the commission of the crime which demonstrate that a~~
46 ~~repeat offense is not likely; and~~
- 47 ~~(d) Character references.~~

48 ~~(4) As of the effective date of these rules, any individual who applies for initial licensure or re-~~
49 ~~licensure as a practical nurse or registered nurse, and supplies false or incomplete information~~

1 to the Board on an application for licensure regarding the individual's criminal conviction record,
2 will be issued a Notice to Deny Licensure under the provisions of the Administrative Procedure
3 Act in contested case hearings.
4

5 Stat. Auth.: ORS 678.150

6 Stats. Implemented: ORS 678.150 & 678.111

7 Hist.: BN 4-2008, f. & cert. ef. 6-24-08
8
9

10 **851-045-0090**

11 **Duty to Report Mandatory Reporting Defined**

12 **851-045-0090**

13 **Duty to Report**

14 (1) A licensed nurse who is aware that a licensee's conduct, behavior, or practice fails to meet legal
15 and professional practice standards, and who presents a potential or actual danger to public
16 health, safety and welfare, shall:

17 (a) Provide immediate feedback to the licensee concerning the conduct, behavior, or
18 practice of concern, and

19 (b) Adhere to policies of the practice setting for reporting questionable practice and
20 impaired practice, and

21 (c) Make a report to the Board concerning the licensee, or one's self, based on the
22 following:

23 (A) When a licensee's conduct, behavior or practice demonstrates one of the
24 following, a report shall be made to the Board:

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

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

29 (iii) A pattern of failing to meet legal and professional practice standards;

30 (iv) Practicing outside the scope of practice that the licensee is licensed
31 or certified;

32 (v) Abuse;

33 (vi) Dismissal from employment, contracted work, or a volunteer position
34 due to unsafe practice, failing to meet legal and professional practice
35 standards, or for conduct derogatory to the standards of nursing;

36 (vii) Impaired function in the practice setting;

37 (viii) Arrest for or a conviction of a crime that relates adversely to the
38 practice of nursing;

39 (ix) Any violation of a disciplinary sanction imposed on the licensee by the
40 Board of Nursing;

41 (x) Engaging in the practice of nursing when the license has become void
42 due to non-payment of fees;

43 (xi) Failure of a nurse not licensed in Oregon and hired to meet a
44 temporary staffing shortage, as allowed per ORS 678.031(7), to apply
45 for Oregon licensure by the day the nurse is placed on staff; or

46 (xii) Any other cause for discipline as defined in ORS 678.111;

47 (B) When a licensee's conduct, behavior, or practice does not demonstrate one
48 of those identified in section (1)(c)(A)(i) through (XII) of this rule number, but

concerns remain regarding the licensee's competency and ability to practice safely, a report shall be made to the Board based on the following guidelines:

(i) Past history of the licensee's conduct, behavior or practice based on a demonstrated pattern of failing to meet legal and professional practice standards, errors in practice, or a pattern of conduct derogatory to the standards of nursing; or

(ii) The magnitude of any single occurrence for potential or actual harm to public health, safety, and welfare.

(2) A licensed nurse who has knowledge of any person engaging in the following conduct, behavior or actions shall make a report to the Board:

(a) A person who holds nursing licensure in another state or jurisdiction practicing or offering to practice nursing as defined in ORS 678.101 and not licensed or certified under ORS 678.010 to 678.410.

(b) A person practicing or offering to practice nursing as defined in ORS 678.101 and not licensed or certified under ORS 678.010 to 678.410.

(c) A person who uses any title, abbreviation, sign, card, device, or advertisement to indicate the person is licensed or certified to practice as a nurse, licensed practical nurse, registered nurse, certified registered nurse anesthetist, clinical nurse specialist, nurse practitioner, or advanced practice registered nurse, and who is not licensed or certified under ORS 678.010 to 678.410.

(3) A licensee who observes or becomes aware unsafe situation or practices occurring in any facility or setting shall report those observations or concerns to the facility administrator and to the state or federal agency with regulatory authority over the setting.

(4) A licensee who is arrested for a felony crime shall self-report the arrest to the Board within 10 days of the arrest.

(5) A licensee who is convicted of a misdemeanor or felony crime shall self-report the conviction to the Board within 10 days of the conviction.

(6) Failure of any licensee to comply with these duty to report requirements may constitute a violation of nursing standards.

(7) Any organization representing licensed nurses shall report a suspected violation of ORS Chapter 678, or the rules adopted within, in the manner prescribed by sections (1)©(A) and (B) of this rule.

~~(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.~~

~~(4) Any organization representing licensed nurses shall report a suspected violation of ORS Chapter 678, or the rules adopted within, in the manner prescribed by sections (5) and (6) of this rule.~~

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

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

- 1 ~~(b) A demonstrated pattern of substandard practice, errors in practice or conduct derogatory~~
2 ~~to the standards of nursing, despite efforts to assist the licensee to improve practice or~~
3 ~~conduct through a plan of correction; and~~
4 ~~(c) The magnitude of any single occurrence for actual or potential harm to the public health,~~
5 ~~safety and welfare.~~
6 ~~(6) The following shall always be reported to the Board of Nursing:~~
7 ~~(a) A nurse imposter. As used here "nurse imposter" means an individual who has not~~
8 ~~attended or completed a nursing education program or who is ineligible for nursing~~
9 ~~licensure as a LPN or RN and who practices or offers to practice nursing or uses any~~
10 ~~title, abbreviation, card, or device to indicate that the individual is licensed to practice~~
11 ~~nursing in Oregon;~~
12 ~~(b) Practicing nursing when the license has become void due to nonpayment of fees;~~
13 ~~(c) Practicing nursing as defined in ORS 678.010 unless licensed as a registered nurse or~~
14 ~~licensed practical nurse or certified as a nurse practitioner;~~
15 ~~(d) Arrest for or conviction of a crime which relates adversely to the practice of nursing or~~
16 ~~the ability to safely practice nursing;~~
17 ~~(e) Dismissal from employment due to unsafe practice or conduct derogatory to the~~
18 ~~standards of nursing;~~
19 ~~(f) Client abuse;~~
20 ~~(g) A pattern of conduct derogatory to the standards of nursing as defined by the rules of~~
21 ~~the Board or a single serious occurrence;~~
22 ~~(h) Any violation of a disciplinary sanction imposed on the licensee by the Board of Nursing;~~
23 ~~(i) Failure of a nurse not licensed in Oregon and hired to meet a temporary staffing shortage~~
24 ~~to apply for Oregon licensure by the day the nurse is placed on staff;~~
25 ~~(j) Substance abuse as defined in ORS 678.111(e); and~~
26 ~~(k) Any other cause for discipline as defined in ORS 678.111.~~

27
28 Stat. Auth.: ORS 678.150
29 Stats. Implemented: ORS 678.150
30 Hist.: BN 4-2008, f. & cert. ef. 6-24-08
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33 **851-045-0100**

34 **Imposition of Civil Penalties**

- 35 (1) Imposition of a civil penalty does not preclude disciplinary sanction against the nurse's license.
36 Disciplinary sanction against the nurse's license does not preclude imposing a civil penalty.
37 Criminal conviction does not preclude imposition of a civil penalty for the same offense.
38 (2) Civil penalties may be imposed according to the following schedule:
39 (a) Practicing nursing as a Licensed Practical Nurse (LPN), Registered Nurse (RN), Nurse
40 Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA) or Clinical Nurse
41 Specialist (CNS) without a current license or certificate or Board required concurrent
42 national certification; or prescribing, dispensing, or distributing drugs without current
43 prescription writing authority, due to failure to renew and continuing to practice \$50 per
44 day, up to \$5,000.
45 (b) Using a limited license to practice nursing for other than its intended purpose \$100 per
46 day.
47 (c) Nurses not licensed in Oregon hired to meet a temporary staffing shortage who fail to
48 make application for an Oregon license by the day placed on staff \$100 per day up to
49 \$3,000.

- 1 (d) Practicing nursing prior to obtaining an Oregon license by examination or endorsement
2 \$100 per day.
- 3 (e) ~~Unlicensed practice pursuant to ORS 678.012 Nurse imposter up to \$5,000. "Nurse~~
4 ~~Imposter" means an individual who has not attended or completed a nursing education~~
5 ~~program or who is ineligible for nursing licensure or certification as a LPN, RN, NP,~~
6 ~~CRNA or CNS and who practices or offers to practice nursing or uses any title,~~
7 ~~abbreviation, card or device to indicate that the individual is so licensed or certified to~~
8 ~~practice nursing in Oregon; and~~
- 9 (f) Conduct derogatory to the standards of nursing \$1,000–\$5,000. The following factors
10 will be considered in determining the dollar amount, to include, but not be limited to:
- 11 (A) Intent;
- 12 (B) Damage and/or injury to the client;
- 13 (C) History of performance in current and former employment settings;
- 14 (D) Potential danger to the public health, safety and welfare;
- 15 (E) Prior offenses or violations including prior complaints filed with the Board and
16 past disciplinary actions taken by the Board;
- 17 (F) Severity of the incident;
- 18 (G) Duration of the incident; and
- 19 (H) Economic impact on the person.
- 20 (g) Violation of any disciplinary sanction imposed by the Board of Nursing \$1,000–\$5,000.
- 21 (h) Conviction of a crime which relates adversely to the practice of nursing or the ability to
22 safely practice \$1,000–\$5000.
- 23 (i) Gross incompetence in the practice of nursing \$2,500–\$5000.
- 24 (j) Gross negligence in the practice of nursing \$2,500–\$5000.
- 25 (k) Employing any person without a current Oregon LPN, RN or CRNA license, NP or CNS
26 certificate to function as a LPN, RN, CRNA, NP or CNS subject to the following
27 conditions:
- 28 (A) ~~Knowingly hiring an individual in a position of a- LPN, RN, NP, CRNA or CNS~~
29 ~~licensed nurse when the individual does not have a current, valid Oregon license~~
30 ~~or certificate for the position hired \$5,000; or~~
- 31 (B) ~~Allowing an individual to continue practicing as a LPN, RN, NP, CRNA or CNS~~
32 ~~Knowing that the individual does not have a current, valid Oregon license or~~
33 ~~certificate for the position hired \$5,000.~~
- 34 (l) Employing a LPN, RN, NP, CRNA or CNS without a procedure in place for checking the
35 current status of that nurse's license or certificate to ensure that only those nurses with
36 a current, valid Oregon license or certificate be allowed to practice nursing \$5,000;
- 37 (m) Supplying false information regarding conviction of a crime, discipline in another state,
38 physical or mental illness/physical handicap, or meeting the practice requirement on an
39 application for initial licensure or re-licensure, or certification or recertification \$5,000;
40 and
- 41 -(n) Precepting a nursing student at any level without verifying their appropriate licensure,
42 registration, or certification — \$5,000.
- 43

44 Stat. Auth.: ORS 678.150

45 Stats. Implemented: ORS 678.150 & 678.117

46 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-
47 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

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