

The Registered Nurse Who Teaches the Administration of Lifesaving Treatments

This interpretive statement serves to assist the RN in proper application of Chapter 851 Division 45 scope of practice standards when teaching the administration of lifesaving treatment an unlicensed person. While this RN-level practice activity is specifically allowed per Division 45 standards, the activity is regulated by statutes and rules outside the Nurse Practice Act (NPA).

The Oregon revised statutes (ORS) on teaching the administration of lifesaving treatments are held by Oregon Health Authority (OHA): ORS chapters 433.800 to 433.830 *Programs to Treat Allergic Response, Adrenal Insufficiency or Hypoglycemia*. These statutes are further interpreted by OHA Public Health Oregon Administrative Rules (OAR) Chapter 333 Division 55 *Training on Lifesaving Treatments*. These statutes and rules provide for the training of certain individuals to administer a lifesaving treatment when a licensed health care professional is not immediately available and identify the RN's role in such training.

The Board holds no authority over laws and rules outside of Oregon's NPA nor is the Board authorized to interpret such laws and rules. The Board's authority is over the individual licensed nurse and their adherence to the laws and rules of the NPA. Therefore, this interpretive statement will discuss responsibilities of the RN when teaching the administration of lifesaving treatments.

ORS 433.800 to 433.830 provides for the RN to provide training to persons on the administration of lifesaving treatments. The lifesaving treatments for the purpose of this interpretive statement are:

- Epinephrine to a person who has a severe allergic response to an allergen;
- Glucagon to a person who is experiencing severe hypoglycemia when other treatment has failed or cannot be initiated; and
- Medication that treats adrenal insufficiency to a student who is experiencing an adrenal crisis.

The manner in which the RN proceeds with teaching depends on the intended recipient of the lifesaving treatment. The intended recipient will either be known, or not known, at the time of the training.

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The recipient is known at the time of the training. This occurs in situations where a prescriber has written an order for a specific client to receive a lifesaving treatment. This type of client care situation typically occurs in the private home, the school setting, the licensed congregate living community, a foster home, a 24-Hour residential service setting, etc. In all cases, the RN is responsible to understand and adhere to the rules governing the setting and practice within those boundaries.

In situations where the recipient is known, nursing practice happens per usual: the RN engages in the singular and concurrent actions of client assessment, identification of client problems or risks, identification of expected outcomes, planning, implementation, and evaluation. This means the RN will assess the client, identify the client's risks/problems (which would include the associated life threatening condition for which the treatment has been ordered); and identify client outcomes related to risks/problems. This is a requirement of 851-045-0060(3).

During this process, the RN is responsible to adhere to Division 45 standards on accepting and implementing orders for client care. This means that the RN vets one's acceptance and implementation of the client's ordered lifesaving treatment against standards found at 851-045-0040(5). It is the prescriber's order for the client's lifesaving treatment which serves to authorize the RN to teach care team members how to safely administer the treatment to the client.

Based on the above processes, the RN develops a plan of care designed to assist the client in meeting their identified outcomes related to specific risks/problems. When the RN determines the ordered lifesaving treatment to be safe and appropriate for the client and their circumstances, it is incorporated into the plan of care.

The RN is now responsible to ensure the care team members are competent to implement the client's plan of care which would include recognizing signs and symptom of the client's life-threatening condition, being able to safely administer the lifesaving treatment, and knowing how to facilitate needed follow-up care for the client in the event the lifesaving treatment is administered. Enter the RN's practice privilege of *teaching the administration of a lifesaving treatment*.

In meeting the responsibility to ensure care team members are competent to implement the client's plan of care, the RN applies 851-045-0060(9) *health promotion and teaching standards*.

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These standards hold the RN responsible to develop, implement and evaluate an evidence-based teaching plan that address (for the purposes of this interpretive statement) the care team members' learning needs related to the client's life-threatening condition, the administration of the client's lifesaving treatment, and their readiness and ability to learn. Some practice settings require the use of pre-made teaching plans on the topic. The RN may utilize a pre-made teaching plan but remains responsible to ensure that the content is current, accurate, and appropriate to the needs of the client, and to the learning needs of the care team members. The RN's ongoing evaluation of the competencies of the care team members following their successful completion of the RN's training, is per the RN's judgment. Additional requirements may apply depending on the practice setting (e.g., in the school setting).

The recipient is not yet known at the time of the training. Teaching the administration of a lifesaving treatment when the recipient of the lifesaving treatment is not yet known was the original intent of ORS 433.800 to 433.830 when it became law in the 1980s. This remains a current component of the OHA statutes and rules which provides for trained individuals to administer a lifesaving treatment when a licensed health care professional is not immediately available.

Persons employed or volunteering as a camp counselor, scout leader, forest ranger, tour guide or chaperone. This aggregate of people present with a high probability of encountering another person who may be experiencing signs and symptoms of a severe allergic response. A requirement when providing training for this population of learners is that a physician licensed under ORS Chapter 677, or a nurse practitioner licensed under ORS Chapter 678, must assign the training responsibilities to the RN. Without assignment of the training responsibilities to the RN by an MD or NP, there is no legal authority to the RN to provide the training. The OHA statutes and rules identify specific requirements for this type of training.

Persons employed or volunteering in the school setting. This aggregate of people present with a high probability of encountering another person or student who may be experiencing signs and symptoms of a severe allergic response. The above statutes and rules apply, as do Oregon Department of Education ORS 339.866 to 339.871 *Administration of Medication to Students* and OAR chapter 581 Division 21 *School Governance and Student Conduct*. The OHA statutes and rules and ODE statutes and rules, identify the requirements for this type of training in the school setting.

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For situations where the intended recipient of the lifesaving treatment is not known at the time of the training, nursing practice happens per usual. The group of people for whom the RN is to provide training becomes the RN's *client* and the RN proceeds accordingly. The RN engages in the singular and concurrent actions of client assessment, identification of client problems or risks, identification of expected outcomes, planning, implementation, and evaluation. Applicable are nursing competencies with population assessment and learner needs assessment.

In all cases, the RN is responsible to document nursing practice in a thorough, clear, accurate and timely manner.

Resources

The OSBN RN licensee is directed to access their employer's guidelines and policies on RN teaching the administration of lifesaving treatments. If no such policies or guidelines exist, the RN is encouraged to exercise their leadership and quality of care standards in the development of such.

Oregon Health Authority *Training on Lifesaving Treatment Protocols* webpage contains training materials that have been developed in response to ORS 433.800 through 433.830
www.oregon.gov/OHA/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Pages/epi-protocol-training.aspx

All statutes and rules referenced below are accessible through the Oregon Secretary of State, State Archives website at <https://sos.oregon.gov/archives/Pages/default.aspx>

References

OAR Chapter 333 Division 55 Training on Lifesaving Treatments.

OAR chapter 581 Division 21 School Governance and Student Conduct.

OAR Chapter 851 Division 45 Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse.

ORS 339.866 to 339.871 Administration of Medication to Students.

ORS 433.800 to 433.830 Programs to Treat Allergic Response, Adrenal Insufficiency or Hypoglycemia.

ORS 678.010 to 678.410 Nurses; Nursing Home Administrators.

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Oregon's Nurse Practice Act

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The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of policies and interpretive statements, which are advisory in nature and used as guidelines for safe nursing practice.