

Oregon State Board of Nursing

Nursing Assistants in Oregon

*What Certified Nursing Assistants
Need to Know*



Updated 10-2016

This booklet will help you understand what it means to be a nursing assistant in Oregon and work lawfully in this state. It also explains why the Oregon State Board of Nursing exists, how it functions, and its importance to you as a Certified Nursing Assistant (CNA).

Oregon CNAs provide care to patients, residents and clients in a variety of settings. Each state regulates its own practice of nursing; therefore, the duties nursing assistants may perform vary from state to state. It is your responsibility to understand Oregon's CNA authorized duties. It also is your responsibility to be familiar with changes as they occur in the Oregon Nurse Practice Act.

You are invited to attend OSBN board meetings. Please visit our website at www.oregon.gov/OSBN, or call or write the OSBN office if we can be of assistance to you.

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About The Board of Nursing

The Oregon State Board of Nursing (OSBN) safeguards the public's health and wellbeing by providing guidance for, and regulation of, entry into the profession, nursing education and continuing safe practice.

The nine OSBN Board members are appointed by the Governor and include: four Registered Nurses, one Licensed Practical Nurse, one Nurse Practitioner, one Certified Nursing Assistant and two public members. They represent a variety of geographic locations and areas of nursing practice, and serve three-year terms. The OSBN is an agency within Oregon state government that licenses and regulates Licensed Practical Nurses, Registered Nurses, Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, Certified Nursing Assistants and Certified Medication Aides.

The law that regulates nurses and nursing assistants is known as the Oregon Nurse Practice Act (Oregon Revised Statutes, Chapter 678.010-678.445). Any changes in the law must be made by the legislature. This law grants the OSBN authority to write administrative rules that further define the law (Oregon Administrative Rules, Chapter 851). These rules have the effect of law and help define safe and competent practice. There is an opportunity for public comment and input during the rulemaking process, in accordance with the Oregon Administrative Procedures Act.

The Board meets 12 times a year and may hold special meetings if necessary. Board meetings are open to the public. A schedule of meetings is available on the OSBN website at www.oregon.gov/OSBN. The Board employs a staff who assist Board members and provide customer service.

The Board, with the help of its staff:

- determines licensure and certification requirements;
- interprets the Oregon Nurse Practice Act;
- evaluates and approves nursing education programs and nursing assistant training programs;
- issues licenses and renewals;
- investigates complaints and takes disciplinary action against licensees and certificate-holders who violate the Oregon Nurse Practice Act;
- maintains the nursing assistant registry, approves competency evaluations and imposes disciplinary sanctions for nursing assistants;
- provides testimony to the legislature and other organizations as needed.

Who is a Certified Nursing Assistant?

Certified Nursing Assistants (CNA) are defined by law as people who assist licensed nursing personnel in the provision of nursing care. The authorized duties for CNAs include tasks associated with communication and interpersonal skills, person-centered care, infection control, safety and emergency procedures, activities of daily living, personal care, positioning devices and restraints, restorative care, collaboration with the health care team, observation and reporting, documentation, and end-of-life care.

Certification is Required In Oregon

CNAs are required by law to have a current Oregon CNA 1 certificate prior to assuming CNA duties. *There is one exception to this:* If an individual works in a licensed nursing facility, she/he has four months from the date of hire to obtain initial certification.

The Certification Process for CNA I

CNA 1 certification may be obtained in one of the following ways:

1. Complete an OSBN-approved nursing assistant level-1 training program and pass the state competency examination within three attempts and within two years of completing the training. The required level-1 training program is a minimum of 80 hours of classroom/lab and 75 hours of clinical training. The curriculum includes subjects mandated by the federal government and emphasizes care of individuals across the lifespan and healthcare settings.

Students who successfully finish the required classroom and clinical requirements and pass a final examination with a grade of at least 75 percent receive a training program certificate of completion. Community college and high school programs may choose to provide a transcript showing program completion. **Please note:** Completion of a nursing assistant training program *does not imply* state certification.

2. Complete combat medic 68W or naval corpsman military medical training as evidenced by DD 214 document with evidence of military service in the United States (U.S.) Air Force, Army, Coast Guard, Marines, or Navy within five years of application for competency examination, and pass the competency examination within two years of application and within three attempts.

3. Provide verification of current, unencumbered RN or LPN licensure in any U.S. state or jurisdiction.
4. Verify current enrollment and successful completion of OSBN-required coursework in a U.S. nursing education program.
5. Graduation from an approved nursing education program in the U.S. within the last three years. Within one year of graduation, you will need to submit an official transcript verifying graduation. Between one and three years after graduation, you will need to also pass the competency examination within three attempts and two years of application date.



6. Graduation from a nursing program outside the U.S. You will need to submit a transcript or other documentation, in English, of nursing education that includes knowledge and skills necessary to perform CNA 1 authorized duties and pass the competency examination.
7. Endorsement. Provide the following:
 - Documentation of successful completion of a nursing assistant training program that met federal OBRA standards;
 - Evidence of at least 400 hours of paid employment within CNA 1 authorized duties under supervision of a nurse (this requirement is waived if you graduated from a nursing assistant training program within the last two years); and,
 - Verification of current certification in the state where the paid employment was completed.

CNAs may **not** work in Oregon using a CNA certificate from another state. Findings of abuse, neglect or misappropriation, or discipline against a CNA in another state may hinder a person's ability to obtain an Oregon CNA certificate or limit employment opportunities in Oregon.

CNA I Competency Examination Information

The Oregon State Board of Nursing contracts with Headmaster Testing Service to provide the nursing assistant competency exam. For information on exam procedures, obtain a copy of Headmaster's *Oregon Nursing Assistant Candidate Handbook* from a nursing assistant level-1 training program instructor, or from Headmaster's website (www.hdmaster.com).

Background Checks

The OSBN conducts criminal records checks through the Law Enforcement Data System (LEDS) on **every application**. A national fingerprint-based criminal records check is required for all exam, endorsement, reactivation, and late renewal (61 or more days past expiration date) applicants. Providing details of your criminal history (if any) or previous disciplinary actions taken against your license or certificate by another state's Board of Nursing (if any) is part of the application process and must be completed before your license or certificate will be issued. Some individuals may be denied licensure/certification based on their criminal or disciplinary histories.

Verifying CNA Certification

Automated Verification

The OSBN maintains a registry of CNAs that can be accessed through the OSBN website at www.oregon.gov/OSBN. Under "Online Services," click on "License Verification" and follow the prompts.

OSBN disciplinary actions and complaints of abuse substantiated by the Oregon Department of Human Services are public record and are available to those who access the verification system.

Interstate Verification

If you are moving from Oregon to another state, you may need written verification of your Oregon CNA certification. Send a verification form with the required fee to the Oregon State Board of Nursing. The Board will complete the verification form and mail it to the appropriate state's registry.

Fees Paid to the OSBN

Fees paid to the OSBN are nonrefundable and deposited when received. Payment may be in the form of personal check, facility check, certified check or money order. Cash and credit card payment can be accepted in person at the OSBN office, by phone, or online.

Who is a CNA 2?

Oregon has two levels of CNAs (CNA 1 and CNA 2), with distinct curriculum requirements, competency evaluation methods and authorized duties. To be recognized as a CNA 2, an individual is required to hold a current, unencumbered CNA 1 certificate and complete a nursing assistant level 2 training program. If you are a CNA 1 and are interested in becoming a CNA 2, you can find a list of level-2 training programs on the OSBN website (click on “Educational Programs”).

Who is a Certified Medication Aide?

Certified Medication Aides (CMAs) are CNA 1s who have had additional training and are authorized to administer non-injectable medications. Oregon CMAs must complete an OSBN-approved medication aide training program, pass a competency examination approved by the OSBN and receive CMA certification before administering medications. For more information on becoming a CMA, contact the OSBN office at 971-673-0685, or visit the OSBN website (click on “CNA/CMA Information”).

Responsibilities of a CNA

Provide Accurate Information

Providing complete and accurate information helps the Board process your application quickly. Remember that all certification and renewal requests are run through the Oregon Law Enforcement Data System (LEDS). Submitting false or misleading information on your application may result in delay or denial of certification, or disciplinary action.

Report Care Violations

Contact the OSBN if you have questions, or to report incompetent, unethical, or illegal practice of any health care provider.

Renew Your CNA/CMA Certificate on Time

Your CNA certificate expires biennially at midnight before your birthday, in odd years if you were born in an odd year or in even years if you were born in an even year. You may **not** work as a CNA with an expired certificate.

The OSBN sends courtesy renewal notices to your email address on file 90, 60, and 15 days before your CNA certificate expires, as well as eight days after expiration. *It is your responsibility to renew your CNA certificate on time, even if you do not receive the renewal notice.*

You are required to renew your certificate prior to the expiration date. To renew your certificate, you may use the OSBN online renewal system. Visit the OSBN website at www.oregon.gov/OSBN and click on “License Renewal.” Simply follow the on-screen instructions that will lead you through the secure renewal application process. If you do not want to use the online renewal system, you may print an application from the OSBN website (click on “Forms”).

To renew CNA certification, a CNA must:

- **Work and be paid for at least 400 hours** (approximately three months, full-time) of CNA duties in the two years immediately preceding the expiration of the CNA certificate. Volunteer work **does not** count for renewal. Caring for a family member counts for renewal only when it is paid employment.
- **Perform authorized duties** as listed in the OSBN’s rules (*see page 12 for more information*) **under the supervision or monitoring of a licensed nurse.**

If you do not meet the work hour requirements, you will be required to pass the state competency examination. If you wish to reactivate your certificate within two years after the expiration date, you will be subject to late fees. Individuals whose CNA certificate has been expired for more than two years are required to take a OSBN-approved nursing assistant training program and pass the state competency examination.

Call the OSBN office if you have questions about your eligibility to renew.

Notify the OSBN Office When You Change Your Name, Address or Employer

According to Oregon Administrative Rule, certificate-holders must keep their current name, home address and employer(s) on file with the OSBN at all times. If you change your name, complete a Name Change Form (found on the OSBN website—click on “Forms”), attach a copy of a legal document showing your name change with the appropriate fees, and send it to the OSBN. You can easily make an address or employer change, using our online services system. Go to www.oregon.gov/OSBN, click on “Online Services,” and follow the on-screen instructions. Or, you can send your old and new addresses or employer to the OSBN office via fax, e-mail, U.S. mail or telephone (you must speak directly with a representative—voicemail messages are not accepted for address changes).

By keeping the Board informed, you can help to ensure you receive license renewal notifications, newsletters, and other information in a timely manner.



Understand the OSBN Complaint Investigation Process and Disciplinary Options

According to Oregon state law, all information about specific investigations is confidential, including who makes a complaint, when the complaint is made, the nature of the complaint and who the complaint is filed against. This encourages consumers and licensees to make valid complaints because they need not fear reprisal or other negative acts based on their complaint.

- 1. Complaints:** Complaints may be filed in writing, through our online complaint system, over the phone, or in person. Anonymous complaints are accepted. Approximately 50-60 percent of complaints come from nursing employers; the remainder come from state agencies, other professionals, coworkers, or patients/families.

- 2. Investigations:** Investigations into complaints are performed by OSBN staff investigators. Investigators first validate whether there is concern about the certificate-holder’s conduct. The investigation may include:
- a review of pertinent documents, such as a summary of the incident;
 - interviews with the complainant(s), coworkers, or employer; and,
 - a review of patient records, the nursing assistant’s personnel record, police reports, or court records.

If there is evidence of a practice or conduct problem, an investigator will meet with the licensee or applicant in person or by phone. Once the investigator has completed her/his investigation, she/he compiles all of the information gathered into a confidential report that is submitted to the Board.

Based upon the facts of each case, the Board decides whether a violation of the Nurse Practice Act occurred. If the Board determines a violation did not occur, it will close the case without disciplinary action. If the Board decides a violation did occur, then the Board must also decide what level of discipline to apply.

- 3. Resolution:** Disciplinary cases may be resolved by:

- **Stipulated agreement**—The certificate-holder signs a document acknowledging the facts of the incident, violations of law and OSBN rules, the proposed disciplinary action and any terms and conditions to be imposed. The agreement goes to the Board for consideration and potential adoption. Most disciplinary cases (98 percent) are resolved by stipulated agreement.
- **Notice**—If agreement is not reached, a “Notice” document is sent to the CNA/CMA. The Notice is a public document and is available on request. It is essentially a statement of charges against the licensee. The Notice contains a time frame within which a hearing can be requested, and specifies the level of sanction that has been proposed. The CNA/CMA is entitled to a hearing and is granted every opportunity to exercise that right. If the CNA/CMA does not request a hearing within the allotted timeframe, the case goes to the Board for a decision by default. If the CNA/CMA has a hearing and does not agree with the Board’s final decision, she/he can appeal to the Oregon Court of Appeals. If there is disagreement with the Court’s decision, the CNA/CMA can appeal further to the Oregon Supreme Court.

4. **Disciplinary Sanctions:** The Board can impose a range of disciplinary sanctions:

- **Reprimand**—A formal notice to the CNA/CMA that OSBN standards have been violated.
- **Civil Penalty**—A fine of up to \$5,000.
- **Probation**—An imposition of restrictions or conditions under which a CNA/CMA must practice, including the type of employment setting or job role.
- **Suspension**—A period of time during which a person may not practice nursing or work as a nursing assistant.
- **Revocation**—A removal of certification for at least three years.
- **Voluntary Surrender**—An action on the part of the CNA/CMA to give up her/his certificate instead of facing potential suspension or revocation.
- **Denial of Licensure**—An action by the Board not to issue a certificate.

The OSBN is required to investigate every complaint it receives. If the Board takes disciplinary action against a CNA certificate, that action (as well as some Notices of Proposed Disciplinary Action) is listed on the OSBN website and newsletter and is a public record. The fact that a complaint has been made against a person or that a person has been investigated is not public record. Complaints, by law, are confidential until the investigation is complete and the Board takes disciplinary action. Complaints that do not result in disciplinary action remain confidential.

Please Note: If there has been a finding of abuse, neglect, or misappropriation determined by the Oregon Department of Human Services, that information is noted on the OSBN website. According to federal regulations, when a CNA has a substantiated finding of abuse, neglect, or misappropriation, the CNA may **not** work in any nursing facility anywhere in the United States.

If you have questions concerning the complaint investigation process and disciplinary options, please contact the OSBN office at 971-673-0685.

OSBN Staff Responsibilities and Limitations

The OSBN staff strives to process completed applications quickly and respond to your inquiries accurately. However, there are some things staff **cannot** do:

- Disclose the results of a Oregon State Police LEADS inquiry or fingerprint background check.
- Reveal information about an investigation.
- Give examination results over the telephone *to anyone*.

Criminal Conviction History or Falsification of Application

Applicants or individuals with current nursing assistant certification with conviction histories, including crimes which are drug and alcohol related, will be considered on an individual basis.

Any current nursing assistant or applicant who supplies false or incomplete information to the Board regarding the individual's criminal history may be issued a Notice to Deny Certification under the provisions of the Oregon Administrative Procedure Act in contested case hearings.

All other crimes, including drug or alcohol-related crimes, will be evaluated individually. The evaluation will consider:

1. Evidence of rehabilitation.
2. Length of time since the conviction/arrest to the time of application for certification.
3. Circumstances surrounding commission of the crime/arrest that demonstrate that a repeat offense is not likely.
4. Character references.

Authorized Duties for CNA I

(Excerpts from the Nurse Practice Act: Oregon Administrative Rule 851-063-0030. Check the OSBN website for most recent version.)

Under no circumstances shall CNAs work independently without the supervision or monitoring by a licensed nurse who provides assessment of clients. CNAs may only provide care and assist clients with the following tasks related to activities of daily living:

1. Tasks associated with communication and interpersonal skills:

- Answering and placing call signals.
- Coaching and mentoring other nursing assistants.
- Communicating.
- Maintaining confidentiality.
- Reporting abuse, mistreatment, and neglect.
- Utilizing de-escalation techniques.

2. Tasks associated with person-centered care.

3. Tasks associated with infection control and standard or transmission-based precautions:

- Assisting with coughing and deep breathing.
- Bedmaking and handling linen.
- Caring for the client's environment.
- Handling and disposal of hazardous wastes.
- Handling of contaminated materials.
- Handwashing and hand hygiene.
- Implementing precautions associated with communicable and infectious diseases.
- Implementing neutropenic precautions.
- Maintaining client cleanliness and grooming.
- Utilizing personal protective equipment.

4. Tasks associated with safety and emergency procedures:

- Implementing bleeding, cervical, hip, and sternal precautions.
- Moving and transferring clients.
- Transporting clients in wheelchairs and specialized chairs.
- Turning and positioning clients.
- Using lifts and safe client handling devices.
- Turning oxygen on and off, or transferring oxygen between wall and tank at pre-established flow rate for stable clients.
- Managing hazards in the workplace.
- Preventing burns.
- Preventing falls.
- Performing CPR.

5. **Tasks associated with activities of daily living (ADL):**
Assisting with nutrition and hydration, elimination, personal care, restorative care, and positioning devices and restraints.
6. **Tasks associated with collaboration with health care team.**
7. **Tasks associated with observation and reporting.**
8. **Tasks associated with documentation.**
9. **Tasks associated with end-of-life care.**

Standards of Care for CNA I

(Excerpts from the Nurse Practice Act: Oregon Administrative Rule 851-063-0030(6). Check the OSBN website for most recent version.)

In the process of client care the CNA shall consistently:

- Apply standard precautions according to the Centers for Disease Control Prevention Guidelines.
- Use hand hygiene between episodes of care.
- Use appropriate body mechanics to prevent injury to self and client;
- Follow the care plan as directed by the licensed nurse.
- Use appropriate communication with client, client's family and friends, and coworkers.
- Use alternatives to physical restraints, or apply physical restraints as directed by the licensed nurse.
- Determine absence of pulse and/or respiration and initiate an emergency response.
- Report to the licensed nurse any recognized abnormality in client's signs and symptoms.
- Record observations and measurements, tasks completed, and client statements about condition or care.
- Apply safety concepts in the workplace.
- Report signs of abuse, neglect, mistreatment, misappropriation or exploitation.
- Demonstrate respect for rights and property of clients and coworkers.
- Maintain client confidentiality.

Authorized Duties for CNA 2

(Excerpts from the Nurse Practice Act: Oregon Administrative Rule 851-063-0035. Check the OSBN website for most recent version.)

Under the supervision and at the direction of a licensed nurse, the CNA 2 may provide care and assist clients with the following:

- 1. Tasks associated with communication and interpersonal skills:**
 - Coaching and mentoring peers.
 - Crisis intervention.
- 2. Tasks associated with observation and reporting:**
 - Observing and collecting pain responses.
 - Relieving pain.
 - Understanding the concept of SBARR.
- 3. Tasks associated with person-centered care:**
 - Embracing the friendship philosophy of care.
 - Positively impacting the environment for person with dementia.
 - Cultural responsiveness.
- 4. Tasks associated with technical skills:**
 - Adjusting oxygen rate of flow.
 - Applying and removing delivery device and turning CPAP or BiPAP devices on and off.
 - Bladder scanning.
 - Clipping hair in preparation for surgical procedure.
 - Discontinuing saline lock.
 - Fingertick capillary blood testing.
 - Interrupting and re-establishing nasogastric suction.
 - Obtaining nasal or rectal swab.
 - Placing electrodes/leads and run EKG.
 - Placing electrodes/leads for telemetry.
 - Removing casts in non-emergent situations.
 - Screening newborn hearing.
 - Setting up traction equipment.
 - Suctioning nose or oral pharynx.
 - Testing stool for occult blood.
 - Urine dip stick testing.
- 5. Tasks associated with safety:**
 - Implementing preventive/protective strategies.
 - Minimizing safety risks.

6. Tasks associated with infection prevention and control:

- Establishing and maintaining a sterile field.
- Obtaining urine specimen from port of catheter.
- Discontinuing Foley catheters.
- Measuring, recording and emptying output from drainage devices and closed drainage systems.
- Changing wound vac canisters.

7. Tasks associated with promoting nutrition and hydration:

- Adding fluid to established post pyloric, jejunostomy, and gastrostomy tube feedings.
- Changing established tube feeding bags.
- Pausing and resuming established post pyloric, jejunostomy, and gastrostomy tube feedings to provide personal care.

8. Tasks associated with promoting functional abilities:

- Assisting persons in and out of CPM machines.
- Performing ROM on persons with complex medical problems: fragile skin, at risk for pathological fractures, spascity, and contractures.
- Therapeutic positioning in a variety of situations and considering a person's condition including but not limited to bridging and proning.
- Use of adaptive, assistive, and therapeutic equipment.

9. Tasks associated with end-of-life care:

- Comfort care.
- Removal of non-surgically inserted tubes and devices from post-mortem persons.

10. Tasks associated with documentation.

Standards of Care for CNA 2

In the process of client care the CNA 2 shall consistently apply standards set for CNA 1s and:

- Establish competency as a CNA 2;
- Maintain competency as a CNA 2;
- Perform only authorized duties for which the CNA 2 has established competency.

Causes for Discipline of Nursing Assistants

(Excerpts from the Nurse Practice Act: Oregon Administrative Rule 851-063-0080. Check the OSBN website for most recent version.)

Causes for denial, reprimand, suspension, probation, or revocation of CNA certificate. Under the contested case procedure in ORS 183.310 to 183.550, the OSBN may deny, reprimand, suspend, place on probation or revoke the certificate to perform duties as a Certified Nursing Assistant for the following causes:

1. Conviction of the nursing assistant of a crime where such crime bears demonstrable relationship to the duties of a nursing assistant;
2. Any willful fraud or misrepresentation in applying for or procuring a certificate or renewal thereof;
3. Use of any controlled substance or intoxicating liquor to an extent or in a manner injurious to the certificate holder or others or to an extent that such use impairs the ability to conduct safely the duties of a nursing assistant;
4. Violation of any provision of ORS 678.010 to 678.445 or rules adopted thereunder;
5. Physical or mental condition that makes the certificate holder unable to perform the duties of a nursing assistant;
6. Conduct unbecoming a nursing assistant in the performance of duties.

Conduct Unbecoming a Nursing Assistant

(Excerpts from the Nurse Practice Act: Oregon Administrative Rule 851-063-0090. Check the OSBN website for most recent version.)

A CNA, regardless of job location, responsibilities, or use of the title “CNA,” whose behavior fails to conform to the legal standard and accepted standards of the nursing assistant profession, or who may adversely affect the health, safety or welfare of the public, may be found guilty of conduct unbecoming a nursing assistant. Such conduct includes but is not limited to:

1. Conduct, regardless of setting, related to general fitness to perform nursing assistant authorized duties:
 - a) Demonstrated incidents of violent, abusive, neglectful or reckless behavior; or

- b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.
2. Conduct related to achieving and maintaining clinical competency:
- a) Failing to conform to the essential standards of acceptable and prevailing nursing assistant performance of duties. Actual injury need not be established;
 - b) Performing acts beyond the authorized duties except for as allowed for in these rules;
 - c) Assuming duties and responsibilities for a person's care without documented preparation for the duties and responsibilities and when competency has not been established and maintained; or
 - d) Performing new nursing assistant techniques or procedures without documented education specific to the technique or procedure and supervised clinical experience to establish competency.
3. Conduct related to client safety and integrity:
- a) Failing to take action to preserve or promote a person's safety based on nursing assistant knowledge, skills, and abilities;
 - b) Failing to implement the plan of care developed by the registered nurse;
 - c) Failing to report changes in a person's status from the last assessment made by the registered nurse;
 - d) Jeopardizing the safety of a person under the CNA's care;
 - e) Leaving or failing to complete a nursing assistant assignment without properly notifying appropriate supervisory personnel;
 - f) Failing to report through proper channels information or facts known regarding the incompetent, unethical, unsafe, or illegal practice of any health care provider;
 - g) Failing to respect the dignity and rights of the person receiving nursing services, regardless of social or economic status, age, race, religion, sex, sexual orientation, national origin, nature of health needs, other physical attributes, or disability;
 - h) Failing to report actual or suspected incidents of abuse, neglect, or mistreatment;
 - i) Engaging in or attempting to engage in sexual misconduct with a client in any setting;
 - j) Engaging in sexual misconduct in the workplace; or
 - k) Failing to maintain professional boundaries.

4. Conduct related to communication:
- a) Failing to accurately document nursing assistant activities and tasks;
 - b) Failing to document nursing assistant activities and task implementation in a timely manner. This includes failing to document a late entry within a reasonable time period;
 - c) Entering inaccurate, incomplete, falsified or altered documentation into a health record or into agency records. This includes but is not limited to:
 - A) Documenting the provision of services that were not provided;
 - B) Failing to document information pertinent to the person's care;
 - C) Filling in someone else's charting omissions, or signing someone else's name;
 - D) Falsifying data;
 - E) Altering or changing words or characters within an existing document to mislead the reader; or
 - F) Adding documentation to a health record or agency record without recording the date and time of the event being recorded. This includes late entry documentation that does not demonstrate the date and time of the initial event being documented, the date and time the late entry is being placed into the record, and the signature of the nursing assistant placing the documentation into the record.
 - d) Destroying an agency record, a person's health record, or any document prior to the destruction date indicated for the type of recorded data or document;
 - e) Directing another individual to falsify, alter or destroy an agency record, a person's health record, or any document prior to the destruction date indicated for type of recorded data or type of document;
 - f) Failing to communicate information regarding a person's status to the supervising nurse or other appropriate member of the healthcare team in an on-going and timely manner and as appropriate to the context of care; or
 - g) Failing to communicate information regarding the person's status to individuals who are authorized to receive the information and need to know.

5. Conduct related to interactions with the client's family:
 - a) Failing to respect the person's family and the person's relationship with their family;
 - b) Using one's title/position as a nursing assistant to exploit a person's family for personal gain or for any other reason;
 - c) Stealing money, property, services or supplies from the family;
 - d) Soliciting or borrowing money, materials or property from the family; or
 - e) Engaging in unacceptable behavior towards or in the presence of the client's family. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language.
6. Conduct related to relationships with co-workers and health care team members:
 - a) Engaging in violent, abusive or threatening behavior towards a co-worker; or
 - b) Engaging in violent, abusive or threatening behavior that relates to the performance of safe care to a person.
7. Conduct related to safe performance of authorized duties:
 - a) Performing authorized duties when unable/unfit to perform nursing assistant activities or tasks due to:
 - A) Physical impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of a LIP qualified to diagnose physical condition/status; or
 - B) Psychological or mental impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of a LIP qualified to diagnose mental condition/status.
 - b) Performing authorized duties when physical or mental ability to perform is impaired by use of a prescription or non-prescription drug, alcohol, or a mind-altering substance; or
 - c) Using a prescription or non-prescription drug, alcohol, or a mind-altering substance to an extent or in a manner dangerous or injurious to the nursing assistant or others, or to an extent that such use impairs the ability to perform the authorized duties safely.

8. Conduct related to other federal or state statutes/rule violations:
- a) Aiding, abetting or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of the nursing assistant or other healthcare provider;
 - b) Violating the rights of privacy, confidentiality of information, or knowledge concerning the person, unless required by law to disclose such information;
 - c) Discriminating against a person on the basis of age, race, religion, gender, sexual preference, national origin or disability;
 - d) Abusing a person;
 - e) Neglecting a person;
 - f) Failing to report actual or suspected incidents of abuse through the proper channels in the workplace and to the appropriate state agencies;
 - g) Failing to report actual or suspected incidents of abuse to the appropriate state agency;
 - h) Engaging in other unacceptable behavior towards or in the presence of the client. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language;
 - i) Possessing, obtaining, attempting to obtain, furnishing or administering prescription or controlled drugs to any person, including self, except as directed by a LIP authorized by law to prescribe drugs;
 - j) Unauthorized removal or attempted removal of any drugs, supplies, property, or money from any person or setting;
 - k) Unauthorized removal of records, client information, or facility property from the workplace;
 - l) Using one's role or title as a nursing assistant to solicit or borrow money, materials, property or possessions from a client or the client's family for personal gain or sale;
 - m) Violating a person's rights of privacy and confidentiality of information by accessing information without proper authorization to do so or without a demonstrated need to know;
 - n) Failure to report to the Board the CNA's arrest for a felony crime within 10 days of the arrest; or
 - o) Failure to report to the Board the CNA's conviction of a misdemeanor or a felony crime within ten days of the conviction.

9. Conduct related to certification violations:
 - a) Resorting to fraud, misrepresentation, or deceit during the application process for licensure or certification, while taking the examination for licensure or certification, while obtaining initial licensure or certification or renewal of licensure or certification;
 - b) Functioning as a certified nursing assistant without current certification as a nursing assistant;
 - c) Functioning as a certified medication assistant without current certification as a medication assistant;
 - d) Representing oneself as a CNA without current, valid CNA certification;
 - e) Allowing another person to use one's nursing assistant certificate for any purpose;
 - f) Using another licensee's nursing license or nursing assistant certificate for any purpose;
 - g) Impersonating any applicant or acting as a proxy for the applicant in any nursing assistant examination;
 - h) Disclosing contents of the competency examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration; or
 - i) Altering a certificate of completion of training or nursing assistant certification issued by the Board.

10. Conduct related to the certification holder's relationship with the Board:
 - a) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to waiver of confidentiality, except attorney-client privilege.
 - b) Failing to answer truthfully and completely any question asked by the Board on an application for certification, renewal of certification, during the course of an investigation, or any other question asked by the Board;
 - c) Failing to provide the Board with any documents requested by the Board; or
 - d) Violating the terms and conditions of a Board order.

*We hope this information has been useful to you
as you begin your duties as a
Certified Nursing Assistant in Oregon.*

*Please call the OSBN office at 971-673-0685
if we can be of assistance to you.*

For More Information

Office phone: 971-673-0685

Office hours: 7:30 a.m.–4:30 p.m. Monday–Friday

Oregon State Board of Nursing
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