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ARCHIVES DIVISION

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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 851
BOARD OF NURSING

FILED

04/29/2024 3:15 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Div 45-Amend Standards and Scope of Practice for LPN and RN

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 05/21/2024 5:00 PM

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.

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Filed By:
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HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 05/21/2024

TIME: 1:00 PM - 2:00 PM

OFFICER: Amanda Meeuwsen

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 1-503-446-4951

CONFERENCE ID: 972298998

SPECIAL INSTRUCTIONS:

Meeting ID: 231 660 394 662

Passcode: dwKudw

When joining the session, please include your First and Last Name for identification. Participation is documented in minutes.

NEED FOR THE RULE(S)

ORS 678.150 requires the Board to exercise general supervision of the practice of nursing in this state and to determine the scope of practice as delineated by the knowledge acquired through approved courses of education or through experience.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

851-045 available

https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=A0kW8rXIE3i63q7LUAb-NHruKpn00zEyILc0_G3uTqG39wfDDtps!1884250577?selectedDivision=3929

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Amendments to these rules will not affect racial equity in this state.

FISCAL AND ECONOMIC IMPACT:

There is no fiscal or economic impact as result of these division rule amendments.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1): There is no known impact to units of local government or to the public. (2)(a): The Board does not collect data on small businesses, on RNs who own small businesses, or on small businesses that employ RNs who may be subject to these rules. 2(b): There are no additional reporting, recordkeeping or administrative activities required by these rules. 2(c): There is an estimated zero cost to comply with these rules.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Privately owned RN businesses were actively involved in Rule Advisory Committee meetings for these rules.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

851-045-0030, 851-045-0040, 851-045-0050, 851-045-0060, 851-045-0062, 851-045-0063, 851-045-0064, 851-045-0065, 851-045-0070, 851-045-0090

AMEND: 851-045-0030

RULE SUMMARY: Amends rule to clarify and identify applicability of the rules to the advanced practice registered nurse RN license owner.

CHANGES TO RULE:

851-045-0030

Purpose of Standards and Scope of Practice ¶

~~(1) To establish acceptable levels of safe practice for the L~~ To identify licensed P ~~practical N~~ nurse (LPN) and Registered Nurse (RN);¶

~~(2) To serve as a guide for the Board to evaluate safe and effe~~ scope in the practice of nursing.¶

~~(2) To identify registered nurse (RN) scope in the practivce of nursing care;¶~~

~~(3) To serve as a guide for the Board to determine when nursing practice is below the expected.¶~~

~~(3) To establish standards of nursing practice.¶~~

~~(4) All standards of care; and¶~~

~~(4) To provide a framework for evaluation of continued competency in nursing practice~~ nursing practice and RN scope of practice standards apply to the advanced practice registered nurse (APRN).

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150, 678.010

REPEAL: 851-045-0040

RULE SUMMARY: These standards are repealed and moved to 851-045-0065.

CHANGES TO RULE:

851-045-0040

Scope of Practice Standards for All Licensed Nurses

- (1) Standards related to the licensee's responsibility for safe nursing practice. The licensee shall:
- (a) Practice within the laws and rules governing the practice of nursing at the level the nurse is licensed;
 - (b) Ensure competency in the cognitive and technical aspects of a nursing intervention or a nursing procedure prior to its performance; and
 - (c) Self-regulate one's professional practice by:
 - (A) Adhering to professional practice and performance standards;
 - (B) Practicing within the context of care; and
 - (C) Removing one's self from practice when unable to practice with professional skill and safety.
 - (d) Establish, communicate, and maintain professional boundaries.
- (2) Standards related to the licensee's responsibility for licensure and practice role disclosure. The licensee shall disclose licensure type and practice role to the client unless the disclosure creates a safety or health risk for either the licensee or the client.
- (3) Standards related to the licensee's responsibility regarding technology. The licensee shall:
- (a) Acquire and maintain the competency necessary to properly use the informatics and technologies of the practice setting; and
 - (b) Advocate for the use of informatics and technologies that are compatible with the safety, dignity, and rights of the client.
- (4) Standards related to the licensee's responsibility for documentation of nursing practice. The licensee shall document nursing practice in a timely, accurate, thorough, and clear manner.
- (5) Standards related to the licensee's responsibility to accept and implement orders for client care and treatment.
- (a) The licensee may accept and implement orders from a licensed independent practitioner (LIP) authorized by Oregon statute to independently diagnose and treat:
 - (A) Clinical nurse specialist licensed under ORS Chapter 678;
 - (B) Certified registered nurse anesthetist licensed under ORS Chapter 678;
 - (C) Nurse practitioner licensed under ORS Chapter 678;
 - (D) Medical doctor (MD) licensed under ORS Chapter 677;
 - (E) Doctor of osteopathic medicine (DO) licensed under ORS Chapter 677;
 - (F) Doctor of podiatric medicine licensed under ORS Chapter 677;
 - (G) Dentist licensed under chapter ORS 679;
 - (H) Naturopathic physician licensed under ORS Chapter 685;
 - (I) Optometrist licensed under ORS Chapter 683;
 - (J) Chiropractor physician licensed under ORS Chapter 684;
 - (K) MD volunteer emeritus license licensed under ORS Chapter 677; and
 - (L) DO volunteer emeritus license licensed under ORS Chapter 677.
 - (b) May accept and implement orders for client care and treatment from a Physician Assistant (PA) licensed under ORS Chapter 677, provided that the name of the supervising or agent physician is recorded with the order, in the narrative notes, or by a method specified by the health care facility. At all times the supervising or agent physician must be available to the licensed nurse for direct communication.
 - (c) Prior to implementation of an order, the licensee:
 - (A) Must have knowledge that the order is within the LIP's or PA's scope of practice and determine that the order is consistent with the overall plan for the client's care; and
 - (B) Shall question any order that is not clear, determined to be unsafe, contraindicated for the client, or is inconsistent with the overall plan for the client's care.
 - (d) The licensee may accept and implement recommendations for care from the following health care professionals licensed in Oregon:
 - (A) Acupuncturist licensed under ORS Chapter 677;
 - (B) Dietitian licensed under ORS Chapter 691;
 - (C) Occupational therapist licensed under ORS Chapter 675;
 - (D) Physical therapist licensed under ORS Chapter 688;
 - (E) Pharmacist licensed under ORS Chapter 689;
 - (F) Psychologist licensed under ORS Chapter 675;

(G) Registered nurse licensed under ORS Chapter 678;¶

(H) Respiratory therapist licensed under ORS Chapter 688;¶

(I) Social worker licensed under ORS Chapter 675; and¶

(J) Speech therapist licensed under ORS Chapter 681.¶

(e) Prior to implementation of a recommendation, the licensee must have knowledge that the recommendation is within the health care professional's scope of practice and determine that the recommendation is consistent with the overall plan for the client's care.¶

(f) When the licensee has determined that an order or a recommendation is not clear, unsafe, contraindicated for the client, or inconsistent with the overall plan for the client's care, the licensee has the responsibility to decline implementation and contact the health care professional making the order or recommendation.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150, 678.010

AMEND: 851-045-0050

RULE SUMMARY: Amends rule to clarify scope in the practice of nursing for the LPN. Several nursing practice standards formerly in this section are moved to 851-045-0065.

CHANGES TO RULE:

851-045-0050

Scope of Practice Standards for Licensed Standards Related to LPN Scope in the Practice of Nursing

~~(1) The Board recognizes that the LPN has a supervised practice that~~ The LPN's practice of practical nursing occurs at the clinical direction and under the clinical supervision of the RN or LIP who have authority to make changes in the plan of care, and encompasses a variety of roles, including, but not limited to of an RN's plan of care or a licensed independent practitioner's (LIP) treatment plan.

~~(2) The LPN's clinically directed practice of practical nursing may occur in a variety of roles that can include:~~

~~(a) Provision of eliendirect care;~~

~~(b) Supervision of others in the provision of care;~~

~~(c) Participation in the development and implementation of health care policy;~~

~~(d)c) Participation in nursing research; and~~

~~(ed) T Participation in teaching health care providers and prospective health care providers.~~

~~(23) Standards related to the LPN's responsibility for ethical practice, accountability for services provided, and competency. The LPN shall:~~

~~(a) Base LPN The LPN's engagement in the practice on current nursing science, other sciences, and the humanities;~~

~~(b) Be knowledgeable of the statutes and regulations governing LPN practice and practice within those legal boundaries;~~

~~(c) Be knowledgeable of the professional nursing practice standards applicable to LPN practice and adhef nursing must occur through the following actions that are directed by the RN's plan of care for those standards;~~

~~(d) Demonse LIP's treat honesty, integrity and professionalism in the practice of ment plan for a cliensed practical nursing;~~

~~(ea) Be accountable for individual LPN actions;~~

~~(f) Maintain competency in one's LPN practice role;~~

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

~~(h) Accept only LPN assignm Perform a focused assessment of the clients that are within one's individual scope of practice;~~

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

~~(j) Accept responsibility for notifying employer of an ethical obje recognizes the client's priority condition at the provision of a specific nursingtime of the intervenaction;~~

~~(kb) Ensure unsafe nursing practice is addressed immediately;~~

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

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

~~(3) Standards related to Develop a focused plan of care that identifies prioritized interventions from the LPRN's responsibility for nursing practice. Applying practical nursing knowledge, at the clinical direction and under the clinical supervision of the RN or LIP, the LPN shall:~~

~~(a) Conduct focused assessments by:~~

~~(A) Collecting data through observations, examinations, interviews, and records in an accurate and timely manner as appropriate to the client's health care needs and context of care;~~

~~(B) Validating data by utilizing available resources, including interactions with the client and health care team membersplan of care or the LIP's treatment plan to be carried out with the client;~~

~~(Cc) Distinguishing abnormal from normal data, sorting, selecting, recording, and rep Implement prioriting the data discrepancies to the supervising RN or supervising LIP;~~

~~(D) Identifying potentially inaccurate, incomplete or missing data and reporting as neededzed focused plan of care interventions;~~

~~(Ed) Recognizing signs and symptoms of deviation from current health status; and~~

~~(F) Evaluating data to identify problems or risks presented by th Evaluate client's:s;~~

~~(bA) Select reasoned conclusions that communicate client problems or risks;~~

~~(c) Contribute to the development of a comprehensive plan of care or develop a focused plan of care. This includes;~~

~~(A) Identifying priorities in the plan of care;~~

- (B) Setting measurable outcomes in collaboration with the client; and¶
- (C) Selecting appropriate nursing interventions as establish Response(s) to focused plan of care interventions; and¶
- (B) Progress toward expected outcomes as identified by in the RN's plan of consistent with the LIP's plan of care.¶
- (d) Implement the plan of care; and¶
- (e) Evaluate client responses to nursing interventions, progress toward measurable outcomes, and communicate such to appropriate members of the health care team.¶
- (4) Standards related to are or the LIP's treatment plan for the client;¶
- (e) Communicate client's status, and any concerns or issues regarding the LPN's responsibility to assign and supervise plan of care. At or the clinical direction and under the clinical supervision of the RN or LIP, the LPN:¶
- (a) May assign to an LPN, nursing interventions that fall within LPN scope of practice and that the licensee receiving the assignment possesses the competency to perform safely; LIP's treatment plan, with the RN or LIP providing clinical direction per the context of care. ¶
- (b4) May assign to the CNA and CMA the duties identified within Chapter 851 Division 63 that the certificate holder possesses the competency to perform safely;¶
- (c) May assign to the UAP work the UAP is authorized to perform within the practice setting and that the UAP possesses the competency to perform safely;¶
- (d) Shall ensure the assignment matches client service need; Limitations on scope in the practice of nursing for the LPN. ¶
- (ea) Shall provide clinical supervision of the LPN, CNA, CMA, and UAP to whom an assignment possesses been made:¶
- (A) Provides supervision per the context of care;¶
- (B) Ensures documentation of supervision activities occurs per the context of the assignment;¶
- (C) Evaluates the effectiveness The LPN cannot conduct a focused assessment or generate a focused plan of care outside of the assignment; and¶
- (D) Reports effectiveness of assignment to the supervising RN or supervising LIP.¶
- (f) Shall revise the assignment as directed by the supervising RN or supervising LIP; and¶
- (g) Prior to making an assignment, the LPN is responsible to know the duties, activities or procedures the recipi parameters of an RN's plan of care or LIP's treatment plan for a client.¶
- (b) For a situation that presents of the assignment is authorized to perform within the setting.¶
- (5) Standards related to the LPN's responsibility for client advocacy. The LPN shall:¶
- (a) Adv outside of the parameters of an RN's plan of care for the client's right to receive appropriate care, including client-centered care and end-of-life care, that is respectful of the client's needs, choices and dignity;¶
- (b) Intervene on behalf of the client to identify changes in health status, to protect, promote and optimize health, and to alleviate suffering;¶
- (c) Advocate for the client's right to receive appropriate and accurate information;¶
- (d) Communicate client's choices, concerns and special needs to the supervising RN or supervising LIP and to other members of the health care team; and¶
- (e) Protect the client's right to participate or decline to participate in research.¶
- (6) Standards related to the LPN's responsibility for collaboration with the health care team. The LPN shall:¶
- (a) Function as a member of the health care team;¶
- (b) Collaborate in the development, implementation and evaluation of an integrated plan of care appropriate to the context of care;¶
- (c) Demonstrate a knowledge of health care team members' roles;¶
- (d) Communicate with the supervising RN or supervising LIP and other relevant health care team members regarding the plan of care; and¶
- (e) Make referrals as directed in a timely manner and follow up on referrals made.¶
- (7) Standards related to the LPN's responsibility for the environment LIP's treatment plan for a client, the LPN may collect client data and must communicate data collected to, and seek direction from, the RN or LIP. ¶
- (5) The LPN may assign to an LPN, certified nursing assistant (CNA), certified medication aide (CMA) or unregulated assistive person (UAP) focused plan of care interventions the recipient is authorized by license ofr care. The LPN shall:¶
- (a) Promote and advocate for an environment conducive to safety; and¶
- (b) Identify safety and environmental concerns, take action to address those concerns, and report to the supervising RN or supervising LIPertification and organizational position description to perform.¶
- (8a) Standards related to the LPN's responsibility for leadership and quality of care. The LPN shall:¶
- (a) Identify factors that affect the quality of nursing service delivery and report to the supervising RN or LIP;¶
- (b) Implement policies, protocols, and guidelines that are pertinent to nursing service delivery;¶
- (c) Contribute to development and implementation of policies, protocols, and guidelines that are pertinent to the

practice of nursing and to health services delivery;¶

(d) Participate in quality improvement initiatives and activities with Prior to assigning interventions, the LPN must know the duties, activities or interventions the recipient is authorized to perform in the practice setting; and,¶

(e) Participate in the development and mentoring of new licensees, nursing colleagues, students, and members of the health care team.¶

(9) Standards relat The LPN who assigns must:¶

(A) Assign based to¶ the LPN's responsibility for health promotion and teaching. At the clinical direction and under the clinical supervision of the RN or LIP, the LPN may participate in the development, implementation and evaluation of teaching plans appropriate to the context of care, that address the learner's learning needs, readiness to learn, and ability to learn.¶

(10) Standards related to the LPN's responsibility for cultural responsiveness. The LPN shall ir focused plan of care:¶

(B) Provide supervision of the assignment recipient consistent with the context of care; and¶

(C) Revise the distribution of focused plan of care interventions as indicated by:¶

(a) Apply a basic knowledge of cultural diversity; and¶

(b) Recognize and respect the cultural values, beliefs, and customs of the client Client safety; and¶

(ii) Discussion with the RN or LIP.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150, 678.010

AMEND: 851-045-0060

RULE SUMMARY: Amends rule to clarify scope in the practice of nursing for the RN. Several nursing practice standards formerly in this section are moved to 851-045-0065.

CHANGES TO RULE:

851-045-0060

Scope of Practice Standards for Registered Standards Related to RN Scope in the Practice of Nursing

(1) The Board recognizes that the scope of practice for the RN encompasses a variety of roles. The RN's practice of registered nursing is independent and can occur in a variety of roles. Such roles commonly including, but are not limited to:

- (a) Provision of client care;
- (b) Clinical direction and clinical supervision of others in the provision of care;
- (c) Nursing administration;
- (b) Nursing education;
- (c) Health care policy development and implementation of health care policy;
- (d) and evaluation;
- (d) Consultation in the practice of nursing;
- (e) Nursing administration;
- (f) Nursing education; Provision of direct care;
- (f) Clinical direction and clinical supervision of others;
- (g) Health promotion and wellness;
- (g) Case management;
- (h) Nursing research;
- (i) Teaching health care providers and prospective health care providers;
- (j) Nursing Informatics; and
- (k) Specialization as an NP, CRNA, or CNS.

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

- (a) Base RN practice on current and evolving nursing science, other sciences, and the humanities;
- (b) Be knowledgeable of the professional nursing practice and performance standards and adhere to those standards;
- (c) Be knowledgeable of the With additional education, professional certification, and licensure, engagement in an advanced practice Oregon statutes and regulations governing RN practice and practice within those legal boundaries; istered nurse practice role.
- (d) Demonstrate honesty, integrity and professionalism in the practice of registered nursing;
- (e) Be accountable for individual RN. The RN's engagement in the practice of registered nursing occurs through the following actions:
- (f) Maintain competency in one's RN practice role;
- (g) Maintain documentation of the method that competency was acquired and maintained;
- (h) Accept only RN assignments that are within one's individual scope of practice;
- (i) Recognize and respect a client's autonomy, dignity and choice;
- (j) Accept responsibility for notifying employer of an ethical objection to the provision of a specific nursing intervention;
- (k) Ensure unsafe nursing practices are addressed immediately; Assessment of client to identify their overall response to their current state of health that brought them into contact with the RN;
- (b) Identification of reasoned conclusions based on validation, analysis and synthesis of assessment data.
- (c) Ensure unsafe practice and practice conditions are reported to the appropriate regulatory agency; and Identification of expected outcomes for reasoned conclusions.
- (d) Protect confidential client information. Development of a plan and only share information in a manner that is consistent with current law. f care to:
- (A) Prioritize reasoned conclusions;
- (3) Standards related to the RN's responsibility for nursing practice. Through the application of scientific evidence, practice experience, and nursing judgment, the RN shall: Identify interventions to attain expected outcomes;
- (a) Conduct comprehensive assessments by:
- (A) Collecting data from observations, examinations, interviews, and records in an accurate and timely manner as Identify implementation responsibilities, timelines and documentation requirements; and

(D) Utilization of language appropriate to the client's needs and context of care; ¶

(Be) Validating data by utilizing available resources, including interactions with the client, with health care team members, and by accessing scientific literature; ¶¶

(C) Distinguishing abnormal from normal data, sorting, selecting, recording, evaluating, synthesizing and communicating the data; ¶¶

(D) Identifying potentially inaccurate, incomplete or missing data and reporting data discrepancies as appropriate for the context of care; ¶¶

(E) Identifying signs and symptoms of deviation from current health status; ¶¶

(F) Anticipating changes in client status Implementation of plan of care. RN may include utilization of practice team members to carry out planned interventions per the context of care, including: ¶

(A) Assigning or delegating in any setting; and ¶

(GB) Evaluating the data to identify problems or risks presented by the client. Delegating to a UAP in a community-based setting per OAR Chapter 851, Division 47. ¶

(bf) Develop reasoned conclusions that identify Evaluation of client problems or risks; ¶¶

(c) Develop a client-centered plan of care based on analysis of the client's problems or risks that: ¶¶

(A) Establishes priorities in the plan of care; ¶¶

(B) Identifies measurable outcomes gress toward expected outcomes through: ¶

(A) Ongoing collection and analysis of assessment data; and ¶

(CB) Includes nursing interventions to address prioritized diagnostic statements Revision of reasoned conclusions. ¶¶

(d) Implement the plan of care; ¶¶

(e) Evaluate client responses to nursing interventions and progress toward identified outcomes; and ¶¶

(f) Update and modify the plan of care based on ongoing client assessment and evaluation of data. ¶¶

(4) Standards related to the RN's responsibility to assign and supervise care. ¶¶

(a) The RN may assign to the RN, nursing interventions that fall within RN scope of practice and that the licensee receiving the assignment possesses the competency to perform safely. ¶¶

(b) The RN may assign to the LPN nursing interventions that fall within LPN scope of practice and that the, expected outcomes, planned interventions, implementation responsibilities and timelines as indicated by clinical judgment. ¶

(3) The RN may assign to a practice team member work the team member is authorized by licensee receiving the assignment possesses the competency to perform safely. ¶¶

(c) The RN may assign to the CNA and CMA authorized duties identified within Chapter 851 Division 63 that the certificate holder possesses the competency to perform safely, or certification and organizational position description to perform in the practice setting. ¶

(a) This includes assigning to: ¶¶

(dA) ¶ Another RN may assign to the UAP work the UAP is authorized to perform within the setting and that the UAP possesses the competency to perform safely; ¶¶

(B) LPN; ¶¶

(C) CNA or CMA; and ¶¶

(D) UAP. ¶¶

(eb) The RN who has agreed to act as a nurse intern's supervisor must: ¶¶

(A) Only assign to the nurse intern those plan of care Prior to assigning work, the RN must know the duties, functions, activities or interventions that are identified as nurse intern authorized functions within Chapter 851 Division 041; and, e recipient is authorized to perform. ¶¶

(Bc) Provide direct supervision of the nurse intern to whom an assignment has been made. The RN who assigns work must: ¶¶

(fA) The RN shall ensure the assignment matches the client's service needs with qualified personnel and available resources. Assign according to the health, safety and welfare of their client; ¶¶

(gB) The RN shall provide clinical supervision of the RN, LPN, CNA, CMA, and UAP to whom an assignment has been made Provide supervision and evaluation of assigned work consistent with: ¶¶

(Ai) Provide clinical supervision per the context of care; ¶¶

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

(C) Evaluate the effectiveness of The context of care; and ¶¶

(ii) The RN's nursing practice relationship with the team member who accepts the assignment. ¶¶

(hC) The RN shall revise the assignment Revise how work is distributed as indicated by client outcome data, availability of qualified personnel and available practice team members and other appropriate resources. ¶¶

(id) Prior to making an assignment, the RN is responsible to know the duties, functions, activities or procedures the recipient of the assignment is authorized to perform within the setting. The RN who agrees to act as a nurse intern (NI) supervisor must: ¶¶

- (5A) Standards related to the RN's responsibility for client advocacy. The RN shall:
- (a) Advocate for the client's right to receive appropriate care, including client-centered care and end-of-life care, that is respectful of the client's needs, choices and dignity Assign to the nurse intern only those functions authorized for performance by a NI per OAR Chapter 851, Division 41;
 - (b) Intervene on behalf of the client to identify changes in health status, to protect, promote and optimize health, and to alleviate suffering; Maintain a physical presence in the NI's practice setting; and
 - (c) Advocate for the client's right to receive appropriate and accurate information;
 - (d) Communicate client's choices, concerns and special needs to other members of the health care team; and Be readily available to the NI either in person or by other means.
- (e4) Protect the client's right to participate or decline to participate in research.
- (6) Standards related to the RN's responsibility for collaboration with the health care team. The RN shall:
- (a) Function as a member of the health care team;
 - (b) Collaborate in the development, implementation and evaluation of integrated plans of care as appropriate to the context of care;
 - (c) Demonstrate a knowledge of health care team members' roles;
 - (d) Communicate with health care team members regarding the plan of care; and
 - (e) Make referrals in a timely manner and ensure follow-up on referrals.
- (7) Standards related to the RN's responsibility for the environment of care. The RN shall:
- (a) Promote and advocate for an environment conducive to safety; and
 - (b) Identify safety and environmental concerns, take action to address those concerns and report as needed.
- (8) Standards related to the RN's responsibility for leadership and quality of care. The RN shall:
- (a) Identify factors that affect quality of nursing service, health services delivery, and client care, and develop quality improvement standards and processes;
 - (b) Interpret and evaluate policies, protocols, and guidelines that are pertinent to nursing practice and to health services delivery;
 - (c) Develop and implement policies, protocols, and guidelines that are pertinent to the practice of nursing and to health services delivery;
 - (d) Participate in quality improvement initiatives and activities within the practice setting; and
 - (e) Participate in The RN must employ strategies that promote health and safety.
- (a) Such strategies may include providing opportunity for the client to identify needed health promotion, disease prevention and self-management topics.
- (b) The RN who engages in teaching to promote health and safety must apply evidence-based teaching and learning principles in the development, implementation and evaluation of teaching plans and the development and mentoring of new licensees, nursing colleagues, students and members of the health care team.
- (9) Standards related to the RN's responsibility for health promotion and teaching. The RN shall develop, implement and evaluate evidence-based teaching plans that address the client's learning needs, readiness to learn and ability to learn. This includes: context of care, teaching content may include but is not limited to:
- (A) Teaching a client's family member how to execute a medical order;
 - (aB) Client health promotion and health Teaching a designated education;
 - (b) Teaching a UAP how to administer injectable emergency medications as provided in ORS 433.800 to 433.830;
 - (c) regiver how to execute a medical order per OAR Chapter 851, Division 48;
 - (C) Teaching a UAP how to administer naloxone as authorized by ORS 689.681;
 - (d) Teaching school personnel how to administer premeasured doses of epinephrine as provided in ORS 339.869; and
 - (e) Teaching a UAP how to administer perform a client's nursing procedure per OAR Chapter 851, Division 47;
 - (D) Teaching a practice team member how to administer a regularly scheduled or pro re nata (PRN) noninjectable medications to a client in a community-based setting.
- (10) Standards related to the RN's responsibility for cultural responsiveness. The RN shall:
- (a) Apply a broad knowledge and awareness of cultural diversity; and
 - (b) Recognize and respect the cultural values, beliefs, and customs of the client.
- (11) Standards related to the RN in the role of registered nurse first assistant (RNFA) in surgery:
- (E) Teaching a practice team member how to administer PRN injectable or noninjectable lifesaving medication to a specific client;
 - (aE) The RN who accepts an assignment to practice in the role of RNFA shall have successfully completed an RNFA program that meets the Association of Perioperative Nurses standards for the RN first assistant programs;
 - (b) Intraoperatively, the RNFA shall practice at the direction of the surgeon and not concurrently function in any non-RNFA practice role Teaching a group of people how to administer noninjectable medications to other

persons; and¶

~~(c) The RN shall practice under the direct supervision of the surgeon who is on-site in the unit of care and not otherwise engaged in Teaching a group of people how to administer a lifesaving medication to any other uninterrupted procedure or activity.¶~~

(12) Pursuant to 678.038, an RN who is employed by a public or private school, or by an education service district or a local public health authority as defined in ORS 431.003 to provide nursing services at a public or private school, may accept an order from a physician licensed to practice medicine in another state or territory of the United States per ORS 433.800 to 433.830, ORS 689.681, or ORS 339.869.¶

~~(d) The RN may teach and validate a CNA to perform one or more additional authorized duties as listed in OAR 851-063-0035(2).~~¶

~~(A) The RN must represent or be employed by the CNA's employment site.~~¶

~~(B) Once the RN validates if the order is related to the care CNA is competent to perform treatment of a student who has been enrolled, the additional duty, the duty may then be assigned at the school for not more than 90 days CNA by nurses in the employing organization.~~

Statutory/Other Authority: ORS 678.150, HB 4003 2022

Statutes/Other Implemented: ORS 678.150, 678.010, ORS 339.869

ADOPT: 851-045-0062

RULE SUMMARY: Standard related to the RN who is employed by a public or private school, or by an education service district or a local public health authority. Adopts language from ORS 678.038.

CHANGES TO RULE:

851-045-0062

Standard related to the RN who is employed by a public or private school, or by an education service district or a local public health authority.

Per ORS 678.038, a registered nurse who is employed by a public or private school, or by an education service district or a local public health authority as defined in ORS 431.003 to provide nursing services at a public or private school, may accept an order from a physician licensed to practice medicine in another state or territory of the United States if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150, 678.010, 678.038

ADOPT: 851-045-0063

RULE SUMMARY: Standards related to the RN who is employed by or contracted with a long-term care Facility or in-home care agency. Adopts language from ORS 678.039.

CHANGES TO RULE:

851-045-0063

Standards related to the RN who is employed by or contracted with a long-term care Facility or in-home care agency.

Per ORS 678.039, a registered nurse who is employed by or contracted with a long-term care facility or an in-home care agency, as defined in ORS 443.305, may execute a medical order from a physician licensed to practice medicine in another state or territory of the United States if:

(1) The order is related to the care or treatment of an individual who is a client, patient or resident of the long-term care facility or in-home care agency that employs or contracts the registered nurse; and

(2) The individual described in section number (1) of this rule number has been a client, patient or resident of the long-term care facility or in-home care agency for not more than 90 days.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.010 to 678.410, SB 226

ADOPT: 851-045-0064

RULE SUMMARY: Standards related to the RN who Provides Nursing Services through their own Business Structure.
Adopts standards for the RN who provides nursing services through their own business structure.

CHANGES TO RULE:

851-045-0064

Standards related to the RN who Provides Nursing Services through their own Business Structure

(1) Regardless of the way nursing services are charged and paid, the RN must complete client records within 30 calendar days following each client encounter. ¶

(2) Client records must be:¶

(a) Protected against unauthorized access, fire, water and theft;¶

(b) Kept for a period of at least seven years;¶

(c) Retained in a retrievable format; and¶

(e) Available upon request by the client or legal client representative and provided within 30 days.¶

(3) The RN must identify a custodian of records in the event of the RN's death. The identified custodian will be required to keep the medical records for a contiguous seven years.¶

(4) The RN who closes their business must notify clients by letter that communicates the:¶

(a) Closure of their business;¶

(b) Effective date of the closure;¶

(c) Location of client records post closure; and¶

(d) Process to request client records.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150

ADOPT: 851-045-0065

RULE SUMMARY: Standards of Practice for the LPN and the RN. Adopts standards of nursing practice previously codified in 851-045-0040, 851-045-0050 and 851-045-0060.

CHANGES TO RULE:

851-045-0065

Standards of Practice for the LPN and the RN

(1) Standards related to the licensee's responsibility for self-regulation in the practice of nursing. The licensee must:

(a) Practice:

(A) Within the laws and rules governing the practice of nursing applicable to one's license type;

(B) In adherence with accepted and prevailing professional nursing practice standards;

(C) Consistent with current and evolving nursing science, other sciences, the humanities; and

(D) Within one's context of care.

(b) Establish, communicate, and maintain professional boundaries;

(c) Demonstrate honesty, integrity and professionalism in the practice of nursing;

(d) Accept accountability for one's decisions and actions;

(e) Maintain documented evidence of current competence relevant to:

(A) One's nursing practice role; and,

(B) Activities and interventions performed in one's practice role.

(f) Integrate ethics in all aspects of the practice of nursing;

(g) Promote and advocate for a practice setting that is conducive to health and safety;

(h) Identify safety and environmental concerns, take action to address concerns identified; and report as needed.

(i) Accept responsibility for notifying one's employer of an ethical objection to the provision of a specific nursing activity, intervention, or role;

(j) Remove oneself from practice when unable to practice with professional skill and safety;

(k) Ensure unsafe nursing practice is addressed immediately;

(l) Report one's knowledge of a licensee whose practice of nursing is believed to not meet the standards set in these rules to the person in the practice setting who has authority to undertake corrective action;

(m) Ensure unsafe nursing practice and practice conditions are reported to the appropriate regulatory agency.

(2) Standards related to individual scope of practice. The licensee:

(a) Must only accept an assignment that the licensee knows is within their individual scope of practice; and

(b) May not perform an activity, intervention or role until the licensee has determined that the activity, intervention or role is within their individual scope of practice. An activity, intervention or role is within the licensee's individual scope of practice only if all the following criteria are met:

(A) The activity, intervention or role is not prohibited by Oregon's Nurse Practice Act (NPA) or any other applicable law, rule, regulation or accreditation standard;

(B) Performing the activity, intervention or role, is consistent with professional nursing standards, evidence-based nursing, and other health care literature;

(C) The practice setting has policies and procedures in place to support the licensee's performance of the activity, intervention or role;

(D) The licensee has completed the education necessary to safely perform the activity, intervention or role;

(E) The licensee has documented evidence of their current competence to safely perform the activity, intervention or role;

(F) The licensee has the appropriate resources to perform the activity, intervention or role in the practice setting;

(G) A reasonable and prudent nurse would perform the activity, intervention or role in this setting; and

(H) The licensee is prepared to accept accountability for the activity, intervention, or role, and any related outcomes.

(3) Standards related to the licensee's responsibility for disclosure of nursing license type and practice role. The licensee shall disclose their license type and practice role to the client unless the disclosure creates a safety or health risk for either the nurse or the client.

(4) Standards related to the licensee's responsibility regarding the use of informatics and technologies in the practice of nursing. The licensee must:

(a) Establish and maintain the competency necessary to properly use informatics and technologies of the practice setting;

(b) Advocate for the use of informatics and technologies that are compatible with the safety, dignity, and rights of the client; and,

- (c) Adhere to accepted and prevailing standards and guidelines on the use of telecommunications technologies in the practice of nursing.¶
- (5) Standards related to the licensee's responsibility for documentation of the practice of nursing. The licensee must document their practice of nursing:¶
 - (a) In a timely, accurate, thorough, and clear manner; ¶
 - (b) Consistent with the context of care; and¶
 - (c) Using one's name of record.¶
- (6) Standards related to the licensee's responsibility for client advocacy. The licensee must:¶
 - (a) Recognize and respect the cultural values, beliefs, and social practices of the client.¶
 - (b) Advocate for the client's right to receive nursing services and other services that are respectful of the client's needs, choices and dignity. This includes:¶
 - (A) Communicating client choices, concerns and needs to other members of the practice team; and¶
 - (B) Promoting safe client hand offs and care transitions.¶
 - (c) Intervene on behalf of the client to identify changes in health status, to protect, promote and optimize health.¶
 - (d) Advocate for the client's right to receive appropriate and accurate information.¶
 - (e) Protect the client's right to make informed decisions. This includes the client's right:¶
 - (A) To decline or to consent to an intervention, medication or treatment; and,¶
 - (B) To decline or to consent to participation in research.¶
 - (f) Respect client decisions without bias.¶
 - (g) Protect confidential client information. This includes the protection of client information that is:¶
 - (A) Communicated by any method;¶
 - (B) Transmitted through use of telecommunications technology; and ¶
 - (C) Stored in an electronic or hard copy format.¶
- (7) Standards related to the licensee's responsibility for collaboration with the practice team. The licensee must:¶
 - (a) Function as a member of the practice team.¶
 - (b) Demonstrate a knowledge of practice team members' roles.¶
 - (c) Communicate with practice team members regarding the plan of care.¶
 - (d) Demonstrate cultural responsiveness in the practice of nursing. ¶
 - (e) As appropriate to the context of care, collaborate in the development, implementation and evaluation of combined plans of care.¶
- (8) Standards related to the licensee's responsibility for leadership and quality of practice. The licensee must: ¶
 - (a) Demonstrate respect in interactions with practice team members. ¶
 - (b) Interpret and evaluate policies, protocols, and guidelines that are pertinent to the practice of nursing, nursing services, and to health services delivery:¶
 - (A) Ensure policies, procedures, and guidelines pertinent to the practice of nursing are consistent with the laws and rules of Oregon's NPA. ¶
 - (B) Take action to address any policy, protocol, or guideline that is not consistent with the laws and rules of Oregon's NPA; and, ¶
 - (C) Take action to address any policy, protocol or guideline that jeopardizes client health and safety.¶
 - (c) Participate in quality improvement initiatives and activities within the practice setting.¶
 - (d) Participate in the mentoring and precepting of nursing and nursing assistant students, new licensees, nursing colleagues, and other members of the practice team.¶
- (9) Standards related to the licensee's responsibility in the acceptance and execution of medical orders.¶
 - (a) Per ORS 678.010(7)(A), the practice of nursing includes the authority to execute medical orders. ¶
 - (b) The licensee may accept and implement orders from any of the following people licensed and authorized by Oregon statute to independently diagnose and treat: ¶
 - (A) Clinical nurse specialist (CNS) licensed under ORS Chapter 678; ¶
 - (B) Certified registered nurse anesthetist (CRNA) licensed under ORS Chapter 678; ¶
 - (C) Nurse practitioner (NP) licensed under ORS Chapter 678; ¶
 - (D) Medical doctor (MD) licensed under ORS Chapter 677; ¶
 - (E) Doctor of osteopathic medicine (DO) licensed under ORS Chapter 677; ¶
 - (F) Doctor of podiatric medicine licensed under ORS Chapter 677; ¶
 - (G) Dentist licensed under Chapter ORS 679; ¶
 - (H) Naturopathic physician licensed under ORS Chapter 685; ¶
 - (I) Optometrist licensed under ORS Chapter 683; ¶
 - (J) Chiropractor physician licensed under ORS Chapter 684; ¶
 - (K) MD volunteer emeritus license licensed under ORS Chapter 677;¶
 - (L) DO volunteer emeritus license licensed under ORS Chapter 677; and ¶
 - (M) Physician Associate licensed under ORS Chapter 677.¶

(c) Prior to the execution of a medical order, the licensee must determine that the medical order is:

- (A) Within the prescriber's scope of practice;
- (B) Clear and complete;
- (C) Safe for the client; and
- (D) Consistent with the prescriber's plan for the client's care.

(d) The licensee who determines that subsection (c)(A) through (D) is not met, must:

- (A) Decline to execute the medical order; and
- (B) Contact the prescriber or the prescriber's designee to discuss the situation and arrive at a mutual decision on how to move forward.

(10) Standards related to the licensee's responsibility in the acceptance and implementation of recommendations for client care from a health care professional authorized to practice in Oregon:

(a) The licensee may accept and implement recommendations for care from the following health care professionals licensed in Oregon:

- (A) Acupuncturist licensed under ORS Chapter 677;
- (B) Dietitian licensed under ORS Chapter 691;
- (C) Occupational therapist licensed under ORS Chapter 675;
- (D) Physical therapist licensed under ORS Chapter 688;
- (E) Pharmacist licensed under ORS Chapter 689;
- (F) Psychologist licensed under ORS Chapter 675;
- (G) Registered nurse licensed under ORS Chapter 678;
- (H) Respiratory therapist licensed under ORS Chapter 688;
- (I) Social worker licensed under ORS Chapter 675; and
- (J) Speech therapist licensed under ORS Chapter 681.

(b) Prior to implementation of a recommendation, the licensee must:

- (A) Have knowledge that the recommendation is within the health care professional's scope of practice;
- (B) Determine the recommendation to be:
 - (i) Clear and complete;
 - (ii) Safe for the client; and
 - (iii) Consistent with the plan of care for the client;

(c) The licensee who determines that subsection (b)(A) or (B) are not met, must decline implementation of the recommendation and, as appropriate to the context of care, discuss with practice team members.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150, 678.010, 678.135, HB 4010

AMEND: 851-045-0070

RULE SUMMARY: Amends and clarifies standards that identify conduct derogatory to the practice of nursing.

CHANGES TO RULE:

851-045-0070

Conduct Derogatory to the Standards of Nursing Defined ¶

Conduct derogatory to the practice of nursing is conduct that adversely affects the health, safety, and welfare of the public; ~~that fails to conform to legal nursing standards, or OAR 851-045 scope and standards of practice; or that fails to conform to accepted standards of the nursing profession, is conduct derogatory to the standards of nursing.~~ Such conduct includes, but is not limited to:¶

(1) Conduct related to general fitness to in the practice of nursing:¶

(a) Demonstrated incidents of violent, abusive, intimidating, 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 recognized standards of acceptable and prevailing nursing practice. Actual injury need not be established;¶

(b) Performing acts beyond the authorized scope or beyond the level of nursing for which the individual is licensed; or¶

(c) Exceeding scope in the practice of nursing for license type;¶

(d) Performing activities, interventions, or roles within the practice of nursing that are not within one's individual scope of practice;¶

(e) Accepting an assignment when individual competency necessary to safely perform the assignment has not been established or maintained.¶

(3) or¶

(a) Failure to remove oneself from practice when unable to practice with professional skill and safety.¶

(3) Conduct related to the client's safety and integrity:¶

(a) Developing, modifying, or implementing policies that jeopardize client safety;¶

(b) Failing to take action to preserve or promote the client's safety based on nursing assessment and clinical judgment;¶

(c) Failing to develop, implement or modify the plan of care;¶

(d) Assigning persons to perform functions for which they are not prepared to perform or that are beyond their scope of practice; Failing to develop, implement or modify the focused plan of care;¶

(e) Assigning work that:¶

(A) Exceeds scope in the practice of nursing for the recipient's license type;¶

(B) Exceeds the recipient's individual scope of practice;¶

(C) Exceeds authorized duties, for job functions;¶

(d) Failing to clinically supervise one's nursing assistant certification; or¶

(D) Is not authorized to be performed in the context of care.¶

(f) Failing to adhere to OAR chapter 851, Division 47 when delegating the performance of a client's nursing procedure to a UAP;¶

(g) Failing to provide supervision to whom an assignment has been made;¶

(h) vision per the context of care for:¶

(A) Work that has been assigned to practice team members; or¶

(B) The performance of a nursing procedure that has been delegated to a UAP practice team member.¶

(h) Assuming duties and responsibilities within the practice of nursing when competency in the performance of those duties and responsibilities has not been established or maintained;¶

(gi) Improperly delegating the performance of a nursing procedure to a UAP;¶

(h) Failing to clinically supervise a UAP to whom a nursing procedure has been delegated.¶

(i) Accepting an assignment and then leaving or failing to complete any nursing the assignment, including a supervisory assignment, without notifying the appropriate personnel and confirming that nursing assignment responsibilities will be met;¶

(j) Failing to report through proper channels, facts known regarding the incompetent, unethical, unsafe or illegal practice of any health care provider pursuant to ORS chapter 676;¶

(k) make a report per ORS 676.150 of facts known regarding prohibited or unprofessional conduct of any health care provider;¶

(k) Failing to respect the dignity and rights of clients, inclusive of client's social or economic status, age, race, religion, gender, gender identity, sexual orientation, national origin, nature of health needs, physical attributes, or

disability;

~~(h), or personal choice;~~

~~(l) Failing to honor the client's right to decline an intervention or medication;~~

~~(m) Failing to honor the client's right to decline to participate in research;~~

~~(n) Failing to report actual or suspected incidents of abuse, neglect or mistreatment;~~

~~(m) Engaging in or attempting to engage in sexual contact with a client in any setting;~~

~~(n) Engaging in sexual misconduct with a client in the workplace;~~

~~(e);~~

~~(q) Failing to establish or maintain professional boundaries with a client;~~

~~(p) Using social media to communicate, post, or otherwise distribute protected client information or data including client image and/or other client identifiers; or~~

~~(4s) Conduct related to communication;~~

~~(a) Failure to accurately document nursing interventions and nursing practice implement~~ Failing to report to the person in the workplace who holds the authority to institute corrective action, one's knowledge of a licensee whose practice of nursing;

~~(A) Exceeds scope in the practice of nursing for their license type; or~~

~~(B) Fails to meet established standards of safe nursing practice.~~

~~(4) Conduct related to communication;~~

~~(b)a) Failure to document nursing interventions and nursing practice implementation in a timely, accurate, thorough, and clear manner. This includes~~ the practice of nursing in a timely, accurate, thorough, and clear manner;

~~(b) Failure to document the practice of nursing using one's name of record;~~

~~(c) Failure to document data and information pertinent to a client's status;~~

~~(d) Failing to document a late entry within a reasonable time period;~~

~~(e)e) Entering inaccurate, incomplete, falsified, fabricated or altered documentation into a health record or agency/employer records. This includes but is not limited to:~~

~~(A) Documenting nursing the practice implementation of nursing that did not occur;~~

~~(B) Documenting the provision of service occurrence of events that were did not provided;~~

~~(C) Failing to document information pertinent to a client's care;~~

~~(D) Documenting someone else's charting omissions or signing someone else's name;~~

~~(E) Falsifying data;~~

~~(F) Altering or changing words or characters within an existing document occur;~~

~~(C) Documenting using another person's name of record or identification;~~

~~(D) Falsifying data;~~

~~(E) Altering words or characters within another person's established document or record entry;~~

~~(F) Altering words or characters within another person's established document or record entry to mislead the reader; or~~

~~(G) Entering late entry documentation into a non-electronic health record that does not identify the date and time of the initial event document event being recorded, the date and time the late entry is being placed into the record, and the signature of the licensee entering the late entry to the record.~~

~~(d) Or one's name of record~~

~~(f) Destroying a client or employer record;~~

~~(A) To conceal a record of nursing or other services provided; or~~

~~(B) To conceal the omission of nursing or other services;~~

~~(g) Directing another person to falsify, alter or destroying a client or agency record or any document to conceal a record of care;~~

~~(e) services provided or to conceal the omission of services;~~

~~(h) Directing another individual to falsify, alter or destroy enter false information into an agency record, a client's health record, or any document to conceal a record of care;~~

~~(f) both;~~

~~(i) Failing to communicate information regarding the client's status to members of the health care practice team in an ongoing and timely manner as appropriate to the context of care; or~~

~~(g) j) Failing to communicate information regarding the client's status to other individuals who are authorized to receive information and have a need to know.~~

~~(5) Conduct related to the client's family;~~

~~(a) Failing to be respectful to the client's family and the client's relationship with their family;~~

~~(b) Using one's title or position as a nurse to exploit the client's family for personal gain or for any other any reason;~~

~~(c) Stealing money, property, services or supplies from the client's family;~~

- (d) Soliciting or borrowing money, materials or property from the client's 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, verbal threats or profane language. ¶
- (6) ~~Conduct related to co-workers and health care team member~~ practice team members, co-workers and students: ¶
- (a) Engaging in violent, abusive or threatening behavior towards a ~~co-worker~~ practice team member, co-worker or student; or ¶
- (b) Engaging in violent, abusive, or threatening behavior ~~that relates to the delivery of safe nursing services~~ owards a practice team member, a coworker, or a student that impacts the delivery of safe nursing services or other services provided in the context of care. ¶
- (7) ~~Conduct related to impaired function:~~ ¶
- (a) ~~Practicing nursing when unable or unfit due to:~~ ¶
- (A) ~~Physical impairment as evidenced by documented deterioration of functioning in the practice setting or by the assessment of an LIP qualified to diagnose physical condition or status; or~~ ¶
- (B) ~~Psychological or mental impairment as evidenced by documented deterioration of functioning in the practice setting or by the assessment of an LIP qualified to diagnose mental conditions or status.~~ ¶
- (b) ~~Practicing nursing when physical or mental ability to practice is impaired by use of a stress, illness, the use of any drug,~~ prescription or non-prescription medication, alcohol, or a mind-altering substance; or ¶
- (c) ~~The use of any drug,~~ prescription or non-prescription medication, alcohol, or a mind-altering substance, to an extent or in a manner that: ¶
- (A) ~~Is dangerous or injurious to the licensee or others; or to an extent that such use i~~ ¶
- (B) ~~Impairs the ability to conduct safely the practice of nursing.~~ ¶
- (8) ~~Conduct related~~ Other conduct derogatory to other federal or state statute or rule violations: ¶
- (a) ~~practice of nursing:~~ ¶
- (a) ~~Violating any law, rule, or regulation intended to guide the conduct of nurses;~~ ¶
- (b) ~~Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of nurses or other health care providers;~~ ¶
- (c) ~~Violating the rights of privacy, confidentiality of information, or disclosing knowledge concerning the client, unless required by law to disclose such information;~~ ¶
- (d) ~~Discriminating against a client on the basis of age, race, religion, gender, gender identity, sexual preference, national origin or, disability;~~ ¶
- (e) ~~health care beliefs or health care decisions;~~ ¶
- (e) ~~Abusing a client;~~ ¶
- (f) ~~Neglecting a client;~~ ¶
- (g) ~~Failing to report actual or suspected incidents of client abuse to the appropriate state agencies;~~ ¶
- (g) ~~y or agencies;~~ ¶
- (h) ~~Failing to report actual or suspect incidents of client abuse or neglect through the proper channels in the workplace;~~ ¶
- (i) ~~Engaging in other unacceptable behavior towards or in the presence of a client. Such conduct includes but is not limited to using derogatory names, derogatory gestures or, profane language or threats;~~ ¶
- (j) ~~Soliciting or, borrowing, or stealing money, materials, services, supplies or property from the client;~~ ¶
- (k) ~~Stealing money, property, services or supplies from the client; Except as authorized through a medical order written by a person authorized to prescribe the medication;~~ ¶
- (k) ~~A) Possessing, obtaining, or attempting to obtain, f a prescription medication or controlled medication; or~~ ¶
- (B) ~~Furnishing, or administering a prescription medication or controlled medications to any person, including self, except as directed by a person authorized by law to prescribe medications;~~ ¶
- (l) ~~oneself;~~ ¶
- (l) ~~Unauthorized removal or, attempted removal, or stealing of medications, supplies, property, or money from any person in the work place practice setting or one's employer;~~ ¶
- (m) ~~Unauthorized removal of client records, client information, facility property, policies or written standards from the work place practice setting;~~ ¶
- (n) ~~Using one's role as a nurse for personal gain or to defraud a person of their personal property or possessions;~~ ¶
- (o) ~~Violating a person's rights of privacy and confidentiality of information by accessing their information without proper authorization or without a demonstrated need to know;~~ ¶
- (p) ~~Engaging in unsecured transmission of protected client data;~~ ¶
- (q) ~~Engaging in unauthorized transmission of protected client data;~~ ¶
- (r) ~~Failing to dispense or administer~~ administer medications in a manner consistent with state and federal law; ¶

- (s) Failing to dispense medications in a manner consistent with state and federal law;¶
- ~~(#t)~~ Failure to release a client's health record within ~~60~~30 days from receipt of written notice for release of records. This includes requests for records after closure of practice;¶
- ~~(s)~~u Improper billing practices including the submission of false claims;¶
- ~~(t)~~v Failing to properly maintain records after closure of practice or practice setting;¶
- ~~(u)~~w Failure to notify client of closure of practice and of the location of their health records;¶
- ~~(v)~~x Failure to report to the Board the licensee's arrest for a felony crime within 10 days of the arrest; ~~or~~¶
- ~~(w)~~y Failure to report to the Board the licensee's conviction of a misdemeanor or a felony crime within 10 days of the conviction.¶
- ~~(9)~~; ~~or~~¶
- (z) Failure to report to the Board any suspected violation of ORS 678.010 to 678.410 or any rule adopted by the Board.¶
- (9) Conduct related to licensure ~~or certification~~ violations:¶
 - (a) ~~Resorting to fraud, misrepresentation or deceit during the application process for licensure or certification, while taking the examination for licensure or certification, obtaining initial licensure or certification, or renewal of licensure or certification at any time during the licensing process;~~¶
 - (b) ~~Practicing nursing without a current Oregon license or certificate;~~¶
 - (c) ~~Practicing as an NP, CRNA, or CNS without a current Oregon certificate;~~¶
 - ~~(d) Practicing as a CRNA without a current Oregon CRNA license;~~¶
 - ~~(e) license in the specific advanced practice registered nurse specialty;~~¶
 - (e) ~~Allowing another person to use one's nursing license or certificate for any purpose;~~¶
 - (f) ~~Using another person's nursing license or certificate for any purpose;~~¶
 - (g) ~~Impersonating an applicant or acting as a proxy for the applicant in any nurse licensure or certification examination; or~~¶
 - (h) ~~Disclosing the contents of a nurse licensure or certification examination or, soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.~~¶
- (10) Conduct related to the licensee's relationship with the Board:¶
 - (a) ~~Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except client-attorney privilege;~~¶
 - (b) ~~Failing to answer truthfully and completely any question asked by the Board on an application for licensure or e. This includes:~~¶
 - ~~(A) During the licensing process;~~¶
 - ~~(B) During the course of an investigation or any other question asked by the Board;~~¶
 - ~~(c);~~¶
 - (C) During the course of a nursing education or nursing assistant program survey; or¶
 - (D) While under monitoring by the Board via Board order.¶
 - ~~(c) Failing to provide the Board with any documents requested by the Board;~~¶
 - ~~(d) Violating the terms and conditions of a Board order; or~~¶
 - ~~(e) Failing to comply with the terms and conditions of Health Professionals' Services Program a Board order or stipulated agreements.~~¶
- (11) Conduct related to advanced practice nursing:¶
 - (a) ~~Ordering laboratory or other diagnostic tests or treatments or therapies for one's-self;~~¶
 - (b) ~~Prescribing for or dispensing medications to one's-self;~~¶
 - (c) Providing advanced practice registered nursing services to one's family member in the absence of adherence to OAR Chapter 851, Division 55 including prescribing, dispensing or providing medications;¶
 - ~~(d) Using self-assessment and diagnosis as the basis for the provision of care which would otherwise be provided by a client's professional caregiver; or~~¶
 - ~~(d)e) Ordering unnecessary laboratory or other diagnostic test or treatments for the purpose of personal gain.~~¶

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150, 678.111, 678.390

AMEND: 851-045-0090

RULE SUMMARY: Amends duty to report standards for consistency with ORS 678.135.

CHANGES TO RULE:

851-045-0090

Duty to Report Suspected Violations of the Nurse Practice Act per ORS 678.135 ¶

~~These standards provide further interpretation of reporting requirements pursuant to ORS 678.135 with applic(1) Unless state or federal laws relating to all licensees, including one's own practice, when behavior or practice presents a pconfidentiality or the protential for, or actual danger to, a client or to the public's health, safety and welfare.¶¶~~

~~(1) A licensee knowing of a licensed nurse whose 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.¶¶~~

~~(2) A licensee who has knowledge or concern that a nurse's behavior or practice presents a potential for, or actual danger to, a client or to the public's health, safety and welfare, shall initiate a report to be made to on of health information prohibit disclosure, any health care facility licensed as required by ORS 441.015, or any person licensed by the Oregon State Board of Nursing, shall report to the board any suspected violation of ORS 678.010 to 678.410 or any rule adopted by the Bboard.¶¶~~

~~(3) A licensee who is aware of a licensed nurse's arrest or conviction of a crime related to a client, or related to the public's health, safety, and welfare shall initiate a report to the Board.¶¶~~

~~(4) Any organization representing licensed Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, the Oregon Nurses Association or any other organization representing registered or licensed practical nurses shall report to the board any suspected violation of ORS chapter 678, 678.010 to 678.410 or theany rules adopted within, in the manner prescribed by sections (5) and (6) of this rule.¶¶~~

~~(5) The decision to report aby the board.¶¶~~

~~(3) Any person may report to the board any suspected violation of ORS Chapter 678 678.010 to 678.410, or theany rules adopted within, shall be based on, but not limited to, the following:¶¶~~

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

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

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

~~(6) The following shall always be reported to the Board:¶¶~~

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

~~(b) Pby the board, association or other organization representing registered or licensed practicingal nursing as defined in ORS 678.010 unless licensed as an RN, LPN, or CRNA, or certified as a CNS or NP;¶¶~~

~~(c) Dismissal from employment due to unsafe practice or conduct derogatory to the standards of nursing;¶¶~~

~~(d) Client abuse or neglect;¶¶~~

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

~~(f) Any violation of a disciplinary sanction imposed on thees.¶¶~~

~~(4) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a person licensed by the Bboard;¶¶~~

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

~~(h) Practicing nursing when physical or mental ability to practice is impaired;¶¶~~

~~(i) An arrest for a felony crime which shall be reported to the Board within 10 days of the arrest; or¶¶~~

~~(j) A conviction for a misdemeanor or felony crime which who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as defined in ORS 676.150 shall be reported to the Board within 10 days of the conviction.¶¶~~

~~(7) Failure of a licensee to comply with these reporting standards may in itself constitute a violation of nursing standards the prohibited conduct in the manner provided in ORS 676.150.~~

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150