

The RN who Teaches Unregulated Assistive Persons How to Administer Non-Injectable Medications

Purpose: This document is designed to assist the RN in application of the Oregon State Board of Nursing *Scope of Practice Decision Making Guideline for All Licensed Nurses* to determine whether it is within their individual scope of practice to accept an assignment to teach a group of unregulated assistive persons (UAPs) how to administer non-injectable medications in a community-based setting.

This interpretive statement applies to the RN whose client is a *group of UAPs* employed in a community setting and the RN is providing general education to the group on non-injectable medication administration as a staff training requirement of the setting.

This interpretive statement is not for application by the RN whose client *is an individual*. This means the RN who has assigned the administration of their client's non-injectable medication(s) to respective UAP health care team members and who remains responsible to ensure that each UAP possesses the competencies to safely perform the assigned activity for the client.

Community-based settings where UAPs are allowed to administer non-injectable medications include, but are not limited to, the public school, the assisted living facility and the residential care facility. The Board of Nursing holds no authority over these settings, the rules that govern these settings, the medication administration systems within these settings, or over the policies or procedures of such settings.

Application of the scope of practice decision making model cues the individual RN to clarify the specific role in question. For the purpose of this interpretive statement, the identified RN practice role is *teaching a group of UAPs how to administered non-injectable medications*.

This interpretive statement will present a series of specific and sequential questions that must be responded to by the individual RN. Depending on the RN's response to the first question, one of two things will happen:

1. Progression through the model will be stopped as it will have been determined that the assignment is not within the scope of the RN, or
2. The RN will be allowed to continue to the next question posed in the interpretive statement.

Only when the RN's response to each question allows continued progression through all questions of the decision making guidelines, and includes an affirmative response to the final question, that the RN may accept an assignment to teach a group of UAPs how to administer non-injectable medications and proceed to do so to acceptable and prevailing standards of safe nursing care.

Oregon State Board of Nursing Interpretive Statement

1. Is the role, intervention or activity prohibited by the Nurse Practice Act (NPA) and Rules/Regulations or any other applicable laws, rules/regulations or accreditation standards?

Oregon's NPA does not prohibit the RN from teaching UAPs how to administer noninjectable medications. RN practice standards found in Chapter 851 Division 45 specifically *allow* the activity.

While the activity is allowed under the practice act, it remains the responsibility of the RN to determine whether any laws, rules or accreditation standards applicable to the practice setting expressly prohibit the activity.

When the laws, rules or accreditation standards applicable to the practice setting prohibit the activity, the activity is not within scope of practice and the RN must decline the assignment.

When the laws, rules or accreditation standards applicable to the practice setting do not prohibit the RN from engaging in the activity, the RN may proceed to the next question.

2. Is performing the role, intervention or activity consistent with professional nursing standards, evidence-based nursing and health care literature?

The practice of registered nursing is unique among health professions in that educating others has long been considered a major component of the acceptable and prevailing standards of care. The role of the RN in assessing and understanding the readiness of a client to learn and change behavior is clearly outlined in theoretical and practice models.

American Nurses Association has published Nursing Standards and Scope of Practice (2015) which contains *Standards of Practice 5B. Health Promotion and Teaching*. This standard identifies specific RN competencies that are expected by the profession for the RN who engages in teaching and health promotion activities. These competencies include the use of teaching methods in "...collaboration with the consumer's values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, ... culture and social economic status (p. 65)."

There are multiple primary literature sources that contain peer-reviewed publications specific to medication administration safety standards; teaching care providers; teaching adult learners; principles of teaching and learning; teaching the administration of medications; safe medication administration standards and guidelines; and population-specific literature.

As the activity is consistent with professional nursing standards, evidence-based nursing and health care literature, the RN may proceed to the next question.

3. Are there practice setting policies and procedures in place to support performing the role, intervention or activity?

The RN is responsible for ensuring that policies and procedures of the setting support the RN's engagement in the activity.

Oregon State Board of Nursing Interpretive Statement

In absence of these policies and procedures, the activity is not within scope of practice and the RN must decline the assignment.

When the policies and procedures of the setting support the RN's engagement in the activity, the RN may proceed to the next question.

4. Has the nurse completed the necessary education to safely perform the role, intervention or activity?

The RN who has completed their undergraduate nursing education in an OSBN-approved Oregon RN education program, has received both theory and supervised clinical practice in evidence-based teaching for individuals, families, and groups.

Regardless of where the RN's undergraduate RN education program was located, the RN remains responsible to provide documented evidence of education in the development, implementation and evaluation of evidence-based teaching plans that address client learning needs, readiness to learn and ability to learn.

In absence of the necessary education to safely perform the activity, the activity is not within scope of practice and the RN must decline the assignment.

When the RN has documented evidence of the necessary education to safely perform the activity, the RN may proceed to the next question.

5. Is there documented evidence of the nurse's current competence (knowledge, skills, abilities and judgement) to safely perform the role, intervention or activity?

Division 45 of the Nurse Practice Act identifies the responsibility of the RN to ensure competency in the cognitive and technical aspects of any nursing activity prior to its performance and to maintain documentation of the method that competency was acquired and maintained. Evidence of the RN meeting this requirement may be demonstrated by the RN's documented completion of a formal educational program that validates attainment of competency objectives or by documented completion of continuing education that validates attainment of competency objectives.

Should a complaint be received by the Board, the burden rests with the individual RN to provide documentation of initial and continued validation of competencies that are expected by the profession for the RN who engages in teaching activities.

In absence of documented evidence of the RN's current competencies, the activity is not within scope of practice and the RN must decline the assignment.

When the RN has documented evidence of competencies that are expected by the profession for the RN who engages in teaching activities, the RN may proceed to the next question.

Oregon State Board of Nursing Interpretive Statement

6. Would a reasonable and prudent nurse perform the role, intervention or activity in this setting?

A reasonable and prudent RN would teach UAPs how to administer non-injectable medications when the activity is: not a prohibited act; supported by the policies and procedures of the setting; one for which the RN possesses the necessary education and competencies to execute safely; and is delivered in adherence to professional nursing standards, evidence-based nursing and health care literature, and Chapter 851 Division 45 scope and standards of practice for the RN. The latter includes, but is not limited to, the RN's documented engagement in nursing process and adherence to teaching and health promotion standards.

7. Is the nurse prepared to accept accountability for the role, intervention or activity for the related outcome?

The RN maintains responsibility for the environment of care and is accountable for nursing services provided in any practice role. When all criteria of the Scope of Practice Decision Making model have been met, and the RN is prepared to accept accountability for activity and the outcome, then the activity is within the individual scope of practice of the RN. The RN may accept the assignment to teach UAPs how to administer non-injectable medications and do so to acceptable and prevailing standards of safe nursing care.

If the RN is not be willing to accept the accountability for activity and the outcome, the RN should decline to accept the assignment. When this decision is made by the RN, the choice to decline is not a scope of practice issue.

Resources:

American Academy of Pediatrics (2019). Medication Administration Instructor's Manual

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Pages/MA-Instructor-Manual.aspx>

American Nurses Association (2015). *Nursing: Scope and standards of practice* (3rd. ed.). Silver Spring, Maryland: Author.

National Association of School Nurses. (2017). *Medication administration in schools* (Position Statement). Silver Spring, MD: Author. <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-medication>

Oregon Care Partners (n.d.). Medication Documentation and Safety.

<https://oregoncarepartners.com/classes/online/medication-documentation-and-safety/>

Oregon Department of Human Services (n.d.). Safe Medication Administration

<https://www.oregon.gov/dhs/providers-partners/licensing/Pages/safe-med-administration.aspx>

Oregon Secretary of State (2019, August 1). Oregon Administrative Rules Chapter 851 Division 45: Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse

Oregon State Board of Nursing. *Scope of Practice Decision Making Guideline for All Licensed Nurses*.

Authority for Approval: ORS 678

History of Document: Approved September 12, 2019

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