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FILING CAPTION: DIV 45 - Amend standards and scope of practice for LPN and RN.

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RULES:
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 TITLE: Purpose of Standards and Scope of Practice

NOTICE FILED DATE: 04/29/2024

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

RULE TEXT:
(1) To identify licensed practical nurse (LPN) scope in the practice of nursing.
(2) To identify registered nurse (RN) scope in the practice of nursing.
(3) To establish standards of nursing practice.
(4) All standards of 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 TITLE: Scope of Practice Standards for All Licensed Nurses

NOTICE FILED DATE: 04/29/2024

RULE SUMMARY: These standards are repealed and moved to 851-045-0065.

RULE TEXT:

(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 TITLE: Scope of Practice Standards for Licensed Practical Nurses

NOTICE FILED DATE: 04/29/2024

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.

RULE TEXT:

(1) The LPN's practice of practical nursing occurs at the clinical direction 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 direct care;

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

(c) Participation in nursing research; and

(d) Participation in teaching health care providers and prospective health care providers.

(3) The LPN's engagement in the practice of nursing must occur through the following actions that are directed by the RN's plan of care or the LIP's treatment plan for a client:

(a) Perform a focused assessment of the client that recognizes the client's priority condition at the time of the interaction;

(b) Develop a focused plan of care that identifies prioritized interventions from the RN's plan of care or the LIP's treatment plan to be carried out with the client;

(c) Implement prioritized focused plan of care interventions;

(d) Evaluate client's:

(A) Response(s) to focused plan of care interventions; and

(B) Progress toward expected outcomes as identified in the RN's plan of care or the LIP's treatment plan for the client;

(e) Communicate client's status, and any concerns or issues regarding the RN's plan of care or the LIP's treatment plan, with the RN or LIP providing clinical direction per the context of care.

(4) Limitations on scope in the practice of nursing for the LPN.

(a) The LPN cannot conduct a focused assessment or generate a focused plan of care outside of the parameters of an RN's plan of care or LIP's treatment plan for a client.

(b) For a situation that presents outside of the parameters of an RN's plan of care or 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 or certification and organizational position description to perform.

(a) Prior to assigning interventions, the LPN must know the duties, activities or interventions the recipient is authorized to perform in the practice setting.

(b) The LPN who assigns must:

(A) Assign based on their 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:

(i) 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 TITLE: Standards Related to RN Scope in the Practice of Nursing

NOTICE FILED DATE: 04/29/2024

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

RULE TEXT:

(1) The RN's practice of registered nursing is independent and can occur in a variety of roles. Such roles commonly include but are not limited to:

(a) Nursing administration;

(b) Nursing education;

(c) Health care policy development, implementation and evaluation;

(d) Consultation in the practice of nursing;

(e) Provision of direct care;

(f) Clinical direction and clinical supervision of others;

(g) Health promotion and wellness;

(h) Case management;

(i) Nursing research;

(j) Teaching health care providers and prospective health care providers;

(k) Nursing Informatics; and

(l) With additional education, professional certification, and licensure, engagement in an advanced practice registered nurse practice role.

(2) The RN's engagement in the practice of registered nursing occurs through the following actions:

(a) 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) Identification of expected outcomes for reasoned conclusions.

(d) Development of a plan of care to:

(A) Prioritize reasoned conclusions;

(B) Identify interventions to attain expected outcomes;

(C) Identify implementation responsibilities, timelines and documentation requirements; and

(D) Utilization of language appropriate to the context of care.

(e) Implementation of plan of care. RN may include utilization of practice team members to carry out planned interventions per the context of care.

(f) Evaluation of client progress toward expected outcomes through:

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

(B) Revision of reasoned conclusions, 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 license or certification and organizational position description to perform in the practice setting.

(a) This includes assigning to:

(A) Another RN;

(B) LPN;

(C) CNA or CMA; and

(D) UAP.

(b) Prior to assigning work, the RN must know the duties, functions, activities or interventions the recipient is authorized to perform.

(c) The RN who assigns work must:
(A) Assign according to the health, safety and welfare of their client;
(B) Provide supervision and evaluation of assigned work consistent with:
(i) The context of care; and
(ii) The RN's nursing practice relationship with the team member who accepts the assignment.
(C) Revise how work is distributed as indicated by client outcome data, availability of qualified practice team members and other appropriate resources.
(d) The RN who agrees to act as a nurse intern (NI) supervisor must:
(A) Assign to the nurse intern only those functions authorized for performance by a NI per OAR Chapter 851, Division 41;
(B) Maintain a physical presence in the NI's practice setting; and
(C) Be readily available to the NI either in person or by other means.
(4) 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 evaluation of learner outcomes.
(c) Based on the RN's 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;
(B) Teaching a designated caregiver how to execute a medical order per OAR Chapter 851, Division 48;
(C) Teaching a UAP how to 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 medication to a client;
(E) Teaching a practice team member how to administer PRN injectable or noninjectable lifesaving medication to a specific client;
(F) Teaching a group of people how to administer noninjectable medications to other persons; and
(G) Teaching a group of people how to administer a lifesaving medication to another person 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 the CNA is competent to perform the additional duty, the duty may then be assigned to the 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 TITLE: 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.

NOTICE FILED DATE: 04/29/2024

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

RULE TEXT:
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, ORS 678.010, ORS 678.038

ADOPT: 851-045-0063

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

NOTICE FILED DATE: 04/29/2024

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

RULE TEXT:
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, Senate Bill 226 (2023)

ADOPT: 851-045-0064

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

NOTICE FILED DATE: 04/29/2024

RULE SUMMARY: Adopts standards for the RN who provides nursing services through their own business structure.

RULE TEXT:

(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

(d) 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 678.010 to 678.410

ADOPT: 851-045-0065

RULE TITLE: Standards of Practice for the LPN and the RN

NOTICE FILED DATE: 04/29/2024

RULE SUMMARY: Adopts standards of nursing practice previously codified in 851-045-0040, 851-045-0050 and 851-045-0060

RULE TEXT:

(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; and

(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, ORS 678.010, ORS 678.135, HB 4010 (2024)

AMEND: 851-045-0070

RULE TITLE: Conduct Derogatory to the Standards of Nursing Defined

NOTICE FILED DATE: 04/29/2024

RULE SUMMARY: Conduct Derogatory to the Standards of Nursing Defined. Amends and clarifies standards that identify conduct derogatory to the practice of nursing.

RULE TEXT:

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 OAR 851-045 scope and standards of practice; or that fails to conform to accepted standards of the nursing profession. Such conduct includes, but is not limited to:

(1) Conduct related to general fitness 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 recognize standards of acceptable and prevailing nursing practice. Actual injury need not be established;

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

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

(d) Accepting an assignment when individual competency necessary to safely perform the assignment has not been established or maintained; or

(e) 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 a client's safety based on nursing assessment and clinical judgment;

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

(d) 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 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 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;

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

(j) Failing to 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 the client, inclusive of the client's social or economic status, age, race, religion, gender, gender identity, sexual orientation, national origin, nature of health needs, physical attributes, disability, 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;
(o) Engaging in or attempting to engage in sexual contact with a client in any setting;
(p) Engaging in sexual misconduct;
(q) Failing to establish or maintain professional boundaries with a client;
(r) Using social media to communicate, post, or otherwise distribute protected client information or data including client image or other client identifiers; or
(s) 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:
(a) Failure to document 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) Entering inaccurate, incomplete, falsified, fabricated or altered documentation into a health record or employer record. This includes but is not limited to:
(A) Documenting the practice of nursing that did not occur;
(B) Documenting the occurrence of events that did not 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 event being recorded, the date and time the late entry is placed into the record, 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 destroy a client or agency record or any document to conceal a record of services provided or to conceal the omission of services;
(h) Directing another individual to enter false information into an agency record, a client's health record, or both;
(i) Failing to communicate information regarding the client's status to members of the practice team in an ongoing and timely manner as appropriate to the context of care; or
(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 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 practice team members, co-workers and students:
(a) Engaging in violent, abusive or threatening behavior towards a practice team member, co-worker or student; or
(b) Engaging in violent, abusive, or threatening behavior towards 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 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
(B) Impairs the ability to conduct safely the practice of nursing.
(8) Other conduct derogatory to the 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 based on age, race, religion, gender, gender identity, sexual preference, national origin, disability, health care beliefs or health care decisions;
(e) Abusing a client;
(f) Neglecting a client;
(g) Failing to report suspected or observed incidents of abuse to the appropriate state agency or agencies;
(h) Failing to report suspected or observed incidents of 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, profane language or threats;
(j) Soliciting, borrowing, or stealing money, materials, services, supplies or property from a client;
(k) Except as authorized through a medical order written by a person authorized to prescribe the medication:
(A) Possessing, obtaining, or attempting to obtain a prescription medication or controlled medication; or
(B) Furnishing or administering a prescription medication or controlled medication to any person, including oneself;
(l) Unauthorized removal, attempted removal, or stealing of medications, supplies, property, or money from any person in the practice setting or one's employer;
(m) Unauthorized removal of client records, client information, facility property, policies or written standards from the 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 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 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 30 days from receipt of written notice for release of records. This includes requests for records after closure of practice;
(u) Improper billing practices including the submission of false claims;
(v) Failing to properly maintain records after closure of practice or practice setting;
(w) Failure to notify client of closure of practice and of the location of their health records;
(x) Failure to report to the Board the licensee's arrest for a felony crime within 10 days of the arrest;
(y) Failure to report to the Board the licensee's conviction of a misdemeanor or a felony crime within 10 days of the

conviction; 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 violations:
(a) Resorting to fraud, misrepresentation or deceit at any time during the licensing process;
(b) Practicing nursing without a current Oregon license;
(c) Practicing as an NP, CRNA, or CNS without a current Oregon license in the specific advanced practice registered nurse specialty;
(d) Allowing another person to use one's nursing license for any purpose;
(e) Using another person's nursing license for any purpose;
(f) Impersonating an applicant or acting as a proxy for the applicant in any nurse licensure examination; or
(g) Disclosing the contents of a nurse licensure examination, 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;
(b) Failing to answer truthfully and completely any question asked by the Board. This includes:
(A) During the licensing process;
(B) During the course of an investigation;
(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 a Board order or stipulated agreement.
(11) Conduct related to advanced practice nursing:
(a) Ordering laboratory or other diagnostic tests or treatments or therapies for oneself;
(b) Prescribing for or dispensing medications to oneself;
(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
(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 TITLE: Duty to Report Suspected Violations of the Nurse Practice Act per ORS 678.135

NOTICE FILED DATE: 04/29/2024

RULE SUMMARY: Duty to Report Suspected Violations of the Nurse Practice Act per ORS 678.135. Amends duty to report standards for consistency with ORS 678.135.

RULE TEXT:

(1) Unless state or federal laws relating to confidentiality or the protection 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 board.

(2) 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 678.010 to 678.410 or any rule adopted by the board.

(3) Any person may report to the board any suspected violation of ORS 678.010 to 678.410, or any rule adopted by the board, association or other organization representing registered or licensed practical nurses.

(4) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a person licensed by the board who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150.

STATUTORY/OTHER AUTHORITY: ORS 678.150

STATUTES/OTHER IMPLEMENTED: ORS 678.150