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ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

PERMANENT ADMINISTRATIVE ORDER

FILED
08/27/2024 7:44 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

BN 9-2024
CHAPTER 851
BOARD OF NURSING

FILING CAPTION: Division 47 - Standards For Registered Nurse Delegation Process in a Community-Based Setting

EFFECTIVE DATE: 09/01/2024

AGENCY APPROVED DATE: 08/26/2024

CONTACT: Brandy Ritter
971-334-4216
brandy.ritter@osbn.oregon.gov

17938 SW Upper Boones Ferry Rd, Portland
Portland,OR 97224

Filed By:
Brandy Ritter
Rules Coordinator

RULES:
851-047-0000, 851-047-0030, 851-047-0045, 851-047-0050, 851-047-0055, 851-047-0060, 851-047-0065, 851-047-0070

AMEND: 851-047-0000

RULE TITLE: Statement of Purpose

NOTICE FILED DATE: 07/10/2024

RULE SUMMARY: Aligns Statement of Purpose with ORS 678.150(6)(i)(B) and (8) language on RN delegation in a community-based setting

RULE TEXT:
These rules establish standards for delegation to other than licensed nursing personnel in a community-based setting, of procedures including patient care tasks and tasks related to the administration of medication, ordered by a nurse practitioner (NP), clinical nurse specialist (CNS), or by a physician licensed under ORS Chapter 677.

STATUTORY/OTHER AUTHORITY: ORS 678.150

STATUTES/OTHER IMPLEMENTED: ORS 678.150

AMEND: 851-047-0030

RULE TITLE: General Provisions

NOTICE FILED DATE: 07/10/2024

RULE SUMMARY: Identifies general provisions with RN delegation process.

RULE TEXT:

(1) In accordance with these rules:

(a) The registered nurse (RN) may delegate, to other than licensed nursing personnel, tasks relating to the administration of medication and patient care tasks that are ordered or prescribed by a physician licensed under ORS chapter 677, a CNS or NP;

(b) The delegation must occur under the procedural guidance, initial direction and periodic inspection and evaluation of the physician, CNS, NP or RN;

(c) The provision of nursing care may be delegated only by a registered nurse; and

(d) Delegation under these rules may only occur in a community-based setting.

(2) For the purposes of these rules:

(a) The term “nursing procedure” includes the tasks referenced in section (1) of this rule; and

(b) The term “unregulated assistive person (UAP) means a person other than licensed nursing personnel.

(3) An RN may not delegate the nursing process components of assessment, identification of reasoned conclusions, outcome identification, planning, or evaluation to a UAP.

(4) Prior to delegating, an RN must ensure that practice setting policies:

(a) Support RN engagement in delegation process; and

(b) Are consistent with these rules.

(5) Pursuant to ORS 678.036(3), a nurse who delegates the provision of nursing care to another person pursuant to ORS 678.150 shall not be subject to an action for civil damages for the performance of a person to whom nursing care is delegated unless the person is acting pursuant to specific instructions from the nurse or the nurse fails to leave instructions when the nurse should have done so

(6) Nothing in these rules waives or otherwise alters an RN’s obligation to comply with OAR Chapter 851 Division 45.

(7) The decision to delegate or not delegate remains solely with the RN.

STATUTORY/OTHER AUTHORITY: ORS 678.150

STATUTES/OTHER IMPLEMENTED: ORS 678.150

AMEND: 851-047-0045

RULE TITLE: Process for RN Initial Delegation

NOTICE FILED DATE: 07/10/2024

RULE SUMMARY: Identifies specific criteria demonstrating delegation as a safe care delivery option for a client and permits delegation process when RN determines all criteria are met.

RULE TEXT:

(1) The RN may proceed with delegation process only when they determine delegation is a safe care delivery option for their client. Delegation is a safe care delivery option for the client only when all the following are met:

(a) The client's condition for which the nursing procedure is ordered is stable and predictable;

(b) The client does not require assessment during performance of the nursing procedure;

(c) The performance of the nursing procedure does not require interpretation or independent decision-making;

(d) The results of performing the nursing procedure are reasonably predictable;

(e) The selected client and circumstances of the delegation are such that the consequences of performing the nursing procedure are not life- threatening and delegation of the nursing procedure's performance to the UAP poses minimal risk to the client;

(f) The client's environment of care supports the safe performance of the nursing procedure for the client by the UAP;

(g) The nursing procedure will be performed by the UAP at a frequency that allows for the UAP's continued safe performance;

(h) The UAP possesses the skills necessary for learning and safely performing the nursing procedure;

(i) The UAP communicates they are willing and able to perform the nursing procedure for the client; and

(j) The RN has the appropriate resources necessary to fulfill nursing practice and delegation process responsibilities with the client and the UAP including:

(A) Availability to provide ongoing assessment of the client at the frequency deemed necessary by the RN to determine the ongoing stability and predictability of the client's condition; and

(B) Availability to provide ongoing competency validation of the authorized UAP's performance of the nursing procedure for the client.

(2) The RN must provide procedural guidance and initial direction to the UAP by:

(a) Educating the UAP through providing information about the nursing procedure and why it is necessary in the management or treatment of the client's condition; and

(b) Providing documented step-by-step evidence-based instructions for the performance of the nursing procedure for the client. The documented instructions must:

(A) Be respectful of the client's needs, choices and dignity;

(B) Be documented in a manner that is understood by the UAP, and

(C) Identify:

(i) How to perform the nursing procedure for the client;

(ii) Infection control practices to follow when performing the nursing procedure;

(iii) Client risks associated with the nursing procedure's performance;

(iv) Observation of the client including desired effects, side effects, potential adverse reactions and emergencies related to performance of the nursing procedure on the client;

(v) Actions to take in response to observations; and

(vi) Documentation requirements when performing the nursing procedure.

(3) After providing procedural guidance and initial direction as required in section (2) of this rule, the RN must:

(a) Evaluate the UAP's performance of the nursing procedure;

(b) Address questions the UAP and client may have; and

(c) Amend the documented instructions as deemed appropriate by the RN.

(4) The RN who validates the UAP's accurate performance of the nursing procedure as outlined in section (3) of this rule

may authorize the UAP to perform the nursing procedure for the client for a period not to exceed 90 days. The authorization period must be determined through clinical judgment and based on the RN's evaluation of data that include but are not limited to:
(a) The nursing procedure delegated;
(b) Whether the RN has previously authorized the same UAP to perform the same nursing procedure;
(c) The length of time the RN has worked with the UAP as a health care team member;
(d) The frequency of client assessment deemed necessary to determine the ongoing stability and predictability of the client's condition related to their assessed baseline; and
(e) The client's responses to other actual or potential health problems that may impact the client's condition for which the nursing procedure is ordered.
(5) The RN must:
(a) Document the length of the UAP's initial authorization period;
(b) Provide documented instructions for the UAP to reference;
(c) Instruct the UAP to adhere to the instructions when performing the nursing procedure for the client;
(d) Instruct the UAP that the authorization to perform the nursing procedure is client specific, time limited, and not transferable;
(e) Update the plan of care to identify that performance of the client's nursing procedure has been delegated to a UAP;
(f) Provide periodic inspection and evaluation of the delegation per OAR 851-047-0050; and
(g) Continue to engage in nursing practice with the client.

STATUTORY/OTHER AUTHORITY: ORS 678.150

STATUTES/OTHER IMPLEMENTED: ORS 678.150

AMEND: 851-047-0050

RULE TITLE: Process for Periodic Inspection and Evaluation

NOTICE FILED DATE: 07/10/2024

RULE SUMMARY: Prescribes process for periodic inspection and evaluation of the continued safety of the delegation.

RULE TEXT:

(1) The RN must provide periodic inspection and evaluation to reach a clinical judgment on whether the delegation remains a safe care delivery option for the client. At a minimum, the periodic inspection and evaluation must occur at least once prior to the expiration of the initial authorized period and at least once prior to the expiration of any subsequent reauthorization period.

(2) The RN's periodic inspection and evaluation must include:

(a) Verification that the requirements of 851-047-0045(1)(a) through (j) continue to be met;

(b) Assessment of the client in their environment of care; and

(c) Validation of the UAP's adherence to the documented instructions, by:

(A) Verifying the UAP's documentation of the nursing procedure;

(B) Addressing questions or concerns the UAP and client may have; and

(C) Directly observing the UAP perform the nursing procedure.

(3) If the RN concludes the delegation is not a safe care delivery option for the client, the RN may not re-authorize the UAP's performance of the nursing procedure for the client. Nothing in these rules prevents the RN from:

(a) Addressing an identified issue rendering the delegation unsafe;

(b) Verifying resolution of the issue; and

(c) Proceeding to section (4) of this rule.

(4) If the RN concludes the delegation remains a safe care delivery option for the client, the RN may re-authorize the UAP's performance of the nursing procedure for another period not to exceed 180 days from the date of the periodic inspection and evaluation. When reauthorizing the UAP's performance of the nursing procedure, the RN must:

(a) Document the length of the reauthorization period;

(b) Ensure a copy of the documented instructions are accessible to the UAP;

(c) Instruct the UAP to adhere to the instructions when performing the nursing procedure for the client;

(d) Instruct the UAP that their reauthorization to perform the nursing procedure is client specific, time limited, and not transferable;

(e) Continue to provide periodic inspection and evaluation of the delegation per this rule; and

(f) Continue to engage in nursing practice with the client.

STATUTORY/OTHER AUTHORITY: ORS 678.150

STATUTES/OTHER IMPLEMENTED: ORS 678.150

AMEND: 851-047-0055

RULE TITLE: Limitations on the Delegation of a Nursing Procedure related to the Administration of Medication by the Intravenous Route

NOTICE FILED DATE: 07/10/2024

RULE SUMMARY: Limits the delegation of administration of medications by the intravenous route to the RN who is an employee of a licensed home health agency, or a licensed hospice agency.

RULE TEXT:

(1) Only the RN who is an employee of a licensed home health agency or a licensed hospice agency may delegate a nursing procedure related to the administration of a medication by the intravenous (IV) route.

(2) The delegation of a nursing procedure related to the administration of IV medication is limited to:

(a) The administration of pre-measured IV flushing solution;

(b) Changing a pre-measured bag of IV fluid;

(c) Connecting a pre-measured IV medication to an existing IV line; and

(d) The administration of a bolus of IV medication by using a preprogrammed delivery device.

(3) The RN may not delegate venipuncture or the discontinuation of an IV access device.

(4) Prior to delegating, the RN must verify all pre-measured flushing solutions, bags of fluid and doses of medication are pharmacy dispensed.

STATUTORY/OTHER AUTHORITY: ORS 678.150

STATUTES/OTHER IMPLEMENTED: ORS 678.150

AMEND: 851-047-0060

RULE TITLE: Ending a UAP's Authorization to Perform a Nursing Procedure

NOTICE FILED DATE: 07/10/2024

RULE SUMMARY: Identifies five situations in which RN is responsible to rescind a UAP's authorization.

RULE TEXT:

(1) The RN must end a UAP's authorization or reauthorization to perform a nursing procedure when:

(a) The medical order for the nursing procedure is discontinued;

(b) The UAP no longer works with the client;

(c) The RN cannot provide ongoing periodic inspection and evaluation;

(d) Delegation is no longer a safe care delivery option for the client; or

(e) The RN ends their professional relationship with the client.

(2) When the RN ends a UAP's authorization or reauthorization to perform a nursing procedure, the RN must:

(a) Document the action taken, reason, date, time; and

(b) Inform care team members who need to know.

STATUTORY/OTHER AUTHORITY: ORS 678.150

STATUTES/OTHER IMPLEMENTED: ORS 678.150

REPEAL: 851-047-0065

RULE TITLE: Rescinding the delegation for a client and UAP

NOTICE FILED DATE: 07/10/2024

RULE SUMMARY: Repealed

RULE TEXT:

(1) For the delegation of the procedure performed for the client by a UAP (s) to no longer be considered under the accountability of the RN's license, the delegation must be rescinded. The act of transferring the delegation to another RN still requires the rescinding RN to formally end their nursing relationship with the Client and the UAP(s). A synchronous handoff must be done between the RN rescinding the delegation and the RN accepting the delegation, except in the following circumstances:

(a) The current RN has resigned their position with their employer and there is no other RN within the organization qualified to accept the delegation, this would include regional and other RNs within the organizational hierarchy.

(b) School nurses who have delegations at multiple school sites and the care for the K-12 child is well established and the UAP performing the procedure has shown continued competency in performing the procedure.

(2) If there is no accepting RN, then the following rules apply:

(a) An RN may choose to authorize the UAP's continued performance of the procedure for the client. The RN must document that there is a rescinding assessment that the UAP (s) have successfully performed the procedures without issue and there is no indication that they cannot continue to do so, and, to the best knowledge, skill, ability and competency of the RN, the client has no indication that there would be a change in condition which would cause the procedure not to continue.

(b) The RN must document that the client's care facility, RNs employer, or client family have been informed that the RN will no longer be able to provide the delegation oversight and that currently there is no other RN to whom the delegation can be transferred.

(c) The RN must leave written instructions for actions the facility or family need to take if the client's condition becomes unexpectedly unstable or if no UAPs are available to perform the procedure.

(d) The continued ability for the client to receive the delegated services until an RN can accept the delegation oversight rests with the facility, family, or RN employer. It is expected that the RN, prior to leaving the assignment, will assist in planning for continuity of care but is not accountable under their license to maintain the delegation until another RN is found.

(e) Rescinding the delegation under these rules, ends the RNs relationship with the client and UAP.

(f) Failing to follow the above criteria could be considered patient abandonment.

STATUTORY/OTHER AUTHORITY: ORS 678.150

STATUTES/OTHER IMPLEMENTED: ORS 678.150

REPEAL: 851-047-0070

RULE TITLE: Requirements of a Synchronous Hand Off by the Accepting RN

NOTICE FILED DATE: 07/10/2024

RULE SUMMARY: Repeal

RULE TEXT:

(1) The RN may consider the acceptance of a hand off of nursing services provision and delegation process responsibilities for a client and a UAP from another RN under the following conditions:

(a) The responsibilities of the hand off are within the RN's individual scope of practice;

(b) The hand off occurs synchronously from the RN who currently provides nursing services for the client and has currently authorized the UAP to perform the client's procedure;

(c) The RN synchronously meets, and generates a record of meeting, with the RN making the hand off to receive a transfer of knowledge about the client and their situation.

(d) The RN determines, based on the analysis of evidence and data, that the client's situation meets all the following outcomes:

(A) The client's response to the condition for which the procedure is ordered is stable and predictable;

(B) The client does not require assessment related to the procedure's performance;

(C) The performance of the procedure does not require interpretation or independent decision-making;

(D) The results of performing the procedure are reasonably predictable;

(E) The selected client and circumstances of the delegation are such that the consequences of performing the procedure are not life- threatening, and delegation of the procedure's performance to the UAP poses minimal risk to the client;

(F) The client's environment of care supports the safe performance of the procedure by the UAP;

(G) The procedure will be performed by the UAP at a frequency that would allow for the procedure's continued safe performance; and

(H) The UAP's documentation of their performance of the procedure demonstrates adherence to the written instructions.

(I) The RN has the appropriate resources necessary to fulfill nursing practice and delegation process responsibilities with the client and the UAP including:

(i) Availability to provide ongoing assessment of the client at the frequency deemed necessary by the RN to determine the ongoing stability and predictability of the client's responses to their condition; and

(ii) Availability to provide ongoing competency validation of the authorized UAP's performance of the procedure for the client.

(e) The teaching content on the client's condition and performance of the procedure meets the requirements of these rules;

(f) The written instructions for the UAP's performance of the procedure for the client meet the requirements of these rules;

(g) The RN provides a one-on-one experience with the UAP and the client that includes:

(A) Address questions the UAP and client may have;

(B) Amendment of the written instructions as deemed appropriate by the RN; and

(C) Direct observation of the UAP in their performance of the procedure on the client.

(2) The RN who adheres to section number (1) and who validates the UAP's accurate performance of the procedure on the client, holds the authority to accept the hand off and authorize the UAP to perform the procedure for the client under their delegated authority;

(3) The RN who makes the decision to accept the hand off must document:

(a) The date and time the hand off is accepted and nursing services provided to the client become their responsibility;

(b) The date and time the UAP is authorized under their delegated authority to perform the procedure for the client;

(c) The length of the UAP's authorization period for performing the procedure for the client that must not exceed 60

days based on criteria at 851-047-0045(3)(b)(A) through (E); and
(d) Pursuant to 851-047-0045 (3)(c)(E), a recommendation that identifies how the client might continue to receive their ordered procedure in the event the RN is no longer a member of the client's health care team and the procedure remains ordered for the client.
(4) Prior to the expiration of the UAP's authorized period for performance of the procedure for the client, the RN must complete an evaluation of the safety of the delegation pursuant to OAR 851-047-0050(1) through (3).

STATUTORY/OTHER AUTHORITY: ORS 678.150

STATUTES/OTHER IMPLEMENTED: ORS 678.150