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DIVISION 1

RULES OF PRACTICE AND PROCEDURE

851-001-0000

Notice of Proposed Rulemaking

(1) The agency shall give notice of its intention to adopt, amend, or repeal any rule at least 15 days prior to the date the proposed action is published in the Oregon Bulletin by the Secretary of State.

(2) A copy of the notice shall be furnished the United Press International, the Associated Press, and to such other news media as the agency may deem appropriate.

(3) A copy of the notice shall be mailed to persons who request to be on the agency's mailing list established pursuant to ORS 183.335.

(4) Whenever practicable or appropriate, the agency shall mail or otherwise furnish a copy of the notice to each licensee, certified nursing assistant, person, or firm who is registered, has an account, or other interest with the agency.

(5) In addition to the giving of notice in sections (1), (2), (3) and (4) of this rule the agency shall, depending on the scope of the rule, furnish notice to the following:

(a) Nursing Education Rules—Oregon State System of Higher Education; Oregon Board of Education; Oregon Office of Educational Policy and Planning; Deans and Directors of Oregon Schools of Nursing; Presidents of Oregon Community Colleges; Oregon Council of Associate Degree Nursing Programs (OCAP); Oregon Council on Baccalaureate and Graduate Nursing Education; Oregon Federation of Nurses (OFN) Oregon League for Nursing (OLN); Oregon licensed Practical Nurses' Association (OLPNA), Oregon Nurses' Association (ONA); Oregon Nursing Education Coalition; Oregon Organization of Nurse Executives (OONE);

(b) Nursing Practice Rules—Oregon Nurses' Association (ONA); Oregon Licensed Practical Nurses' Association (OLPNA); Oregon Federation of Nurses (OFN); Oregon League for Nursing (OLN); Oregon Organization of Nurse Executives (OONE); Oregon Association of Nurse Anesthetists; Oregon School Nurses' Association; Oregon Council of Associate Degree Nursing Programs (OCAP); Oregon Council on Baccalaureate and Graduate Nursing Education; Oregon Nursing Education Coalition; Deans and Directors of Oregon Schools of Nursing;

(c) Nursing Assistant Rules—Oregon Federal of Nurses (OFN); Oregon Licensed Practical Nurses' Association (OLPNA); Oregon Long Term Care Nurses' Association; Oregon Nurses' Association (ONA); Oregon Organization of Nurse Executives (OONE); Oregon Health Care Association; Oregon Association of Homes for the Aging; Oregon Association for Home Care; Office of Community Colleges, Department of Education Oregon Gerontological Association; Gerontological Interest Group; Senior and Disabled Services Division;

(d) Licensure Rules — Oregon Nurses' Association (ONA); Oregon Licensed Practical Nurses' Association (OLPNA); Oregon Federation of Nurses (OFN); Oregon League for Nursing (OLN); Oregon Organization of Nurse Executives IOONE); Deans and Directors of Oregon Schools of Nursing;

(e) Nurse Practitioner Rules—Oregon Nurses' Association (ONA); Nurse Practitioner Special Interest Group (NPSIG); Oregon Chapter of the American College of Nurse Midwives, Oregon Federation of Nurses (OFN); Oregon League for Nursing (OLN).

Stat. Auth.: ORS Ch. 183 & 678

Hist.: NER 27, f & ef. 12-16-75; NER 3-1985, f & ef 5-2-85; NB 3-1988, f & cert. ef 7-5-88; NB 1-1990, f & cert. ef 11-6-90

851-001-0005

Model Rules of Procedure

(1) The Model Rules of Procedure of the Attorney General under the Administrative Procedures Act effective October 15, 1989 and printed with the date of March 1990 are hereby adopted by reference as the rules of the State Board of Nursing. These rules shall be controlling except as otherwise required by statute or rule.

(2) Nothing in these rules shall be deemed to deny a person, an applicant, licensee or certified nursing assistant an opportunity to request an appearance before the Board or its Executive Director or designated Board staff for an informal conference to discuss any matter administered by the Board. The Board shall notify the person, applicant, licensee or certified nursing assistant of the time and place of the informal conference. The Board or its Executive Director or designated Board staff may also schedule an informal conference and notify the person.

(3) A request for an appearance before the Board to discuss an issue with the Board or a request to have an item placed on the Board's meeting agenda shall be made at least six weeks prior to the Board meeting. The request shall include all supporting documents the requestor wishes the Board to review. Items shall be placed on the Board's agenda as time is available, at the discretion of the Board President.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or Board of Nursing.]

Stat. Auth.: ORS Ch. 183 & 678

Hist.: Renumbered from 851-40-005, 4-1-76; NER 17, f 6 16-72, ef. 7-1-72; NER 18, f 3-18-74, ef 4-11-74; NER 31, f & ef. 3-30-76; NER 20-1980, f & ef 6-24-80; NER 1-1982, f & ef. 1-29-82; NER 2-1983, f & ef 10-4-83; NER 3-1986, f & ef 6-6-86; NB 3-1988, f & cert. ef 7-5-88; NB 11-1990, f & cert. ef 11-6-90

851-001-0006

Requiring an Answer to Charges as Part of Notices to Parties in Contested Cases

In addition to the notice requirements under the Attorney General's Model Rules of Procedure adopted under OAR 851-001 0005, the notice to parties in contested cases may include the statement that an answer to the charges shall be required, and if so, the consequence of failure to answer.

Stat. Auth.: ORS Ch. 678

Hist.: NER 1-1985(Temp), f & ef 3-8-85; NER 6-1985, f & ef. 9-27-85; NB 3-1988, f & cert. ef 7-5-88; NB 11-1990, f & cert. ef 11-6-90

851-001-0007

Hearing Request and Answers: Consequences of Failure to Answer

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or the party's attorney. The answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause:

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer shall be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and answer.

Stat. Auth.: ORS Ch. 678

Hist.: NER 1-1985(Temp), f & ef 3-8-85; NER 6-1985, f & ef 9-27-85; NB 11-1990, f & cert. ef 11-6-90

851-001-0010

Post Hearing Procedure

(1) Following a hearing and the Board's decision to censure, reprimand, place on probation, suspend or revoke the nursing license of a Licensed Practical Nurse or Registered Nurse or place a disciplinary sanction on the certificate of a Nurse Practitioner, a copy of the Board's Findings of Fact, Conclusions of Law and Order shall be sent to the licensed nurse whose license the Board has sanctioned.

(2) Notice of the Board's disciplinary action shall be sent to the National Council State Boards of Nursing, Inc. and the National Practitioner Data Bank.

(3) Following a hearing and the Board's decision to reprimand, suspend or revoke the certificate of a certified nursing assistant, a copy of the Board's Findings of Fact, Conclusions of Law and Order shall be sent to the nursing assistant whose certificate has been sanctioned.

Stat. Auth.: ORS Ch. 183

Hist.: NER, f & ef 11-25-77; NB 3-1988, f & cert. ef 7-5-88; NB 11-1990, f & cert. ef 11-6-90

Screening and Selection of Personal Service Contractors for the Oregon State Board of Nursing

851-001-0100

Introduction

The Oregon State Board of Nursing may contract with consultants to provide required services. It is the intent of the Board to publicly announce all requirements for consultant services, and to select consultants on the basis of demonstrated competence and qualification for the type of professional services required. All such contracts will be executed at a fair and reasonable price.

Stat. Auth.: ORS 279.051 & 291.021

Hist.: NB 9-1993, f & cert. ef 10-15-93

851-001-0110

Definitions

(1) "Board"—Oregon State Board of Nursing.

(2) "Director"—Executive Director, or an authorized representative.

(3) "Preselection Screening"—One person appointed by the Director to review qualifications and/or proposals, interview prospective consultants, and develop a list of qualified consultants.

(4) "Firm"—An individual or firm technically and financially qualified to perform certain types of work classified as personal

services.

Stat. Auth.: ORS 279.051 & 291.021
Hist.: NB 9-1993, f & cert. ef 10-15-93

851-001-0120

Policy

(1) The Board will contract for consultant services only when the work cannot be done in a reasonable time with the Board's own work force; when the required skills are not available within the Board; or when an impartial opinion is required.

(2) The selection of the most qualified consultant will be based on, but not limited to, the consultant's demonstrated capabilities, experience, and project approach. A contract will be awarded for the professional services at a fair and reasonable cost, as approved by the Director. Throughout the consultant selection process, every effort will be made to encourage disadvantaged and emerging small businesses to submit proposals.

Stat. Auth.: ORS 279.051 & 291.021
Hist.: NB 9-1993, f & cert. ef 10-15-93

851-001-0130

Informal Process (\$2,500 and Under)

(1) When the amount of the contract will be equal to or less than \$2,500 the Director may use an informal selection process. Under this process the Director may solicit qualifications or proposals in writing or by telephone, from a minimum of three prospective consultants and immediately select the most qualified consultant.

(2) The Director may make immediate and direct consultant appointments whenever conditions require prompt action to protect loss of life or property.

Stat. Auth.: ORS 279.051 & 291.021
Hist.: NB 9-1993, f & cert. ef 10-15-93

851-001-0140

Formal Process (Over \$2,500)

(1) The Board shall make a public announcement to obtain a list of consultants interested in providing Professional services to the Board. The Board will request statements of qualifications or proposals, or both, for either single projects or groups of projects. The announcement will be made in either trade periodicals and/or newspapers of general circulations, and may include the following:

- (a) Description of project type(s);
- (b) Typical project(s) scope;
- (c) Anticipated project start and completion dates;
- (d) Any special requirements;
- (e) Closing date by which statements of interest and qualifications must be received; and
- (f) Evaluation criteria and selection procedure.

(2) Initial Screening:

(a) Preselection screening shall, for each proposed project, evaluate statements of qualifications and performance data. The screening shall evaluate each firm for its:

- (A) Approach to the project;
- (B) Capability;
- (C) Credentials;
- (D) Experience; and
- (E) Performance data.

(b) Based on the evaluation criteria published in the request for qualification announcement, preselection screening shall select, in order of preference, a list of at least three firms (short list) deemed to be most highly qualified to provide the required services;

(c) The short listed firms will be interviewed and a recommendation made to the Director on which one should be hired. When a proposal is requested, preselection screening may elect to eliminate the interview step and recommend the most qualified firm to the Director.

(3) Final Selection:

(a) The Director shall select the most qualified firm and negotiate a contract with that firm at compensation which is fair and reasonable for the Board. In making the final selection, the

Director shall consider the estimated value of the services to be rendered, the project scope, and complexity:

(A) Should the Board be unable to negotiate a satisfactory contract with the firm considered to be the most qualified, negotiations with that firm will be formally terminated. The Board will then undertake negotiations with the second most qualified firm. Failing accord with the second most qualified firm the Board will terminate negotiations with the second firm;

(B) Should the Board be unable to negotiate a satisfactory contract with any of the selected firms it may select additional firms in order of their competence and qualifications and continue negotiations in accordance with this section until an agreement is reached or a decision not to contract for professional services at this time is made.

(b) When the Director determines that only one firm exists within the service area that is willing and capable of performing the required services, the Director may negotiate a sole source contract with that firm. A sole source designation eliminates the necessity for a selection process.

Stat. Auth.: ORS 279.051 & 291.021
Hist.: NB 9-1993, f & cert. ef 10-15-93

DIVISION 10

ADMINISTRATION

851-010-0005

Officers

The officers of the Board shall consist of a president and a secretary.

Stat. Auth.: ORS Ch. 678.150
Stats. Implemented: 678.150
Hist.: NER 1, f. 11-12-57; NER 40, f. & ef. 11-25-77

851-010-0010

Election

The officers of the Board shall be elected annually as stated in Board policy. Officers shall assume office at the close of the meeting at which they are elected. No officer may serve more than two successive terms.

Stat. Auth.: ORS Ch. 678.150
Stats. Implemented: 678.150
Hist.: NER 1, f. 11-12-57; NER 40, f. & ef. 11-25-77

851-010-0015

Vacancies in Office

A vacancy occurring in the office of the president or secretary shall be filled by election.

Stat. Auth.: ORS Ch. 678.150
Stats. Implemented: 678.150
Hist.: NER 1, f. 11-12-57; NER 40, f. & ef. 11-25-77

851-010-0020

Duties of Officers

(1) The president shall preside at all meetings, confer with the executive director of the Board on matters that come up between meeting dates, and matters that need to be placed on the agenda for Board meetings. The ordering or reordering of the agenda is the prerogative of the president.

(2) The secretary conducts the meetings in the absence of the president.

Stat. Auth.: ORS Ch. 678.150
Stats. Implemented: 678.150
Hist.: NER 1, f. 11-12-57; NER 40, f. & ef. 11-25-77

851-010-0035

Meetings

Regular meetings shall be held five times a year. Additional meetings may be held when necessary. However, if there is not adequate business to justify a meeting, it may be cancelled. Meeting dates are approved by the Board on a biennial basis. The agenda for Board members to review shall be sent to them at least

five days prior to the meeting date.

Stat. Auth.: ORS Ch. 678.150

Stats. Implemented: 678.150

Hist.: NER 1, f. 11-12-57; NER 40, f. & ef. 11-25-77; NER 5-1983, f. 12-9-83, ef. 1-1-84

DIVISION 20

ACCREDITATION OF EDUCATIONAL PROGRAMS IN NURSING PREPARING CANDIDATES FOR LICENSURE AS PRACTICAL OR REGISTERED NURSES

[ED. NOTE: Unless otherwise specified, previous OAR 851-20-005 through 831-20-225 were adopted by the Oregon State Board of Nursing, November 3, 1957, and filed with the Secretary of State, November 7, 1957, as Administrative Order NER 2.]

851-020-0001 [Renumbered to 851-021-0000]

851-020-0005 [Renumbered to 851-021-0005]

851-020-0021 [Renumbered to 851-021-0010]

851-020-0032 [Renumbered to 851-021-0015]

851-020-0051 [Renumbered to 851-021-0040]

851-020-0056 [Renumbered to 851-021-0050]

851-020-0061 [Renumbered to 851-021-0045]

851-020-0068 [Renumbered to 851-021-0055]

851-020-0071 [Renumbered to 851-021-0025]

851-020-0072 [Renumbered to 851-021-0030]

851-020-0073 [Renumbered to 851-021-0035]

851-020-0074 [Renumbered to 851-021-0060]

851-020-0076 [Renumbered to 851-021-0065]

851-020-0081 [Renumbered to 851-021-0070]

851-020-0083 [Renumbered to 851-030-0240]

851-020-0087 [Renumbered to 851-030-0242]

851-020-0092 [Renumbered to 851-030-0248]

851-020-0097 [Renumbered to 851-030-0250]

851-020-0111 [Renumbered to 851-060-0070, 0080, and 0085]

851-020-0112 [Renumbered to 851-060-0100]

851-020-0113 [Renumbered to 851-060-0110]

851-020-0122 [Renumbered to 851-060-0610]

851-020-0123 [Renumbered to 851-060-0640 and 0650]

851-020-0156 [Renumbered to 851-031-0010]

851-020-0163 [Renumbered to 851-031-0020]

851-020-0171 [Renumbered to 851-031-0030]

851-020-0172 [Renumbered to 851-031-0040]

851-020-0176 [Renumbered to 851-031-0050]

851-020-0186 [Renumbered to 851-031-0060]

851-020-0187 [Renumbered to 851-031-0070]

851-020-0189 [Renumbered to 851-031-0080]

851-020-0191 [Renumbered to 851-031-0090]

851-020-0295 [Renumbered to 851-031-0200]

851-020-0300 [Renumbered to 851-050-0002]

851-020-0310 [Renumbered to 851-050-0138]

851-020-0315 [Renumbered to 851-050-0139]

851-020-0320 [Renumbered to 851-050-0010]

DIVISION 21

STANDARDS FOR THE APPROVAL OF EDUCATIONAL PROGRAMS IN NURSING PREPARING CANDIDATES FOR LICENSURE AS PRACTICAL OR REGISTERED NURSES

851-021-0000

Purpose of Standards

To foster the safe and effective practice of nursing by graduates of nursing education programs by setting standards which promote adequate preparation of students for nursing practice. These standards will:

- (1) Serve as a guide for the development of new nursing education programs.
- (2) Enable innovative responses of established nursing education programs to a changing health care environment.
- (3) Provide criteria for the approval of new and established nursing education programs.
- (4) Facilitate interstate endorsement of graduates from Board approved nursing programs.

Stat. Auth: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-001; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0005

Definitions

As used in these rules:

- (1) "Approval" is synonymous with accreditation as authorized in ORS 678.150, and means the process by which the Board evaluates and grants official recognition and status to nursing education programs which meet Board established uniform and reasonable standards. The status assigned may be Developmental Approval, Initial Approval or Approval.
- (2) "Basic Master's Program" - A graduate program in nursing leading to initial licensure.
- (3) "Board" refers to the Oregon State Board of Nursing.
- (4) "Clinical Instructor" means a registered nurse whose primary role is education of students in the skills laboratory or practice site and who may participate in classroom teaching under the direction of an instructor.
- (5) "Controlling Body" is an accredited educational agency planning to conduct or conducting a program in nursing. For purposes of these rules, "institution," or "governing institution" are synonymous with "controlling body."
- (6) "Developmental approval" means approval of an application for establishing a new program and authorization to proceed with its development.
- (7) "Extended campus site" means any location of an institution, other than the main campus, at which the institution offers at least 50 percent of a nursing education curriculum.

(8) "Initial Approval" means authorization by the Board to admit students in a new nursing program, or in an extended campus site, when the Board deems the extended campus site to be the equivalent of a new program. Initial approval status continues until the first class has graduated and the Board has taken final action on the application for approval.

(9) "Instructor" is a registered nurse who is responsible for the development and/or implementation of a course or portion of the curriculum. For purpose of these rules, the term "instructor" includes all nurse faculty members regardless of rank within the nursing program who have responsibility for course development and/or implementation.

(10) "May" indicates permission.

(11) "Nurse Administrator" refers to the registered nurse who is responsible and accountable for the educational unit in nursing (regardless of the official title assigned by any specific institution).

(12) "Organizing framework" means the mission, philosophy, and/or underlying assumptions upon which the curriculum is based.

(13) "Practice Site" is a location or situation in which nursing experience with actual patient/client individuals or groups is obtained.

(14) "Practicum" is a course or session in which a student obtains experience in nursing in either a laboratory or practice site.

(15) "Program" means a school of nursing which prepares graduates for licensure as registered or licensed practical nurses. The terms "nursing program," or "nursing education program" as used in these rules, are synonymous with "Program."

(16) "Representative of the Board" means the Education Consultant or Board designee qualified to perform the necessary responsibilities.

(17) "Shall" indicates a requirement.

(18) "Site Visit" means that representative(s) of the Board go to the location of a program for specified purpose(s) which may include a survey for approval.

(19) "Standards for Approval" - Authoritative statements which set expectations for a program to achieve and maintain for approval status. (OAR 851-021-0040 through 851-021-0070)

(20) "Statewide Need" - Assessment and documentation of the need for the nursing program in relation to plans for total state resources and the need for entry-level nurses in the state.

(21) "Survey visit" means that representative(s) of the Board go to the location of a program to review the program for compliance with Standards for Approval, and to prepare a report and recommendation regarding approval status.

(22) "Units or Credits" - For programs on academic quarters, one unit or credit is defined as one academic clock hour per week for ten to 12 weeks or three academic clock hours of practicum per week for ten to 12 weeks. For programs on academic semesters, one unit or credit is defined as one academic clock hour per week for 15-16 weeks or three academic clock hours of practicum per week for 15-16 weeks.

(23) "Work Study Program" - a course in the curriculum which is offered in cooperation with one or more clinical facilities in which the primary emphasis is the students' active participation in the work environment.

Stat. Auth: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 9, f. 8-15-62; NER 15, f. 1-4-71, ef. 1-25-71; NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 2-1985, f. & ef. 4-5-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-005; NB 2-1996, f. & cert. ef. 3-12-96; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0010

Approval of Nursing Education Programs

(1) Application and Developmental Approval:

(a) An institution wishing to establish a new program in nursing shall make application to the Board at least 15 months in advance of expected opening date;

(b) The application shall include a statement of intent and a feasibility study with at least the following information:

(A) Studies documenting the statewide need for the program. The study should also specifically address the need for the program in relation to the nursing needs of the geographical area to be served;

(B) Purpose, size and type of program;

(C) Administration and organizational plan delineating lines of authority and decision-making;

(D) Availability of and ability to retain qualified faculty;

(E) Projected number of faculty positions;

(F) Description of available physical facilities and description of proposed facilities with dates of availability;

(G) Availability of adequate practice sites for the program;

(H) Availability of adequate educational facilities, services, and resources for the program;

(I) Evidence of financial resources adequate for planning, implementation and continuation of the program, including proposed operating costs;

(J) Anticipated student enrollment and proposed date of enrollment;

(K) Tentative time schedule for planning and initiating the program;

(L) Current institution and program catalog.

(c) The institution shall respond to the Board's request(s) for additional information;

(d) A site visit may be conducted by a representative(s) of the Board;

(e) The Board, after timely review and consideration of the information contained in the application and any supplementary information, shall either approve or deny the application;

(f) If the Board approves the application, the institution shall be notified in writing that program development may proceed. If the institution does not admit a class within 18 months after the date designated in the approved plan, the approval of the application shall expire.

(2) Initial Approval:

(a) Initial approval status may be applied for when the following conditions have been met:

(A) Application as described in section (1) of this rule has received Board approval;

(B) Evidence of approval for the new program has been obtained from the appropriate agencies or bodies which review and approve new programs for public and private educational institutions. The institution shall provide one copy of the report which was submitted to each agency and a copy of the letter(s) indicating that approval for the program has been granted;

(C) A qualified nurse administrator has been appointed and provided with necessary administrative supports a minimum of nine months prior to the beginning of courses;

(D) There are sufficient qualified faculty and administrative support services to initiate the program a minimum of six months prior to the beginning of the courses;

(E) A tentative written proposed program plan, including curriculum developed in accordance with the Standards for Approval, has been submitted a minimum of three months prior to the offering of the first course to nursing students.

(b) Following Board receipt and review of the information required in subsection (2)(a) of this section, the Board may grant or deny initial approval;

(c) Initial approval must be received by a program prior to the admission of the first class of nursing students;

(d) If initial approval is denied, the institution may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply;

(e) Interim visits and/or progress reports may be requested by the Board at any time during the initial approval phase and/or following initial approval as deemed necessary by the Board.

(3) Approval:

(a) Eligibility for approval occurs after the graduation of the first class of students;

(b) Within six months following graduation of the first class, the institution shall apply for approval of the nursing education program. A self-study report of compliance with the Standards for Approval shall be submitted and a survey visit shall be made for

consideration of approval of the program;

(c) The decision of the Board to grant or deny approval shall be based upon review of a self-evaluation report submitted by the program addressing compliance with Board standards, of the success rate of graduates on the national licensure examination, and of a survey report by a representative(s) of the Board;

(d) If approval is denied, the institution may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply.

Stat. Auth: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NB 3-1988, f. & cert. ef. 7-5-88; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-021; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0015

Periodic Evaluation of Nursing Education Programs

(1) Procedures for Periodic Evaluation:

(a) All nursing education programs shall be required to demonstrate continuing compliance with the Standards for Approval at least every eight years for continued approval;

(b) The Board shall require a survey visit for consideration of continued approval, and may require survey visits or interim progress reports at any time;

(c) The nursing program may request a survey or site visit. Such request shall be in writing and include the purpose(s) for the visit;

(d) A program shall submit a narrative self-evaluation report(s) which provides evidence of compliance with the Standards for Approval at least one month prior to the scheduled survey visit:

(A) The self-evaluation report prepared for the national nursing education accreditation body may be substituted in lieu of the Board's survey report if a national accreditation survey is scheduled for that year;

(B) If the national self-evaluation report is submitted in lieu of the Board's survey report, the program shall submit an addendum to the self-evaluation report which addresses the Standards for Approval and which provides a guideline as to where the Standards are discussed in the self-evaluation report.

(e) The survey visit shall be made by a representative(s) of the Board on dates mutually acceptable to the Board and the program. A Board survey visit may be conducted in conjunction with the national nursing accreditation body survey visit. The Board representative shall write a separate survey report;

(f) Announcement of a survey visit shall be sent to the program at least three months in advance of the visit;

(g) The program shall be asked to participate in scheduling survey visit activities;

(h) A draft of the survey visit report shall be made available to the program for review and corrections in factual data;

(i) The administrator of the program and/or designee(s) shall be invited to be present during the presentation of the survey report to the Board;

(j) Following the Board's review and decision, written notification regarding approval of the program, recommendations or notice of deficiencies with a specified time frame within which the deficiencies must be corrected, shall be sent to the administrator of the institution and the administrator of the nursing education program.

(2) An approved nursing program which becomes accredited by a national nursing accreditation body between OSBN survey visits, may have the next scheduled survey visit adjusted one time to provide for a review schedule not to exceed an eight year time period.

Stat. Auth: ORS 678.340 & 678.360

Stats. Implemented: ORS 678.360

Hist.: NER 37, f. & ef. 7-18-77; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-032; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0020

Denial or Withdrawal of Approval

(1) If, in the opinion of the Board, the standards established

for approval of new or existing nursing education programs are not being met, notice thereof shall be given in writing to the controlling body, specifying the deficiency(ies) and prescribing the time within which the deficiency(ies) must be corrected.

(2) Approval may be withdrawn if a program fails to correct the deficiency(ies) within the time specified after a hearing in which such facts are established.

Stat. Auth: ORS 678.340 & 678.360

Stats. Implemented: ORS 678.360

Hist.: NER 30, f. & ef. 1-27-76; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-036; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0025

Reports

(1) Program Changes Requiring Notification to the Board. The program shall notify the Board in writing within 30 days of development of the following circumstances:

(a) Change in the nurse administrator of the program;

(b) Major changes in availability of adequate practice sites for the program;

(c) Change in accreditation status of the controlling body;

(d) Major reductions in the financial support for the program;

(e) Proposed addition of a work study course for students or new graduates at least three months prior to start of the course.

(2) Program Changes Requiring Board of Nursing Approval:

(a) Change of Administrative Control:

(A) When control of an educational program is transferred from one institution to another, a report must be submitted to the Board by the receiving institution containing the following information:

(i) Rationale for change;

(ii) Anticipated effects on students, faculty and resources;

(iii) Administrative and organizational plans, including a sound operational budget;

(iv) Plans for the orderly transition of the program;

(v) Application for new program as delineated in OAR 851-021-0010, unless this requirement is waived by the Board of Nursing.

(B) The institution relinquishing the program shall notify the Board of Nursing in writing of the intent to transfer the program, and shall submit to the Board the information requested of programs undergoing voluntary termination (OAR 851-021-0035(1)).

(b) Major Change in Curriculum:

(A) When a nursing education program anticipates a major change in the curriculum related to standards defined in OAR 851-021-0050, such changes shall be submitted to the Board for approval at least three months prior to implementation.

(B) The following materials shall be submitted with the request for curriculum changes:

(i) Rationale for proposed changes including the anticipated effect on faculty, students, resources and facilities;

(ii) Presentation of the differences between the current curriculum and the proposed curriculum;

(iii) A timetable for implementation of change;

(iv) Methods of evaluation which will be used to determine the effects of the change.

(c) Exceptions to qualified faculty under OAR 851-021-0045(6);

(d) Addition of an extended campus site:

(A) The program shall submit a letter of intention to expand offerings to an extended campus site at least six months prior to planned implementation;

(B) The letter of intent shall include at least the following information:

(i) Plan for qualified faculty for the program at the extended site;

(ii) Description of available and proposed education facilities, services and resources with dates of availability;

(iii) Availability of adequate practice sites;

(iv) Tentative time schedule for planning and initiating the program.

(C) The Board may deem the addition of an extended campus

site as the equivalent of a new program, and require application under OAR 851-021-0010(1). Notice to the applicant shall include the rationale for the Board decision.

(3) Annual Reports:

(a) Statistical data and qualitative program information shall be required to be submitted to the Board annually on a form supplied by the Board;

(b) The annual report shall include information to enable monitoring of continued compliance with the Board's rules. Required reports may include data for aggregate and trend analysis.

(4) General Guidelines for Reports:

(a) The Board shall review reports for approval, or continued approval of nursing education programs or proposals for major curriculum change only at times when the Board is in formal session;

(b) A copy of the report(s) shall be in the Board Office at least six weeks prior to the Board meeting.

Stat. Auth: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-071; NB 1-1993(Temp), f. & cert. ef. 2-8-93; NB 6-1993, f. & cert. ef. 6-22-93; NB 2-1996, f. & cert. ef. 3-12-96; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0030

Consultative Services

Consultative services shall be provided by the Board at the request of a program or institution offering or planning to offer a program.

Stat. Auth: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-072; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0035

Closing of an Approved Nursing Education Program

(1) Voluntary closing. When the governing institution anticipates the closing of a nursing education program, it shall notify the Board in writing, stating the reason, plan and date of the intended closing. Notice of intent to discontinue a nursing program shall be transmitted to the Board at least 30 days prior to public announcement. The governing institution shall choose one of the following closing procedures:

(a) The program shall continue until the last class enrolled is graduated:

(A) The program shall continue to meet the standards for approval until all of the enrolled students have graduated;

(B) The date of closure is the date on the degree, diploma or certificate of the last graduate;

(C) The governing institution shall notify the Board of the closing date.

(b) The program shall close after the governing institution has assisted in the transfer of students to other approved programs:

(A) The program shall continue to meet the standards required for approval until all students are transferred;

(B) A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the Board by the governing institution;

(C) The date on which the last student was transferred shall be the closing date of the program.

(2) Closing as a result of denial or withdrawal of approval. When the Board denies or withdraws approval of a program, the governing institution shall comply with the following procedures:

(a) The program shall close after the institution has made a reasonable effort to assist in the transfer of students to other approved programs. A timeframe for the transfer process shall be established by the Board;

(b) A list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the Board by the governing

institution;

(c) The date on which the last student was transferred shall be the closing date of the program unless otherwise designated by the Board.

(3) Provision shall be made for custody of records as follows:

(a) Safe storage of vital records, including permanent records of all graduates of the program;

(b) Notification to the Board in writing as to where the records will be stored and how they may be accessed by appropriate request.

Stat. Auth: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-073; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0040

Standards for Approval: Organization and Administration

(1) The controlling body shall be accredited by an appropriate accrediting agency and meet all current standards of the agency.

(2) There shall be a description or organizational chart which clearly illustrates communication and decision making processes within the nursing program, and accountability and communication of the nursing program to the controlling body.

(3) There shall be adequate financial support to provide stability for the development and continuation of the program.

(4) The authority and responsibility for the direction of the program shall be vested in a qualified nurse administrator who is accountable to the controlling body, either directly or through appropriate administrative channels.

(5) The nurse administrator shall be responsible for administration of the program, including:

(a) Leadership within the faculty for the development, implementation, and evaluation of the program, including curriculum;

(b) Creation and maintenance of an environment conducive to teaching and learning;

(c) Liaison with the central administrator and other units of the institution;

(d) Participation in preparation of the budget;

(e) Administration of the budget;

(f) Facilitation of faculty development and performance review;

(g) Recommendation of faculty for appointment, promotion, tenure and retention;

(h) Liaison with the Board related to the program's continuing compliance with the required elements of these rules.

(6) The nurse administrator shall have sufficient time provided for carrying out administrative responsibilities. Instructional responsibilities and responsibilities for administration of other programs shall be consistent with the scope of the administrative responsibility for the nursing program.

(7) Nursing education program policies and procedures shall be in written form, congruent with those of the institution, and shall be reviewed periodically.

Stat. Auth: ORS 678.150 & 678.340

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 3-1983, f. & ef. 12-1-83; NER 2-1985, f. & ef. 4-5-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-051; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0045

Standards for Approval: Nursing Faculty

(1) The nurse administrator and each nurse member of the faculty shall hold a current, unencumbered license to practice as a registered nurse in Oregon and be academically and experientially qualified for the position to which she/he is appointed.

(2) Each non-nurse faculty member shall be academically and experientially qualified for his/her responsibilities.

(3) The nurse administrator and each member of the nursing faculty, shall demonstrate professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research

projects and professional writings.

(4) Qualifications for practical nurse programs:

(a) The nurse administrator shall:

(A) Hold at least a master's degree in nursing with documentation of preparation in curriculum and teaching;

(B) Have at least two years of clinical nursing experience and two years in an academic teaching position.

(b) Each nurse instructor and clinical instructor shall:

(A) Hold at least a baccalaureate degree in nursing;

(B) Have at least three years of experience as a registered nurse.

(c) If the institutional program in practical nursing articulates with a program in registered nursing, all faculty appointments shall meet the qualifications required for registered nurse programs.

(5) Qualifications for registered nurse programs:

(a) The nurse administrator shall:

(A) Hold at least a master's degree in nursing with documentation of preparation in curriculum and teaching. In addition, for baccalaureate degree nursing programs, the nurse administrator shall hold an earned doctorate degree;

(B) Have at least five years experience, of which two years shall have been in a teaching or administrative position in a nursing education program.

(b) Each nurse instructor shall:

(A) Hold at least a master's degree in nursing;

(B) Have at least three years of nursing experience.

(c) Each clinical instructor shall hold at least a bachelor's degree in nursing with no less than three years of nursing experience.

(6) Any exceptions to subsections (4)(a), (b), (c), and (5)(a), (b), (c) of this rule shall be submitted in writing to the Board and shall include rationale for the request. The Board may grant exceptions for any of the following circumstances:

(a) The education and experience qualifications are deemed equivalent to the requirements;

(b) Substantial effort has been made to recruit qualified faculty, and the appointed individual is pursuing the needed qualifications; or

(c) Substantial effort has been made to recruit qualified faculty, and the individual without full qualification is appointed for no longer than one year.

(7) Special Provision for Nursing Faculty. Nurse administrators and faculty members employed as such in Oregon during the 1984-85 academic year may be appointed after September 1, 1985 without meeting new requirements under paragraphs 4(a)(A), (4)(b)(A), (5)(a)(A) and (5)(b)(A) of this rule.

(8) Faculty/Student Ratio:

(a) The number of faculty members appointed shall be not less than one faculty to every ten students having experience in one or more practice sites at any given time. A lower ratio shall apply when faculty determine that student/client safety and learning effectiveness warrant.

(b) Factors to be considered in determining the faculty/student ratio shall be:

(A) Objectives to be achieved;

(B) Preparation and expertise of faculty;

(C) Level of students;

(D) Number, type and condition of clients;

(E) Number, type, and location of practice sites; and

(F) Adequacy of the ratio for nurse faculty to:

(i) Assess students' capability to function safely within the practice situation;

(ii) Select and guide student experience; and

(iii) Evaluate student performance.

(c) Preceptors may be used within the following guidelines:

(A) There shall be a written plan for the preceptorship consistent with these rules and including at least the selection of preceptors, faculty member and preceptor roles, and frequency and method of faculty/preceptor contact during the preceptorship;

(B) Preceptors shall be selected according to written criteria developed by faculty, and agreed to by responsible person(s) in the practice site;

(C) A faculty member shall be available to the preceptor(s) while students are involved in a preceptorship experience;

(D) The faculty member shall confer with each preceptor and student (individually or in groups) regularly during the precepted learning experience;

(E) Use of preceptors does not modify the requirement for faculty/student ratio of one faculty to ten students, except that the ratio may be modified for final senior practicums.

(9) Principal responsibilities of the faculty shall be to:

(a) Develop, implement and evaluate the organizing framework and learning goals/outcomes / objectives of the program;

(b) Construct, implement, evaluate and revise the curriculum;

(c) Develop and evaluate policies and standards for the selection, admission, advanced placement, promotion and graduation of nursing students within the framework of the policies of the college or university;

(d) Develop, implement and evaluate student practice experiences including selection of learning activities, assessment and guidance of the student, and evaluation of client and student safety and learning outcomes;

(e) Evaluate student achievement in terms of course and program learning goals / outcomes / objectives, assign grades for courses according to policies, and recommend successful candidates for the degree or certificate;

(f) Develop, implement and evaluate statements of policy necessary for the operation of the program;

(g) Participate in academic advising of students;

(h) Provide for student evaluation of teaching effectiveness;

(i) Provide for evaluation of faculty within the framework of the college or university;

(j) Interpret the program goals and learning objectives for the students with the staff of the practice sites;

(k) Participate in periodic review of the total nursing program;

(l) Participate in determining academic policies and procedures of the institution; and

(m) Participate cooperatively with other nursing programs and agencies to develop appropriate and equitable access to practice sites.

(10) Faculty Organization:

(a) The nursing faculty shall participate through faculty meetings or other methods in developing, implementing and evaluating the program and curriculum;

(b) Minutes of faculty and committee meetings, including actions taken, shall be recorded and available for reference;

(c) Faculty participation in decisions related to developing, implementing, and evaluating the curriculum, and to establishing or modifying nursing program policies shall be documented;

(d) There shall be provision for student participation.

Stat. Auth: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 3-1984, f. & ef. 10-4-84; NER 2-1985, f. & ef. 4-5-85; NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-061; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0050

Standards for Approval: Curriculum

(1) Curriculum shall reflect the organizing framework and learning goals/outcomes/ objectives of the nursing education program; and shall be consistent with the law governing the practice of nursing.

(2) Curriculum plan shall identify:

(a) Course content and practice experience required for the major in nursing. Relevant theory and practicum shall have sufficient proximity in time so that the student can form necessary links between the two;

(b) Competencies of the graduates and competencies for each nursing course;

(c) Requirements of the controlling body for graduation, electives, and any additional learning experiences in nursing; and

(d) Total units required for graduation.

(3) Practical Nurse Programs:

(a) In practical nursing programs, the course content and clinical experience required shall be a minimum of 42 quarter units or 28 semester units including:

(A) Biological and Applied Sciences, Social Sciences and Humanities: minimum of 18 quarter units or 12 semester units; and

(B) Practical Nursing: minimum of 24 quarter units or 16 semester units of which no less than 12 quarter or eight semester units shall be clinical experience.

(b) The Practical Nurse program shall provide theory and practice in nursing encompassing:

(A) Fundamentals of nursing practice and procedure, administration of medications, patient teaching in relation to self-care hygiene practices, and reinforcement of patient teaching presented by other healthcare professionals;

(B) Scope of nursing practice, legal/ethical perspectives, working within an interdisciplinary team; and

(C) Major areas of basic general nursing consistent with the program's organizing framework, and learning goals/outcomes/objectives and with the practical nurse scope of practice.

(4) Registered Nurse Program:

(a) In registered nurse programs, the course content and clinical experience required shall be a minimum of 84 quarter units or 56 semester units including:

(A) Physical, Biological, Social and Applied Sciences and Humanities: minimum of 36 quarter units or 24 semester units; and

(B) Nursing: minimum of 48 quarter units or 32 semester units of which no less than 24 quarter units or 16 semester units shall be clinical experience.

(b) The Registered Nurse program shall provide theory and practice in nursing encompassing:

(A) Critical thinking, decision making, and creativity in nursing practice;

(B) The prescribing/directing, management, delegation and supervision of nursing care;

(C) Nursing procedures, including those supportive to and restorative of life and physical and mental well-being;

(D) Teaching and counseling which promotes optimum health;

(E) Scope of nursing practice, legal/ethical perspectives, working within an interdisciplinary team; and

(F) Major areas of general nursing practice consistent with the organizing framework, and learning goals/outcomes/objectives of the program within the registered nurse scope of practice;

(G) Baccalaureate and basic master's programs shall also include:

(i) The study and practice of leadership;

(ii) The study of research principles; and

(iii) Community health nursing.

(5) Programs which provide for advanced placement of students shall develop and use policies designed to assure that such students meet the equivalent of the program's current curriculum and standards.

Stat. Auth: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 2-1985, f. & ef. 4-5-85; NB 3-1988, f. & cert. ef. 7-5-88; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-056; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0055

Standards for Approval: Students

The program in nursing is accountable to students by providing that:

(1) Admission, readmission, transfer, progression, retention, dismissal and graduation requirements are available to the students in written form and are consistent with those of the sponsoring institution. Where necessary, policies specific to nursing students may be adopted if justified by the nature and purposes of the nursing program.

(2) Students are admitted without discrimination as to age, race, religion, gender, sexual preference, national origin or marital status.

(3) Facilities and services of the program and its sponsoring institution are documented and available to students.

(4) Student rights and responsibilities are available in written form.

(5) Reasonable assurance that expectations of becoming a licensed practical or registered nurse will be met, as evidenced by a 15% or less failure rate for first-time candidates taking the National Council Licensure Examination.

(6) Opportunities are provided to students for appropriate participation in the development, implementation and evaluation of the nursing program.

Stat. Auth: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-068; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0060

Standards for Approval: Records

(1) Program records - A system of records shall be maintained and be made available to the Board representative and shall include:

(a) Data relating to accreditation by any agency or body;

(b) Course outlines;

(c) Minutes of faculty and committee meetings;

(d) Reports of standardized tests; and

(e) Survey reports.

(2) Record(s) shall be maintained for each student, available to the Board representative, and shall include:

(a) Student application;

(b) Student transcript, which must be maintained indefinitely;

(c) Current record of achievement; and

(d) Other records in accordance with program or institution policy, record retention schedule or statute of limitations.

(3) The program shall make provisions for the protection of student and graduate records against loss, destruction and unauthorized use.

(4) Information describing the curriculum shall be published in the college catalog, maintained in archives, and made available upon request.

Stat. Auth: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-20-074; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0065

Standards for Approval: Facilities and Services

(1) Educational facilities shall include:

(a) Classrooms, laboratories and conference rooms adequate in number, size and type according to the number of students and educational purposes for which the rooms are used;

(b) Offices and conference rooms available and adequate in number and size to meet faculty needs for individual student counseling and faculty meetings;

(c) Space provided for secretarial staff, files, storage and equipment;

(d) Telephones and computers adequate in number and capacity to conduct program business.

(2) Educational services and resources shall include:

(a) Adequate secretarial services;

(b) Adequate library services and holdings;

(c) Adequate audiovisual and computer resources.

(3) Selection of practice sites shall be based on written criteria established by faculty including a requirement that the practice sites shall be fully approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.

(4) There is a written agreement which is in effect between the authorities responsible for the educational program and the nursing service or other relevant service of the practice site. The agreement shall:

(a) Ensure that faculty members have control of and freedom to select appropriate learning experiences; and

(b) Clearly identify whether or not preceptors will be provided by the site, and how they will be selected and function.

Stat. Auth: ORS 678.150 & 678.360
Stats. Implemented: ORS 678.150, 678.340 & 678.360
Hist.: NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90;
Renumbered from 851-20-076; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0070

Standards for Approval: Evaluation

(1) There is a systematic plan for evaluation of the nursing education program which includes:

- (a) Organization and administration;
- (b) Faculty;
- (c) Curriculum;
- (d) Instruction;
- (e) Resources;
- (f) Students.

(2) There is evidence that the evaluation plan is being implemented and that faculty review evaluative data and take corrective action as needed.

(3) In the event a program fails to maintain an average of an 85% pass rate over a two year period, the program shall present a written plan to improve graduate performance on the licensing examination. The pass rate will be calculated annually on the basis of a program's pass rate for the total number of first time candidates examined over a revolving two year period of time.

Stat. Auth: ORS 678.150, 678.340, 678.360
Stats. Implemented: ORS 678.150, 678.360
Hist.: NER 30, f. & ef. 1-27-76; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-081; NB 4-1996, f. & cert. ef. 9-3-96

DIVISION 31

STANDARDS FOR LICENSURE OF REGISTERED NURSES AND LICENSED PRACTICAL NURSES

851-031-0010

Application for Licensure by Examination

(1) All applicants for licensure by examination for registered nurses and licensed practical nurses shall meet all requirements in this rule.

(2) The examination application and appropriate fee shall be filed with the National Council of State Boards of Nursing (NCSBN). The filing deadline shall be determined by the National Council of State Boards of Nursing. Examination guidelines for the examination shall be determined by the National Council State Boards of Nursing.

(3) The licensure application and appropriate fee shall be filed with the Oregon State Board of Nursing at least four weeks prior to the scheduled examination date. The examination application shall indicate the applicant is applying for licensure in a U.S. state.

(4) All applications for licensure by examination for registered nurses and licensed practical nurses not completed within two calendar years shall be considered void. After two years, a new application shall be filed with the payment of the appropriate fee.

(5) An applicant who fails the licensing examination shall not be licensed or be authorized to practice nursing in Oregon. An applicant will be permitted to test no more than four (4) times within a twelve (12) month period.

(6) An applicant for reexamination shall file the required application and fee no less than four weeks prior to the examination date.

(7) The fees paid to the Oregon State Board of Nursing are not refundable. The initial licensure fee pays for the license until the expiration date printed on license.

(8) If an applicant has a physical or mental condition that could affect their ability to practice nursing safely, a physical or mental assessment may be required. The assessment shall assist in the determination as to whether or not the applicant's physical or mental health is adequate to serve the public safely.

(9) An applicant who has been arrested, charged or convicted of any criminal offense shall be evaluated and a determination

shall then be made as to whether the arrest, charge or conviction bears a demonstrable relationship to the practice of nursing.

(10) U.S. graduates shall be allowed to take the licensing examination provided that the school has verified completion of all requirements for graduations at least two (2) weeks prior to the examination. Official transcripts of U.S. graduates shall be on file before the license is issued. The transcript shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state.

(11) An applicant for an examination shall show evidence of having completed a state or U.S. jurisdiction approved Practical Nursing, Diploma, Associate Degree, Baccalaureate Degree or Master's Degree Program in Nursing. An applicant for the R.N. examination shall show evidence of having completed a state or U.S. jurisdiction approved Diploma, Associate Degree, Baccalaureate or Master's Degree Program in Nursing. The Board shall be the sole judge of all credentials.

(12) An applicant must submit a current passport-sized photograph signed with legal signature in accordance with Board policies and procedures.

Stat. Auth.: ORS 678.040, 678.050, 678.113 & 678.150
Stats. Implemented: ORS
Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 3-1978, f. & ef. 6-30-78; NER 15-1980, f. & ef. 3-3-80; NER 5-1981, f. & ef. 11-24-81; NER 4-1983, f. & ef. 12-1-83; NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-20-156

851-031-0020

The National Licensure Examination for Initial Licensure

(1) The examinations for licensure developed by the National Council of State Boards of Nursing, Inc., shall be the only examinations accepted for licensure as a registered nurse or as a licensed practical nurse in Oregon.

(2) The applicant for registered nurse licensure shall achieve a passing score on the NCLEX-RN and the applicant for licensed practical nurse licensure shall achieve a passing score on the NCLEX-PN.

(3) Results of the examination shall be reported, by mail only, to the individual applicant.

Stat. Auth.: ORS 678.040, 678.050, 678.113 & 678.150
Stats. Implemented: ORS
Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 18-1980, f. & ef. 3-3-80; NER 5-1981, f. & ef. 11-24-81; NER 6, 1983, f. & ef. 12-9-83; NB 5-1989, f. & cert. ef. 10-4-89; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-20-163

851-031-0025

Limited License

A recent graduate of an Oregon State Board of Nursing approved nursing education program may be issued a Limited License to practice nursing.

(1) Eligibility for Limited License:

(a) Graduation from an Oregon State Board of Nursing approved nursing education program within the previous or next 30 days;

(b) Enrollment in a work study course offered by the same Board-approved nursing education program; and

(c) Application for NCLEX examination must be on file with the Board.

(2) Application for Limited License:

(a) Apply to the Board for Licensure by Examination;

(b) Register with ETS for NCLEX examination; and

(c) Apply to the Board for Limited License:

(A) Submit application; and

(B) Pay fee.

(3) Conditions of Limited License:

(a) The Limited License graduate nurse shall function:

(A) In Oregon;

(B) Under the direct supervision of a Registered Nurse; and

(C) Under the general supervision of faculty in the work study course.

(b) The Limited License expires:

(A) When the recent graduate receives the results of the NCLEX examination; or

(B) 75 days from the date of issue or at the conclusion of the work study program, whichever comes first.

Stat. Auth: ORS 678.050, 678.150 & 678.410

Stats. Implemented: ORS 678.050 & 678.410

Hist.: NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96

851-031-0030

Application for License by Endorsement

(1) The applicant shall submit the required application and fee.

(2) All applicants for licensure by endorsement shall meet all requirements in this rule to qualify for the use of the title Registered Nurse or Licensed Practical Nurse and to practice as a Registered Nurse or Licensed Practical Nurse in Oregon.

(3) An application for licensure by endorsement not completed within one calendar year shall be considered void. After one year, a new application shall be filed with the payment of the appropriate fee.

(4) The fee is not refundable. The initial fee pays for the license until the expiration date printed on the license.

(5) A work experience record showing not less than 960 hours of nursing practice within the past five years preceding the date of application shall be submitted. This section does not apply to a nurse who has graduated from a nursing program leading to initial licensure within five years of the date of application to the Board.

(6) A satisfactory endorsement record from the state wherein the applicant was originally licensed shall be sent directly to the Board. A completed endorsement application shall include the following identifiers:

(a) A recent passport-sized picture signed with legal signature in accordance with Board policies and procedures;

(b) Social security number;

(c) Birthdate;

(d) If applicable, legal documentation of name change. Legal documentation includes, birth certificates, marriage licenses or court order and decree;

(e) An official transcript from a Board approved nursing education program showing that applicant is a graduate of a program which prepares for the level of licensure being sought. This transcript shall identify the date of graduation and the credential or degree conferred; and

(f) Verification and documentation of licensure status from the jurisdiction of most recent employment.

(7) If an applicant has a major physical or mental condition that could affect their ability to practice nursing safely, a physical or psychological assessment may be required. The assessment shall assist in the determination as to whether or not the applicant's physical or mental health is adequate to serve the public safely.

(8) If an applicant has been arrested, charged or convicted of any criminal offense a determination shall then be made as to whether the arrest, charge or conviction bears a demonstrable relationship to the practice of nursing. Such application may be denied.

(9) If the applicant has a disciplinary action pending in another jurisdiction, or has been arrested, charged or convicted of any criminal offense in another state or jurisdiction, the Board shall investigate and act upon that application for licensure. Such application may be denied.

(10) An applicant for license by endorsement shall have satisfactorily completed a state or U.S. jurisdiction approved Practical Nursing, Diploma, Associate Degree, Baccalaureate Degree or Master's Degree Program and shall have been licensed by examination in another U.S. jurisdiction.

(11) A registered nurse applicant for licensure by endorsement shall have achieved the following minimum standard score on their licensure examination:

(a) Between June 1951 up to and including February 1982, a standard score of 350 or above in each of the five test sections comprising the examination;

(b) Between July 1982 through June 1988, a comprehensive

standard minimum score of 1600 or above;

(c) Beginning February 1989, a designation of a "Pass" score.

(12) A practical nurse applicant for licensure by endorsement shall have achieved the following minimum standard score on their licensure examination:

(a) Between June 1951 up to and including April 1988, a comprehensive standard score of 350 or above;

(b) Beginning October 1988, a designation of a "Pass" score.

(13) The examination for licensure developed by the National Council of State Boards of Nursing, Inc. shall be the only examination accepted for licensure as a registered nurse or as a licensed practical nurse in Oregon. No state constructed examination, challenge examination or other method of licensure examination will be accepted.

Stat. Auth: ORS 678.040, 678.050 & 678.150

Stats. Implemented: ORS 678.040 & 678.050

Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 5-1981, f. & ef. 11-24-81; NER 4-1978, f. & ef. 6-30-78; NER 4-1980, f. & ef. 3-3-80; NER 5-1981, f. & ef. 11-24-81; NER 6, 1983, f. & ef. 12-9-83; NB 5-1987, f. & ef. 7-1-87; NB 5-1989, f. & cert. ef. 10-4-89; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-20-171; NB 5-1995(Temp), f. & cert. ef. 6-15-95; NB 10-1995, f. & cert. ef. 10-9-95

851-031-0040

Nurses Not Licensed in Oregon Hired to Meet a Temporary Staffing Shortage

(1) Nurses who are hired in Oregon to meet a temporary staffing shortage (see ORS 678.031 and 678.034) and who do not hold a current Oregon license may be temporarily employed if the following conditions are met:

(a) Hospital submits written notification to the Board of Nursing by the day the nurse is placed on staff indicating:

(A) Date nurse(s) placed on staff;

(B) Name(s) of nurse(s);

(C) Jurisdiction(s) of current licensure of nurse(s) so hired indicating evidence used to determine current unencumbered licensure;

(D) Nature of staffing shortage; and

(E) There is no labor dispute affecting nurses at the hospital.

(b) Nurse applies for an Oregon license to practice nursing (see OAR 851-031-0030) by the day the nurse is placed on staff of a coronary care unit, intensive care unit, or emergency department.

(2) Nurse hired under ORS 678.031(6)(e) not applying for an Oregon license by the day placed on staff shall be subject to a civil penalty for practicing nursing without an Oregon license as indicated in OAR 851-045-0025.

(3) The Board shall notify the Oregon State Health Division of any hospital not complying with subsection (1)(a) of this rule or any hospital hiring nurses not complying with subsection (1)(b) of this rule.

Stat. Auth.: ORS 678.040, 678.050, 678.113 & 678.150

Stats. Implemented: ORS

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-20-172

851-031-0050

Graduates of Nursing Programs Outside the U.S.A.

(1) Graduates of nursing programs in foreign countries shall be eligible to write the National Council Licensure Examination for Registered Nurses or Practical Nurses (NCLEX-RN or NCLEX-PN) or be licensed by endorsement, if:

(a) the education in a foreign country is equivalent to that required in this country; and

(b) the applicant submits documentation of English proficiency.

(2) Education in a foreign country is considered equivalent to that required in this country if the applicant submits a Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate or confirmation of program equivalency from a Board approved credentialing service. Documentation of program equivalency shall be on file prior to the examination or licensure

by endorsement.

(3) English proficiency is documented by one of the following:

- (a) A CGFNS certificate; or
- (b) Test of English as a Foreign Language (TOEFL) examination with a minimum score of 525; or
- (c) A basic nursing program with all instruction and text books in English; or
- (d) Nursing practice in an English speaking capacity in another U.S. state or jurisdiction. Such practice shall be a minimum of 960 hours within two years of receipt of application.

(4) If an applicant successfully passes the NCLEX licensing examination, but does not meet the practice hour requirement, then the applicant shall complete hours of supervised practice described in OAR 851-031-0070 and 851-031-0080 prior to being issued a license.

(5) Foreign-educated registered nurses and licensed practical nurses who have taken the State Board Test Pool or the National Council Licensure Examination in another U.S. jurisdiction and passed with a minimum score as required by Oregon shall be licensed by endorsement if they otherwise meet the requirements of OAR 851-031-0030.

Stat. Auth.: ORS 678.040, 678.050, 678.150

Stats. Implemented: ORS 678.040, 678.050

Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 13-1980, f. & ef. 3-3-80; NER 5-1981, f. & ef. 11-24-81; NER 6, 1983, f. & ef. 12-9-83; NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-20-176; NB 5-1995(Temp), f. & cert. ef. 6-15-95; NB 10-1995, f. & cert. ef. 10-9-95

851-031-0060

Renewal of License

(1) The licensee shall submit, prior to the expiration date as set forth in ORS 678.101, an application and fee as prescribed by the Board. An application for renewal not completed within two calendar years shall be considered void. After two years, a new application shall be filed with payment of the appropriate fee.

(2) An applicant for renewal of license shall:

- (a) Obtain a minimum of 960 hours constituting the practice of nursing during the previous five years; or
- (b) Successfully completed a re-entry program within the two years preceding renewal; or
- (c) Have graduated from a board approved nursing program within the past five (5) years.

(3) An applicant for renewal of license who cannot comply with the requirements of section (2) of this rule may apply to the Board for a limited license, pursuant to ORS 678.050(4)(c).

(4) Any licensee who fails to make application for renewal on or before the deadline prescribed shall be considered delinquent:

(a) In order to reinstate a delinquent license, a delinquent fee in addition to a renewal fee shall be required as prescribed by the Board;

(b) In addition, the delinquent licensee may be required to engage in a supervised experience in nursing practice as defined in OAR 851-031-0070 and 851-031-0080.

Stat. Auth.: ORS 678.040, 678.050, 678.113 & 678.150

Stats. Implemented: ORS

Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 3-1980, f. & ef. 3-3-80; NER 5-1981, f. & ef. 11-24-81; NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-20-186

851-031-0070

Limited License for Nurses Not Meeting the Practice Requirement

(1) Subject to such terms and conditions as the Board may impose, the Board may issue a limited license to practice registered or practical nursing under the circumstances prescribed by ORS 678.050(3)(4). The Board may require a re-entry nursing education program be completed by the limited licensee prior to being eligible for full licensure.

(2) A limited license may be issued upon:

- (a) Receipt of an application for limited license;
- (b) Receipt of an application for regular licensure;

(c) Payment of the appropriate fee; such fee is valid for one year from date of receipt;

(d) Verification from an instructor that applicant is enrolled in an approved re-entry program;

(e) Approval of an alternate plan.

(3) The limited license issued under these rules is to be used only for the clinical practice component of the nursing re-entry program.

(4) The limited license expires four months from date of issuance or upon completion of the re-entry program, whichever come first.

(5) A limited licensee may request only one extension of the limited license.

(6) A regular license shall be issued upon evidence that the applicant has successfully completed the re-entry requirements.

Stat. Auth.: ORS 678.040, 678.050, 678.113 & 678.150

Stats. Implemented: ORS

Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 2-1980, f. & ef. 3-3-80; NER 5-1981, f. & ef. 11-24-81; NER 6, 1983, f. & ef. 12-9-83; NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-20-187

851-031-0080

Standards for Re-Entry Programs

(1) From the effective date of this rule to January 1, 1996, programs may elect to follow the current re-entry rules or the following requirements. As of January 1, 1996, formal re-entry programs may be offered by persons, health care facilities, or educational facilities which meet the program standards identified in subsections (a), (b), (c), (d), (e), and (f) of this section:

(a) Philosophy, purpose and objectives:

(A) Philosophy, purpose and objectives of the course shall be clearly stated and available in written form. They shall be consistent with standards for registered nurse scope of practice and licensed practical nurse scope of practice as defined in OAR 851-045-0005 and 851-045-0010;

(B) Objectives reflecting the philosophy shall be stated in behavioral terms and describe the capabilities and competencies of the graduate.

(b) A curriculum establishing a re-entry program shall be approved by the Board two months in advance of the expected date of implementation. If approval is denied the program may request a hearing before the Board and the provisions of the Administrative Procedure Act may apply;

(c) To ensure continuing compliance with the standards for re-entry as set forth in these rules, all re-entry programs shall be evaluated every two years. If in the opinion of the Board the re-entry program standards are not being met, written notification shall be given specifying the deficiency(s) and the prescribed time line within which the deficiency(s) shall be corrected. Approval of a program which fails to correct the deficiency(s) to satisfaction of the Board within the time specified, shall be withdrawn after a hearing in which such facts are established;

(d) Faculty:

(A) All nurse faculty shall hold a current unencumbered license to practice as a registered nurse in the State of Oregon;

(B) All faculty shall be qualified academically and professionally for their respective areas of responsibility;

(C) The program director and/or instructors shall have a minimum of a baccalaureate degree in nursing and have practiced the previous three (3) years on a full-time equivalency basis with at least one (1) year in a teaching role such as nursing faculty or nursing service. In addition, the instructor shall have at least one (1) year of the past three years in medical-surgical nursing practice;

(D) A clinical preceptor shall be a Registered Nurse who:

(i) Has practiced the previous two (2) years on a full-time basis or two (2) years full-time equivalency in a three (3) year period;

(ii) Has a recommendation from the nurse executive of the facility where the clinical experience is to occur;

(iii) Has been employed at least one (1) year in that practice setting;

(iv) Has at least one (1) year of current experience in medi-

cal-surgical nursing;

(v) Agrees to directly supervise the re-entry nurse.

(e) Course content:

(A) The course content, length, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the course. Outlines and descriptions of all learning experiences shall be available in writing and must be approved by the Board;

(B) The course content shall include, but not be limited to, a minimum of 80 hours of theory in current basic concepts of:

(i) Overview of nursing today;

(ii) Nursing process;

(iii) Pharmacology;

(iv) Current professional nursing practice including legal expectations;

(v) Basic communications as needed for identification, reporting, and recording patient needs;

(vi) Basic physical and psychosocial assessment;

(vii) Basic physical, biological and social sciences necessary for practice; and

(viii) Review and updating of basic nursing knowledge necessary for assisting people with maintenance of physical and mental health throughout the life span, medical/surgical problems, behavioral problems, and problems of development and aging.

(f) Clinical requirements:

(A) The nurse shall apply and be issued a limited license to be utilized only for the re-entry clinical practice. The applicant shall agree to work under the direct supervision of a registered licensed nurse and perform no charge nurse responsibilities under this limited license;

(B) The required clinical practice hours of the re-entry program are contingent upon length of time the nurse has not met the practice requirement necessary for licensure renewal. Nurses who last practiced:

(i) Between five years and ten years ago shall complete 160 hours of supervised clinical practice;

(ii) Between ten and 15 years ago shall complete 200 hours of supervised clinical practice;

(iii) More than 15 years ago shall not be relicensed. Such licensure applicant shall seek readmittance and complete the requirements of an accredited nursing education program. Such license applicant shall pass the National Licensure Examination (NCLEX) for their level of educational preparation.

(C) Clinical experience for the re-entry student shall be appropriate to the students level of licensure. At least 1/2 of the clinical practice experience shall be in the area of medical-surgical nursing. The clinical experiences shall occur in an acute care hospital, a skilled unit of a long term care facility, a public health or home health agency or other setting that can provide a broad range of medical-surgical clinical experiences which integrate the course content objectives identified. The student may seek clinical experiences in a specialized field of their choice one half of the required clinical hours and all of the clinical objectives have been met.

(g) Successful completion of the re-entry requirements means the applicant has:

(i) Completed the required number of clinical hours;

(ii) Met the program objectives;

(iii) Completed the required skills;

(iv) Completed a total of three (3) or more credit hours of an undergraduate pharmacology course;

(v) Passed a Board approved reentry examination; and

(vi) Been recommended for licensure by the re-entry program director and the clinical supervisor or preceptor.

(2) Alternatives to formal re-entry programs effective April 1, 1994:

(a) Submit a written alternative plan:

(A) The plan shall meet the standards defined in subsections (1)(a), (b), (c), (d), (e) and (f) of this rule;

(B) The plan shall be submitted to the Board at least 30 days prior to implementation;

(C) The Board approval of the alternate plan is valid for one (1) year from the date of notification of approval; or

(b) If an applicant for renewal or endorsement has obtained a minimum of 480 hours but less than 960 hours constituting the practice of nursing during the four year period immediately preceding renewal, then the applicant may:

(A) Apply for and pass the national licensing examination in the category of licensure for which they are renewing (NCLEX-RN or NCLEX-PN); or

(B) Obtain an additional 480 hours of supervised nursing practice as specified by paragraph (1)(d)(D) of this rule; or

(c) If the applicant for initial licensure has passed the national licensing examination within the last five years of applying for licensure, but does not meet the practice requirement, then the applicant shall obtain a minimum of 480 hours of supervised nursing practice as specified by paragraph (1)(d)(D) of this rule.

Stat. Auth.: ORS 678.040, 678.050, 678.113 & 678.150

Stats. Implemented: ORS

Hist.: NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94;

Renumbered from 851-20-189

851-031-0090(1)

Change of Name and/or Address

Change of name:

(a) Licensees of the Board (registered nurses, licensed practical nurses and nurse practitioners) shall keep their current name on file with the Board at all times;

(b) At the time of a change of name, the licensee shall send a signed, written notification of change of name to the Board of Nursing, accompanied by legal proof of that name change. Legal proof shall be in the form of a birth certificate, marriage certificate or a court order/decreed;

(c) Upon receipt of written notification of name, the Board will change its licensing records to reflect the licensee's name change;

(d) The licensee shall submit an application for a duplicate license/certificate and appropriate fee to the Board to obtain a duplicate license/certificate reflecting the change of name.

(2) Change of address:

(a) Licensee shall keep their current home address as the licensee's address of record on file with the Board at all times;

(b) Upon receipt of written notification of a change of home address, the Board will change its licensing records to reflect the licensee's current address;

(c) The Board will send all correspondence, the Board Newsletter and all official documents, including license renewal notices and Notices of Proposed Disciplinary Action to the licensee's address of record with the Board;

(d) A notice of Proposed Disciplinary Action sent to the licensee at the licensee's address of record or by certified mail or registered mail, is sufficient notice even if the licensee fails to or refuses to respond to the postal service "return receipt" and never receives the Notice. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for a hearing.

(3) When a licensee of the Board has his/her license stolen or lost, the licensee shall apply to the Board for a duplicate license/nurse practitioner certificate and submit the appropriate fee to the Board for a duplicate license/certificate.

Stat. Auth.: ORS 678.040, 678.050, 678.113 & 678.150

Stats. Implemented: ORS

Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 5-1981, f. & ef. 11-24-81; NER 6, 1983, f. & ef. 12-9-83; NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-20-191

851-031-0200

Fees

(1) RN/LPN Schedule of Fees:

(a) License renewal, \$54;

(b) Delinquent renewal, \$64;

(c) License by endorsement, \$50;

(d) Examination for licensure, \$70;

(e) Verification of license for endorsement to another state, \$12;

(f) Duplicate license, \$12;

- (g) Reentry Limited License, \$25;
- (h) Extension of reentry limited license, \$25;
- (i) Work Experience Limited License for New Graduate, \$25;

(j) Reexamination for licensure, \$50;

(2) Nurse Practitioner Schedule of Fees:

(a) Initial Nurse Practitioner Certification, \$150;

(b) Renewal, \$55;

(c) Delinquent renewal, \$65.

(d) Nurse practitioner prescriptive privileges:

(A) Initial application, \$75;

(B) Renewal, \$45;

(C) Delinquent renewal, \$55.

(3) Copies of documents:

(a) Fees for lists of nurses and Board meeting packets shall be established by Board office policy and shall not exceed production and mailing costs. These fees shall be published yearly in the Board newsletter;

(b) Charges for information requested but not previously identified above shall be figured using the following formula: Fee = Copying Cost + freight/postage + production cost.

Stat. Auth: ORS 678.050, 678.150 & 678.410

Stats. Implemented: ORS 678.410

Hist.: NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-20-295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96

DIVISION 40

RULES OF PRACTICE AND PROCEDURE

851-040-0005 [Renumbered to 851-001-0005]

DIVISION 45

STANDARDS AND SCOPE OF PRACTICE FOR THE LICENSED PRACTICAL NURSE AND REGISTERED NURSE

851-045-0000

Introduction to Standards and Scope of Nursing Practice and Definitions

(1) Purpose of Standards and Scope of Practice:

(a) To establish acceptable levels of safe practice for the licensed practical nurse and registered nurse;

(b) To serve as a guide for the Board to evaluate safe and effective nursing care as well as a guide to determine when nursing practice is below the expected standard of care;

(c) To interpret standards and the scope of practice for the licensed practical nurse and the registered nurse.

(2) The Board recognizes that the role of the license practical nurse and registered nurse will change over time. Basic education which leads to licensure as a licensed practical nurse or registered nurse establishes entry level competencies. The licensee may add technical skills to practice following initial licensure through such methods as inservice education, on the job training or continuing education. Advanced roles or specialization in nursing may be achieved through a formal program of study or graduate education. The addition of either technical skills to practice or specialization in an advanced role in nursing requires documentation of the method by which competency was gained and evidence that competence has been maintained.

(3) Definitions:

(a) "Activities of Daily Living" means those self-care

activities which must be accomplished each day in order for clients to care for their own needs and participate in society;

(b) "Assessment" means the systematic collection of data about an individual client for the purpose of judging that person's health/illness status and actual or potential health care needs. Assessment involves collecting information about the whole person including the physical, psychological, social, cultural and spiritual aspects of the person. Assessment includes taking a nursing history and appraisal of the person's health/illness through interview, physical examination and information from family/significant others and pertinent information from the person's past health/medical record. The data collected during the assessment process provides the basis for a diagnosis(es), plan for intervention and evaluation;

(c) "Assignment" means that a licensed nurse authorizes another health care provider, including an unlicensed person, to perform a task of nursing care with knowledge that the provider has previously been taught the task, is competent in performance of the task and the task is within the provider's scope of practice or scope of duties;

(d) "Critical/Fluctuating Condition" means a situation where the client's clinical and behavioral state is of a serious nature, expected to rapidly change, and in need of continuous reassessment and evaluation;

(e) "Delegation" in its broadest sense, means that a registered nurse authorizes another licensee to perform tasks or assignments which are not usually within the licensee's duties, but are within the licensee's scope of practice. "Delegation" in the context of settings where a registered nurse is not regularly scheduled, means that a registered nurse authorizes an unlicensed person to perform a specific task of nursing care in a selected situation with knowledge that the task is not within the usual scope of duties for the unlicensed person. "Delegation" in settings where a registered nurse is not regularly scheduled, may occur only after the registered nurse follows all steps of the delegation process as outlined in the Board's administrative rules (Division 47);

(f) "Direct Supervision" means that the registered nurse, nurse practitioner, licensed physician, or dentist, is physically present and accessible in the immediate client care area and available to intervene if necessary;

(g) "Minimal Supervision" means that a registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board is physically on the premises where the client is being cared for or readily available by telephone;

(h) "Nursing Diagnosis" means the judgment or conclusion which occurs as a result of nursing assessment. A nursing diagnosis is a statement which describes a client's actual or potential health problems which are amendable to resolution by means of nursing interventions;

(i) "Nursing evaluation of care" means reassessment of the client to determine the extent to which client objectives and goals have been met and whether further intervention is needed;

(j) "Nursing Interventions" means actions deliberately designed, selected and performed to implement the plan of care. Nursing interventions may include:

(A) Measures to maintain comfort;

(B) Measures to support human functions and responses;

(C) Maintaining an environment conducive to well being;

(D) Health teaching and counseling;

(E) Client advocacy.

(k) "Nursing Orders" means prescriptions for specific nursing interventions initiated by the registered nurse which are intended to produce the desired outcome or objective, be it short term or long term, as defined in the plan of care;

(l) "Nursing Process" means the systematic problem solving method licensed nurses use when they provide nursing care. The nursing process includes assessing, making nursing diagnoses, planning, intervening, and evaluating. The steps of the nursing process are interrelated and together form the basis for the practice of nursing;

(m) "Plan of Care" means the written guidelines developed to identify specific problems of the individual and intervention/regi-

men necessary to assist individuals or groups to achieve optimal health potential. Developing the plan of care includes establishing client and nursing goals and determining nursing interventions to meet care objectives;

(n) "Stable/Predictable Condition" means a situation where the client's clinical and behavioral state is known, not characterized by rapid changes, and does not require continuous reassessment and evaluation.

Stat. Auth.: ORS 678.111, 678.117, 678.135 & 678.150

Stats. Implemented: ORS

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NER 5-1986, f. & ef. 12-3-86; NB 6-1994, f. & cert. ef. 9-28-94

851-045-0005

Standards for Licensed Practical Nurse Scope of Practice

(1) Standards related to the licensed practical nurse's contribution to the nursing process. The licensed practical nurse shall:

(a) Collect data regarding a client's status, record objective and subjective data in an accurate and timely manner, and report the data in a timely manner to the registered nurse to utilize in completing a nursing assessment of the client. Data collection includes, but is not limited to:

(A) Observation about the condition or change in condition of the client;

(B) Signs and symptoms of deviation from normal health status.

(b) Contribute to the establishment of the nursing diagnosis;

(c) Participate in the development of the plan of care by:

(A) Providing data;

(B) Contributing to the identification of priorities;

(C) Contributing to setting realistic and measurable goals;

(D) Assisting in the identification of nursing interventions.

(d) Participate in the implementation of the plan of care by:

(A) Following nursing orders;

(B) Providing care for clients whose conditions are stable or predictable under minimal supervision of the registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board;

(C) Assisting with the provision of care for clients whose conditions are critical and/or fluctuating under direct supervision of the registered nurse, nurse practitioner, licensed physician, or dentist;

(D) Providing an environment conducive to safety and health;

(E) Implementing nursing care according to the established priority of needs and according to accepted standards of nursing practice

(F) Providing, under the direction of the registered nurse, health teaching to clients utilizing established protocols;

(G) Documenting nursing interventions and responses to care. All documentation shall be accurate, legible, and intelligible;

(H) Communicating nursing interventions and responses to care to appropriate members of the health team;

(I) Providing client advocacy by defending the client's right to receive care which includes receiving complete and accurate information.

(e) Contribute to the evaluation of the responses of individuals or groups to nursing interventions by:

(A) Documenting and communicating evaluation data to appropriate members of the health care team;

(B) Contributing to the modification of the plan of care on the basis of the evaluation;

(c) Evaluating the responses of individuals to nursing interventions.

(2) Standards related to the licensed practical nurse's responsibilities as a member of the health team. The licensed practical nurse shall:

(a) Have knowledge of statutes and regulations governing nursing and function within the legal boundaries of practical nursing practice;

(b) Accept responsibility for individual nursing actions and maintain competence in one's area of practice;

(c) Consult with the registered nurse and/or other health team

members and seek guidance as necessary;

(d) Obtain instruction and supervision as necessary when implementing nursing techniques or practices;

(e) Function as a member of the health team;

(f) Accept only client care assignments from the registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board for which one is educationally prepared and when competency has been maintained;

(g) Act as an advocate for the client;

(h) Report unsafe nursing practices either directly to the Board of Nursing through appropriate channels and unsafe practice conditions to the appropriate regulatory agency(s);

(i) Contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies within the employment setting.

(j) Practice under the direction and orders for client care of a registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board;

(k) Retain accountability for those tasks when assigning tasks of client care by:

(A) Directing a subordinate to perform only those nursing tasks which the person is prepared and qualified to perform;

(B) Supervising only subordinates to whom tasks of client care have been assigned;

(C) Providing instruction in health care practices to other health care providers under the direction and orders of a registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board.

(3) Standards related to the licensed practical nurse's authority to accept and implement orders for client care/treatment:

(a) The licensed practical nurse may accept and implement orders for client care from licensed health care professionals who are authorized to independently diagnose and treat. These health care professionals are:

(A) Nurse Practitioners licensed under ORS 678;

(B) Chiropractors licensed under ORS 684;

(C) Dentists licensed under ORS 679;

(D) Naturopaths licensed under ORS 685;

(E) Physicians licensed under ORS 677;

(F) Podiatrists licensed under ORS 677.

(b) The license practical nurse has the authority and responsibility to question any order which is not clear, perceived as unsafe, contraindicated for the client, or not within the health care professional's scope of practice;

(c) The licensed practical nurse may implement recommendations for care issued by health care professionals other than those indicated in subsection (a) of this rule under the direction of a registered nurse.

Stat. Auth.: ORS 678.111, 678.117, 678.135 & 678.150

Stats. Implemented: ORS

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NB 6-1994, f. & cert. ef. 9-28-94; NB 1-1995, f. & cert. ef. 1-3-95

851-045-0010

Standards for Registered Nurse Scope of Practice

(1) The Board recognizes that the scope practice for the registered nurse encompasses a variety of roles, including, but not limited to:

(a) Provision of client care;

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

(c) Development and implementation of health care policy;

(d) Consultation in the practice of nursing;

(e) Nursing administration;

(f) Nursing education;

(g) Case management;

(h) Nursing research;

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

(j) Specialization in advanced practice.

(2) Standards related to the registered nurse's responsibility to apply the nursing process. The registered nurse shall:

(a) Conduct and document nursing assessments of the health

status of individuals and groups by:

(A) Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner as appropriate to the client's health care needs. The data include, but are not limited to:

- (i) Physical and emotional status;
- (ii) Growth and development;
- (iii) Cultural, religious, and socioeconomic background;
- (iv) Client and family health history;
- (v) Information collected by other health team members;
- (vi) Information gathered from family or significant others;
- (vii) Client knowledge and perception about health status and potential for maintaining health status;
- (viii) Ability to perform activities of daily living;
- (ix) Patterns of coping and interacting;
- (x) Consideration of client's health goals;
- (xi) Environmental factors, e.g., physical, social, emotional, and ecological;

(xii) Available and accessible human and material resources.

(B) Sorting, selecting, reporting, and recording the data;

(C) Validating, refining and modifying the data by utilizing available resources including interactions with the client, family and health team members.

(b) Establish and document nursing diagnoses which serve as a basis for the plan of care;

(c) Develop and modify the plan of care based on assessment and nursing diagnosis. This includes:

(A) Identifying priorities in the plan of care;

(B) Setting realistic and measurable goals to implement the plan of care;

(C) Identifying nursing intervention(s) based on the nursing diagnosis;

(D) Prescribing nursing orders based on the nursing diagnosis;

(E) Identifying measures to maintain comfort, to support human functions and responses, to maintain an environment conducive to well being and to provide health teaching and health counseling.

(d) Implement the plan of care by:

(A) Initiating nursing interventions through:

(i) Giving direct care;

(ii) Assisting with care;

(iii) Following nursing orders;

(iv) Assigning delegating and supervising care;

(v) Teaching clients, family members or significant others;

(vi) Referring to appropriate resources.

(B) Providing an environment conducive to safety and health;

(C) Documenting nursing interventions and responses to care;

(D) Communicating nursing interventions and responses to care to other members of the health team;

(E) Providing client advocacy by defending the client's right to receive care based on the plan of care, which includes receiving complete and accurate information and ensuring that this right is protected.

(e) Evaluate the responses of individuals or groups to nursing interventions. Evaluation should involve the client, family, significant others, and health team members:

(A) Evaluation data shall be documented and communicated to appropriate members of the health care team;

(B) Evaluation data shall be used as a basis for reassessing the client's status, modifying nursing diagnoses, revising the plan of care, prescribing changes in nursing interventions and issuing nursing orders.

(3) Standards related to the registered nurse's responsibilities as a member of the nursing profession. The registered nurse shall:

(a) Have knowledge of the statutes and regulations governing nursing and function within the legal boundaries of registered nurse practice;

(b) Accept responsibility for individual nursing actions and maintain competence in one's area of practice;

(c) Obtain instruction and supervision as necessary when

implementing nursing techniques or practices;

(d) Function as a member of the health team;

(e) Collaborate with other members of the health team to provide optimum client care;

(f) Consult with nurses and other health team members and make referrals if necessary;

(g) Contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies related to nursing practice within the employment setting;

(h) Report unsafe nursing practices either directly to the Board or through appropriate channels and unsafe practice conditions to the appropriate regulatory agency(s);

(i) Accept only client care assignments for which one is educationally prepared and when competency has been maintained;

(j) Act as an advocate for the client;

(k) Assign or delegate to others only those nursing measures which that person is prepared to perform and qualified to perform and are within the person's scope of practice/scope of duties;

(l) Delegate, in settings where a registered nurse is not regularly scheduled, specific tasks of nursing care to an unlicensed person only as described in the Board's delegation rules (Division 47)

(m) Supervise others to whom nursing interventions have been assigned or delegated;

(n) Retain professional accountability for nursing care when assigning or delegating nursing interventions;

(o) Teach health care practices to other health care providers;

(p) Contribute to policy development and implement policies in a manner which meets the needs of the clients served by the agency/facility in which the nurse practices.

(4) Standards related to the registered nurse's authority to accept and implement orders for client care/treatment:

(a) The registered nurse may accept and implement orders for client care from licensed health care professionals who are authorized to independently diagnose and treat. These health care professionals are:

(A) Nurse Practitioners licensed under ORS 678;

(B) Chiropractors licensed under ORS 684;

(C) Dentists licensed under ORS 679;

(D) Naturopaths licensed under ORS 685;

(E) Physicians licensed under ORS 677;

(F) Podiatrists licensed under ORS 677.

(b) In addition to the health care professionals identified in subsection (a) of this rule, the registered nurse may accept and implement recommendations for care in collaboration with the following health care professionals:

(A) Psychologists;

(B) Social Workers;

(C) Occupational Therapists;

(D) Physical Therapists;

(E) Speech Therapists;

(F) Respiratory Therapists;

(G) Dietitians;

(H) Pharmacists;

(I) Optometrists.

(c) In accepting and implementing orders or recommendations for client care from the individuals listed in subsections (a) and (b) of this section, the registered nurse must have knowledge that the order or recommendation is within the health care professional's scope of practice and determine that the order or recommendation is consistent with the overall plan for the client's care;

(d) The registered nurse has the authority and responsibility to question any order or recommendation which is not clear, perceived as unsafe, contraindicated for the client or inconsistent with the plan of care.

Stat. Auth.: ORS 678.111, 678.117, 678.135 & 678.150

Stats. Implemented: ORS

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NER 5-1986, f. & ef. 12-3-86; NB 6-1994, f. & cert. ef. 9-28-94; NB 1-1995, f. & cert. ef. 1-3-95

851-045-0015

Conduct Derogatory to the Standards of Nursing Defined

Nurses, regardless of role, whose behavior fails to conform to the legal standard and accepted standards of the nursing profession, or who may adversely affect the health, safety, and welfare of the public, may be found guilty of conduct derogatory to the standards of nursing. Such conduct shall include, but is not limited to, the following:

- (1) Conduct related to the client's safety and integrity:
 - (a) Developing, modifying, or implementing standards of nursing practice/care which jeopardize patient safety.
 - (b) Failing to take action to preserve or promote the client's safety based on nursing assessment and judgment.
 - (c) Failing to implement and/or follow through with the plan of care.
 - (d) Failing to modify, or failing to attempt to modify the plan of care as needed based on nursing assessment and judgment, either directly or through proper channels.
 - (e) Assigning persons to perform functions for which they are not prepared or which are beyond their scope of practice/scope of duties.
 - (f) Improperly delegating tasks of nursing care to unlicensed persons in settings where a registered nurse is not regularly scheduled.
 - (g) Failing to supervise persons to whom nursing tasks have been assigned.
 - (h) Failing to teach and supervise unlicensed persons to whom nursing tasks have been delegated.
 - (i) Leaving a client care assignment during the previously agreed upon work time period without notifying the appropriate supervisory personnel and confirming that nursing care for the client(s) will be continued.
 - (j) Leaving any nursing assignment, including a supervisory assignment, without notifying the appropriate personnel and confirming that nursing assignment responsibilities will be met.
 - (k) Failing to report through proper channels facts known regarding the incompetent, unethical, unsafe or illegal practice of any health care provider.
 - (l) Failing to respect the dignity and rights of clients, regardless of social or economic status, age, race, religion, sex, sexual preference, national origin, nature of health problems or disability.
 - (m) Engaging in sexual contact with a client.
- (2) Conduct related to other federal or state statute/rule violations:
 - (a) Abusing a client. The definition of abuse includes but is not limited to intentionally causing physical harm or discomfort, striking a client, intimidating, threatening or harassing a client.
 - (b) Neglecting a client. The definition of neglect includes but is not limited to carelessly allowing a client to be in physical discomfort or be injured.
 - (c) Engaging in other unacceptable behavior towards or in the presence of a client such as using derogatory names or gestures or profane language.
 - (d) Failing to report actual or suspected incidents of client abuse through the proper channels in the work place and to the appropriate state agencies.
 - (e) Unauthorized removal or attempted removal of narcotics, other drugs, supplies, property, or money from clients, the work place, or any person.
 - (f) Soliciting or borrowing money, materials, or property from clients.
 - (g) Using the nurse client relationship to exploit the client by gaining property or other items of value from the client either for personal gain or sale, beyond the compensation for nursing services.
 - (h) Possessing, obtaining, attempting to obtain, furnishing, or administering prescription or controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs.
 - (i) 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.

(j) Failing to conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, nature of health problems or disability.

(k) Violating the rights of privacy, confidentiality of information, or knowledge concerning the client unless required by law to disclose such information or unless there is a "need to know."

(l) Violating the rights of privacy, confidentiality of information, or knowledge concerning the client by obtaining the information without proper authorization or when there is no "need to know."

(m) Unauthorized removal of client records, client information, facility property, policies or written standards from the work place.

(3) Conduct related to communication:

(a) Inaccurate recordkeeping in client or agency records.

(b) Incomplete recordkeeping regarding client care; including but not limited to failure to document care given or other information important to the client's care or documentation which is inconsistent with the care given.

(c) Falsifying a client or agency record; including but not limited to filling in someone else's omissions, signing someone else's name, recording care not given, fabricating data/values.

(d) Altering a client or agency record; including but not limited to changing words/letters/numbers from the original document to mislead the reader of the record, adding to the record after the original time/date without indicating a late entry.

(e) Destroying a client or agency record.

(f) Directing another person to falsify, alter or destroy client or agency records.

(g) Failing to maintain client records in a timely manner which accurately reflects management of client care, including failure to make a late entry within a reasonable time period.

(h) Failing to communicate information regarding the client's status to members of the health care team (physician, nurse practitioner, nursing supervisor, nurse co-worker) in an ongoing and timely manner.

(i) Failing to communicate information regarding the client's status to other individuals who need to know; for example, family, facility administrator.

(4) Conduct related to achieving and maintaining clinical competency:

(a) Performing acts beyond the authorized scope or the level of nursing for which the individual is licensed.

(b) Failing to conform to the essential standards of acceptable and prevailing nursing practice. Actual injury need not be established.

(c) Assuming duties and responsibilities within the practice of nursing for direct client care, supervisory, managerial or consulting roles without documented preparation for the duties and responsibilities and when competency has not been established and maintained.

(d) Performing new nursing techniques or procedures without documented education specific to the technique or procedure and clinical preceptored experience to establish competency.

(5) Conduct related to impaired function:

(a) Practicing nursing when unable/unfit to perform procedures and/or make decisions due to physical impairment as evidenced by documented deterioration of functioning in the practice setting and/or by the assessment of a health care provider qualified to diagnose physical condition/status.

(b) Practicing nursing when unable/unfit to perform procedures and/or make decisions due to psychological or mental impairment as evidenced by documented deterioration of functioning in the practice setting and/or by the assessment of a health care provider qualified to diagnose mental condition/status.

(c) Practicing nursing when physical or mental ability to practice is impaired by use of drugs, alcohol or mind-altering substances.

(6) Conduct related to licensure violations:

(a) Practicing nursing without a current Oregon license.

(b) Practicing as a nurse practitioner without a current Oregon nurse practitioner certificate.

(c) Allowing another person to use one's nursing license for any purpose.

(d) Using another's nursing license for any purpose.

(e) Resorting to fraud, misrepresentation, or deceit during the application process for licensure, while taking the licensure exam or while obtaining initial licensure or renewal of licensure.

(f) Impersonating any applicant or acting as a proxy for the applicant in any nurse licensure examination.

(g) Disclosing the contents of the licensure examination or soliciting, accepting or compiling information regarding the contents of the examination, before, during or after its administration.

(7) Conduct related to the licensee's relationship with the Board:

(a) Failing to provide the Board with any documents requested by the Board.

(b) Failing to answer truthfully and completely any question asked by the Board on an application for licensure or during the course of an investigation or any other question asked by the Board.

(c) 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.

(8) Conduct related to the client's family:

(a) Failing to respect the rights of the client's family regardless of social or economic status, race, religion or national origin.

(b) Using the nurse client relationship to exploit the family for the nurse's personal gain or for any other reason.

(c) Theft of money, property, services or supplies from the family.

(d) Soliciting or borrowing money, materials or property from the family.

(9) Conduct related to co-workers: Violent, abusive or threatening behavior towards a co-worker which either occurs in the presence of clients or otherwise relates to the delivery of safe care to clients.

Stats. Auth.: ORS 678.111

Stats. Implemented: ORS 678.111

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NB 1-1989, f. & cert. ef. 1-5-89; NB 6-1994, f. & cert. ef. 9-28-94; NB 1-1995, f. & cert. ef. 1-3-95; NB 9-1996, f. & cert. ef. 12-2-96

851-045-0016

Criminal Conviction History/Falsification of Application — Denial of Licensure

As of the effective date of this rule, the Board will issue a Notice to Deny Licensure to an applicant for initial licensure or relicensure as a practical nurse or registered nurse, following the provisions of the Administrative Procedure Act in contested case hearings, to persons who have been convicted as an adult, or found responsible except for mental illness, or adjudicated as a juvenile for the following crimes as set forth in Oregon law or comparable law in other jurisdictions:

(a) Aggravated murder, as in ORS 163.095 and 115;

(b) First Degree Manslaughter, as in ORS 163.118;

(c) Second Degree Manslaughter as in ORS 163.125;

(d) First Degree Assault, as in ORS 163.185;

(e) Second Degree Assault, as in ORS 163.175;

(f) First Degree Criminal Mistreatment, as in ORS 163.205;

(g) Second Degree Criminal Mistreatment, as in ORS 163.200;

(h) First Degree Kidnapping, as in ORS 163.235;

(i) First Degree Rape, as in ORS 163.375;

(j) Second Degree Rape, as in ORS 163.365;

(k) Third Degree Rape, as in ORS 163.355;

(l) First Degree Sodomy, as in ORS 163.405;

(m) Second Degree Sodomy as in ORS 163.395;

(n) Third Degree Sodomy, as in ORS 163.385;

(o) First Degree Unlawful Sexual Penetration, as in ORS 163.411;

(p) Second Degree Unlawful Sexual Penetration, as in ORS 163.408;

(q) First Degree Sexual Abuse, as in ORS 163.427;

(r) Second Degree Sexual Abuse, as in ORS 163.425;

(s) Contributing to the Sexual Delinquency of a Minor, as in ORS 163.435;

(t) Sexual Misconduct, as in ORS 163.445;

(u) Child Abandonment, as in ORS 165.535.

(2) Any individual who applies for initial licensure or relicensure as a practical nurse or registered nurse from the effective date of these rules, who has a history of arrests and convictions over an extended period of time will be issued, a Notice to Deny Licensure following the provisions of the Administrative Procedure Act in contested case hearings.

(3) All other applicants with conviction histories, other than those listed above, including crimes which are drug and alcohol related, will be considered on an individual basis. The following factors will be considered by the Board:

(a) Evidence of rehabilitation;

(b) The length of time since the conviction to the time of application for licensure as a practical nurse or registered nurse;

(c) The circumstances surrounding the commission of the crime which demonstrate that a repeat offense is not likely;

(d) Character references.

(4) As of the effective date of these rules, any individual who applies for initial licensure or relicensure as a practical nurse or registered nurse, and supplies false or incomplete information to the Board on an application for licensure regarding the individual's criminal conviction record, will be issued a Notice to Deny Licensure under the provisions of the Administrative Procedure Act in contested case hearings.

Stat. Auth.: ORS 678.111, 678.117, 678.135 & 678.150

Stats. Implemented: ORS

Hist.: NB 6-1994, f. & cert. ef. 9-28-94; NB 1-1995, f. & cert. ef. 1-3-95

851-045-0020

Mandatory Reporting Defined

(1) It is not the intent of the Board of Nursing that each and every nursing error be reported.

(2) It is not the intent of the Board of Nursing that mandatory reporting take away the disciplinary ability and responsibility from the employer of the nurse.

(3) Anyone knowing of a licensed nurse whose behavior or 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. Anyone who has knowledge or concern that the nurse's behavior or practice presents a potential for, or actual danger to the public health, safety and welfare, shall report or cause a report to be made to the Board of Nursing. Failure of any licensed nurse to comply with this reporting requirement may in itself constitute a violation of nursing standards.

(4) Any organization representing licensed nurses shall report a suspected violation of ORS Chapter 678 or the rules adopted thereunder in the manner prescribed by sections (5) and (6) of this rule.

(5) The decision to report a suspected violation of ORS Chapter 678 or the rules adopted thereunder 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;

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

(6) The following shall always be reported to the Board of Nursing:

(a) A nurse imposter. As used here "nurse imposter" means an individual who has not attended or completed a nursing education program or who is ineligible for nursing licensure as a LPN or RN and who practices or offers to practice nursing or uses any title, abbreviation, card, or device to indicate that the individual is licensed to practice nursing in Oregon;

(b) Practicing nursing when the license has become void due

to nonpayment of fees;

(c) Practicing nursing as defined in ORS 678.010 unless licensed as a registered nurse or licensed practical nurse or certified as a nurse practitioner;

(d) Conviction of a crime which relates adversely to the practice of nursing or the ability to safely practice nursing;

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

(f) Client abuse;

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

(h) Any violation of a disciplinary sanction imposed on the licensee by the Board of Nursing;

(i) 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;

(j) Substance abuse as defined in ORS 678.111 (e);

(k) Any other cause for discipline as defined in ORS 678.111.

Stat. Auth.: ORS 678.111, 678.117, 678.135 & 678.150

Stats. Implemented: ORS

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NB 6-1994, f. & cert. ef. 9-28-94

851-045-0025

Imposition of Civil Penalties

(1) Imposition of a civil penalty does not preclude disciplinary sanction against the nurse's license. Disciplinary sanction against the nurse's license does not preclude imposing a civil penalty. Criminal conviction does not preclude imposition of a civil penalty for the same offense.

(2) The civil penalty shall be payable to the Board by cash, cashiers check, or money order.

(3) Civil penalties may be imposed according to the following schedule:

(a) Practicing nursing as an LPN, RN or nurse practitioner without a current license or certificate; or prescribing, dispensing, or distributing drugs without current nurse practitioner prescription writing privileges, due to nonpayment of fees:

(A) Date license becomes void to six months, \$100;

(B) Six months to 12 months, \$200;

(C) One year to two years, \$500;

(D) Two years and up, \$1,000.

(b) Nurses not licensed in Oregon hired to meet a temporary staffing shortage who fail to make application for an Oregon license by the day placed on staff, \$100 per day up to \$1,000;

(c) Practicing nursing without a license, not related to nonpayment of fee, \$100 - \$1,000;

(d) Nurse imposter, \$1,000;

"Nurse Imposter" means an individual who has not attended or completed a nursing education program or who is ineligible for nursing licensure as a LPN or RN and who practices or offers to practice nursing or uses any title, abbreviation, card or device to indicate that the individual is licensed to practice nursing in Oregon.

(e) Conduct derogatory to the standards of nursing, \$100 - \$1,000.

The following factors will be considered in determining the dollar amount, to include, but not be limited to:

(A) Intent;

(B) Damage and/or injury to the client;

(C) History of performance in current and former employment settings;

(D) Potential danger to the public health, safety and welfare;

(E) Prior offenses or violations including prior complaints filed with the Board and past disciplinary actions taken by the Board;

(F) Severity of the incident.

(f) Violation of any disciplinary sanction imposed by the Board of Nursing, \$100 - \$500;

(g) Conviction of a crime which relates adversely to the practice of nursing or the ability to safely practice, \$200 - \$1,000;

(h) Gross incompetence in the practice of nursing, \$500 - \$1,000;

(i) Gross negligence in the practice of nursing, \$500 - \$1,000;

(j) Employing any person without a current Oregon LPN or RN license or nurse practitioner certificate to function as a LPN, RN or nurse practitioner subject to the following conditions:

(A) Knowingly hiring an individual in a position of a licensed nurse when the individual does not have a current, valid Oregon license, \$100 - \$1,000;

(B) Allowing an individual to continue practicing as a LPN, RN, or NP knowing that the individual does not have a current, valid Oregon license, \$100 - \$1,000.

(k) Employing a LPN, RN or NP without a procedure in place for checking the current status of that nurse's license to ensure that only those nurses with a current, valid Oregon license be allowed to practice nursing, \$100 - \$1,000;

(l) Supplying false information regarding conviction of a crime, discipline in another state, physical or mental illness/physical handicap, or meeting the practice requirement on an application for initial licensure or relicensure, \$100 - \$1000.

Stat. Auth.: ORS 678.111, 678.117, 678.135 & 678.150

Stats. Implemented: ORS

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NB 1-1988, f. & cert. ef. 4-18-88; NB 6-1989, f. & cert. ef. 10-4-89; NB 8-1993, f. & cert. ef. 8-23-93; NB 6-1994, f. & cert. ef. 9-28-94

DIVISION 46

STANDARDS FOR NURSE MONITORING PROGRAM

851-046-0000

Statement of Purpose and Intent

(1) The Oregon Board of Nursing recognizes that alcoholism and drug addiction are primary, progressive, chronic diseases.

(2) The Board recognizes that problems resulting from the diseases of chemical dependency and psychiatric or physical disorders may impair the nurse's ability to safely practice nursing.

(3) The Board believes that nurses who develop these diseases can, with appropriate treatment, be assisted with recovery and return to the practice of nursing.

(4) It is the intent of the Board that nurses who have the diseases of chemical dependency and psychiatric or physical disorders be given the opportunity to seek treatment and return to or continue the practice of nursing in a manner which benefits the public health, safety and welfare, as well as benefits the nurse's recovery.

(5) It is the intent of the Board to fully cooperate with employers of these nurses in order to facilitate the nurse's return to nursing practice. It is also the intent of the Board to closely monitor the nurse's ability to practice safely.

(6) It is the intent of the Board that all information related to treatment for chemical dependency, psychiatric, or physical disorders and monitoring of these nurses be kept confidential. The Board shall disclose information regarding the nurse's treatment and monitoring only to those in the employment setting who need to know to ensure adequate monitoring.

(7) The Board of Nursing supports a voluntary Nurse Monitoring Program for nurses who would otherwise be charged with violating the Nurse Practice Act due to chemical dependency, psychiatric or physical disorders.

(8) It is the intent of the Board that any nurse with the disease of chemical dependency, a psychiatric disorder or a physical disorder may have the opportunity to enter the voluntary Nurse Monitoring Program. The nurse will not have the opportunity to enter into the Nurse Monitoring Program if the nurse's circumstances disqualify him or her as outlined in OAR 851-046-0005.

Stat. Auth.: ORS 678.112

Hist.: NB 3-1991, f. & cert. ef. 9-25-91; NB 10-1993, f. & cert. ef. 10-15-93

851-046-0005

Criteria Which Disqualify Nurses from Admission into the Nurse Monitoring Program

- (1) Persons with criminal histories which involve injury or endangerment to others.
- (2) Persons convicted of the sale or manufacture of illegal substances.
- (3) Persons diagnosed as requiring treatment for sexual offenders.
- (4) Persons with three previous Board disciplines.
- (5) Persons previously enrolled in the Nurse Monitoring Program and referred to the Board for disciplinary action, including voluntary surrender of their nursing license.

Stat. Auth.: ORS 678.112

Hist.: NB 10-1993, f. & cert. ef. 10-15-93

851-046-0010

Definitions

For the purpose of the rules in Division 46, the following definitions apply:

- (1) "Abstinence" means the avoidance of alcohol, mind-altering, or potentially addictive drugs.
- (2) "Addiction Specialist" means a health care professional who has specialized education in the evaluation and treatment of chemical dependency and other addictive disorders. They may include, but are not limited to:
 - (a) Alcohol and drug counselor;
 - (b) Nurse practitioner;
 - (c) Physician;
 - (d) Psychologist.
- (3) "Approved Treatment Program" means an organized program in an inpatient, outpatient, or residential setting whose primary function is the evaluation and treatment of clients with chemical dependency, psychiatric or physical disorders. The treatment program shall meet the following criteria:
 - (a) Employ staff qualified by education and experience to treat the client's disorder;
 - (b) Have a formalized plan of care which includes:
 - (A) Assessment and diagnoses;
 - (B) Treatment goals including establishing and evaluating treatment outcomes;
 - (C) Discharge criteria;
 - (D) Guidelines for continuing recovery.
 - (c) Provide a written report addressing all parts of the plan of care;
 - (d) Provide evidence of the ability to meet the above criteria on an annual basis.
- (4) "Body Fluid Testing" means the collection of blood, urine, or other means utilized for the purpose of evaluating the presence of prescription or non-prescription drugs and alcohol. The collection and testing shall be performed by a preapproved laboratory, in a manner which preserves the integrity of the specimen.
- (5) "Confidentiality of Records" means that all information pertaining to the nurse's participation in the monitoring program is not subject to discovery, subpoena, or public disclosure unless the nurse authorizes its release.
- (6) "Contract" means an individualized written agreement between the nurse and the Nurse Monitoring Program. The contract shall include the criteria for entrance and the terms and conditions for successful completion of the Nurse Monitoring Program.
- (7) "Intake Evaluation" means an assessment of the nurse's disorder by an independent, qualified health care professional for the purpose of treatment recommendations and referral.
- (8) "Nurse Monitoring Program" means a program administered by the Board which allows nurses with chemical dependency, psychiatric or physical disorders to voluntarily seek treatment and participate in monitored practice without formal disciplinary action by the Board.
- (9) "Relapse" means returning to the use of alcohol or other drugs for non-therapeutic reasons.
- (10) "Support Group" means an organized meeting of

individuals with similar disorders for the purpose of encouraging wellness and continued recovery.

(11) "Voluntary Participation" means that the nurse requests admission to the Nurse Monitoring Program or agrees to enter the Nurse Monitoring Program upon identification of an addiction, psychiatric, or physical disorder.

Stat. Auth.: ORS Ch.

Hist.: NB 3-1991, f. & cert. ef. 9-25-91

851-046-0020

Criteria for Admission and Completion of the Nurse Monitoring Program for Nurses with Chemical Dependency

(1) A registered nurse or licensed practical nurse may seek admission to the Nurse Monitoring Program in one of the following ways:

- (a) By self referral or admission to the addiction to alcohol or prescription drugs, the diversion and use of unauthorized drugs, or the abuse or other potentially addicting substances;
- (b) By identification of chemical dependency in conjunction with a complaint filed against the licensee;
- (c) By referral from a family member, friend, nurse peer, or employer.
- (2) Upon identification of a problem of chemical dependency, and the nurse's admission to the same, the nurse shall:
 - (a) Obtain an intake evaluation from an addiction specialist;
 - (b) Enter an approved treatment program specific for chemical dependency.
- (3) The nurse shall enter into a contract with the Nurse Monitoring Program which shall include, but is not limited to:
 - (a) Successful completion of an approved treatment program;
 - (b) Continued abstinence from mind-altering or potentially addictive drugs, including both over-the-counter and prescription drugs;
 - (c) Random body fluid testing;
 - (d) Attendance at support groups, e.g., 12-Step groups and nurse support groups;
 - (e) Notify all his/her health care providers of the nature of the nurse's addiction;
 - (f) Agree to cease nursing practice if necessary, and not return to practice until the Nurse Monitoring Program, in consultation with the addiction specialist, determines that the nurse is able to safely return to practice;
 - (g) A written return to work agreement with the nurse's employer, which shall address the following issues:
 - (A) Access to narcotics;
 - (B) Level of supervision;
 - (C) Worksite and working conditions.
 - (h) Notify the Nurse Monitoring Program if the nurse is hospitalized or must undergo any surgical procedure;
 - (i) Immediate notification to the Nurse Monitoring Program of relapse or use of prescribed drugs (within 72 hours);
 - (j) Regular contact with the Nurse Monitoring Program;
 - (k) Maintain a signed release of information with treatment and aftercare providers or counselors so the Nurse Monitoring Program may receive information upon request;
 - (l) Notify the Nurse Monitoring Program if the nurse applies for endorsement to any state;
 - (m) Disclose participation in the Nurse Monitoring Program when the nurse applies for licensure in any other state.
- (4) The nurse is financially responsible for all costs of participation in the Nurse Monitoring Program, including the cost of random body fluid testing and the cost of treatment.
- (5) The length of time in the Nurse Monitoring Program shall be a minimum of five years with a yearly review of the content of the nurse's contract with the Nurse Monitoring Program.
- (6) Participants in the Nurse Monitoring Program and their records may be referred to the Board for investigation and possible disciplinary action under the following conditions:
 - (a) Failure to comply with the terms and conditions of the contract;
 - (b) Failure to correct deficiencies in the nurse's recovery program which lead to relapse;
 - (c) The occurrence of a third relapse after receiving treatment

specific for chemical dependency.

(7) Successful completion of the Nurse Monitoring Program is contingent on a minimum of five years participation and compliance with all terms and conditions of the contract.

(8) Relapse during the fifth year of participation in the Nurse Monitoring Program will extend the period of participation in the program to six years. A relapse after extension in the program will result in discharge from the program and referral to the Board for possible disciplinary action.

(9) Any exception to the minimum of five years of participation in the Nurse Monitoring Program shall be considered on an individual basis and may be granted by the Nurse Monitoring Program under the following conditions:

(a) Continued participation in the Nurse Monitoring Program creates an undue hardship;

(b) The public health, safety and welfare is not compromised by early release from the Nurse Monitoring Program.

Stat. Auth.: ORS 678.112 & 678.410

Hist.: NB 3-1991, f. & cert. ef. 9-25-91; NB 10-1993, f. & cert. ef. 10-15-93;

NB 13-1993, f. & cert. ef. 12-20-93

851-046-0030

Criteria for Admission and Completion of the Nurse Monitoring Program for Nurses with Psychiatric Disorders

(1) A registered nurse or licensed practical nurse may seek admission to the Nurse Monitoring Program in one of the following ways:

(a) By self referral or admission of a psychiatric disorder which prevents the nurse's ability to safely practice nursing;

(b) By identification of the psychiatric disorder in conjunction with a complaint filed against the licensee;

(c) By referral from a family member, friend, nurse peer, or employer.

(2) Upon identification of a psychiatric disorder which prevents safe practice, the nurse shall:

(a) Obtain an evaluation from a health care professional qualified to evaluate psychiatric disorders and make treatment recommendations;

(b) Begin a treatment program specific for the psychiatric disorder.

(3) The nurse shall enter into a contract with the Nurse Monitoring Program which shall include, but is not limited to:

(a) Comply with the treatment program recommendations, including medication management;

(b) Random body fluid testing for compliance with medication management, if appropriate;

(c) Agree to cease nursing practice if necessary, and not return to practice until the Nurse Monitoring Program, in consultation with the nurse's mental health treatment provider, determines that the nurse is able to safely return to the practice of nursing;

(d) A written return to work agreement with the nurse's employer which shall address the following issues:

(A) Level of supervision;

(B) Worksite and working conditions.

(e) Regular contact with the Nurse Monitoring Program;

(f) Maintain a signed release of information with the mental health treatment provider so the Nurse Monitoring Program may receive information upon request;

(g) Notify the Nurse Monitoring Program if the nurse applies for endorsement to any state;

(h) Disclose participation in the Nurse Monitoring Program when the nurse applies for licensure in any other state.

(4) The nurse is financially responsible for all costs of participation in the Nurse Monitoring Program, including the cost of random body fluid testing and the cost of mental health treatment.

(5) The length of time in the Nurse Monitoring Program shall be a minimum of five years with a yearly review of the content of the nurse's contract with the Nurse Monitoring Program.

(6) Participants in the Nurse Monitoring Program and their records may be referred to the Board for investigation and possible disciplinary action if the nurse fails to comply with the

terms and conditions of the contract.

(7) Successful completion of the Nurse Monitoring Program is contingent on a minimum of five years participation and compliance with all terms and conditions of the contract.

(8) Any exception to the minimum of five years of participation in the Nurse Monitoring Program shall be considered on an individual basis and may be granted under the following conditions:

(a) Continued participation in the Nurse Monitoring Program creates an undue hardship;

(b) The public health, safety and welfare is not compromised by early release from the Nurse Monitoring Program.

Stat. Auth.: ORS 678.112 & 678.410

Hist.: NB 3-1991, f. & cert. ef. 9-25-91; NB 10-1993, f. & cert. ef. 10-15-93;

NB 13-1993, f. & cert. ef. 12-20-93

DIVISION 47

STANDARDS FOR REGISTERED NURSE DELEGATION OF NURSING CARE TASKS TO UNLICENSED PERSONS IN SETTINGS WHERE REGISTERED NURSES ARE NOT REGULARLY SCHEDULED

851-047-0000

Statement of Purpose and Intent

(1) These rules apply *only* in settings where a registered nurse is not regularly scheduled and not available to provide direct supervision.

(2) These rules *have no application* in acute care or long term care or any other setting where the regularly scheduled presence of a registered nurse is required.

(3) The purpose of these rules is to govern registered nurses who practice in settings where delegation may occur. These rules are not intended to govern the setting itself. The Board recognizes that some settings do not provide nursing services. The Board believes that settings which provide nursing services or advertise that they provide nursing services should have consistent nursing practice standards in place that the public may rely on, including the delegation of nursing care tasks consistent with the provisions of these administrative rules.

(4) The Oregon State Board of Nursing recognizes the role of both licensed nurses (licensed practical nurses and registered nurses) and trained, unlicensed personnel in the provision of nursing care.

(5) The Board believes that only the nursing profession is accountable for the quality of nursing care services provided to clients.

(6) The Board believes it is solely the responsibility of the Board to regulate and define how and under what circumstances registered nurses may delegate or assign nursing care tasks to unlicensed persons, and to further define the level of preparation and supervision that unlicensed persons must have in order to receive nurse delegation or assignment.

(7) The Board believes that unlicensed personnel can be utilized to provide nursing care services only under the specific delegation and supervision of a registered nurse. However, the Board recognizes that basic activities of daily living can be provided in some settings without the assignment, delegation, or supervision of a licensed nurse.

(8) It is the intent of the Board that these administrative rules provide clear guidelines for the registered nurse in teaching, delegating and supervising unlicensed persons who provide tasks of nursing care to clients.

(9) It is the intent of the Board that delegating nursing care tasks be considered a serious responsibility and that the registered nurse follow the Board's guidelines for delegating and delegate only those nursing care tasks which can be safely delegated.

(10) It is the intent of the Board that the delegation of nursing care to unlicensed persons be the exception rather than the rule unless the registered nurse can justify the need for delegation. Prior to delegating a task of nursing care to an unlicensed person, the registered nurse shall determine that there is no other

reasonable alternative to meet the specific client care needs, other than by delegation.

(11) It is the intent of the Board to hold the registered nurse who delegates tasks of nursing care to unlicensed persons strictly accountable for that delegation.

(12) It is the intent of the Board that the registered nurse who delegates tasks of nursing care to unlicensed persons will also provide for supervision of those unlicensed persons. However, supervision may also be provided by another registered nurse who was not the delegator provided the supervising nurse is familiar with the client, the skills of the unlicensed person and the plan of care. The acts of delegation and supervision are of equal importance for ensuring the safety of nursing care for clients. If the delegating and supervising nurses are two different individuals, the following shall occur:

(a) The reasons for separation of delegation and supervision shall be justified from the standpoint of delivering effective client care, and not only for convenience;

(b) The justification shall be documented in writing;

(c) The supervising nurse agrees, in writing, to perform the supervision; and

(d) The supervising nurse is either present during teaching and delegation or is fully informed of the content of the instruction, approves of the plan for teaching, and agrees that the unlicensed person who is taught the task of nursing care is competent to perform that task.

Stat. Auth.: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92;

Renumbered from 851-45-011

851-047-0010

Definitions

For the purpose of rules in this division, the following definitions apply:

(1) "Assessment" means utilizing the problem-solving method to determine the appropriateness of delegation of a specific task of nursing care to an unlicensed person.

(2) "Assignment" means that the registered nurse, or licensed practical nurse, directs an unlicensed person to perform a basic task of client care with knowledge that the unlicensed person has previously been taught the task and remains competent in performing the task. Assignment may require that a licensed nurse supervise the unlicensed person performing the basic task of client care. The need for supervision is at the discretion of the registered nurse.

(3) "Assisting with the Administration of Medications" means helping the client with one or more steps in the process of taking medications, but does not mean "administration of medications" as defined in these rules. Examples of "assisting" include, but are not limited to, opening the medication container, reminding the client of the proper time to take the medication, and giving medication. Assisting with the administration of medication is an assigned, not a delegated task.

(4) "Assistive Personnel" means any unlicensed person, including a nursing assistant certified by the Board, who performs tasks of nursing care.

(5) "Basic Tasks of Client/Nursing Care" means procedures that do not require the education or training of a registered nurse or licensed practical nurse, but that cannot be performed by the client independently. Basic tasks of client/nursing care also means procedures that may be directed by the client. These basic tasks include, but are not limited to, activities of daily living. Basic tasks will vary from setting to setting depending on the client population served in that setting and the acuity/complexity of the client's care needs. Basic tasks may require the assignment and supervision of a licensed nurse. The need for supervision is at the discretion of the registered nurse.

(6) "Certified Nursing Assistant" means an unlicensed person who has successfully completed a Board approved training program, has passed the State Competency Evaluation Program and is listed on the nursing assistant registry.

(7) "Delegate" means the unlicensed person who receives authority from the registered nurse to perform a special task of client/nursing care.

(8) "Delegation" means that a registered nurse authorizes an unlicensed person to perform special tasks of client/nursing care in selected situations and indicates that authorization in writing. Delegation occurs only after assessment of a specific situation (including the ability of the delegate), teaching the task and ensuring supervision.

(9) "Delegator" means the registered nurse who gives authority to an unlicensed person to perform a specific task of nursing care.

(10) "Initial Direction" means explicit instructions regarding the provision of the task of nursing care (including the administration of medication), reasons why the task of nursing care is necessary, methods used to perform the task, documentation of the task and observation of the client's response.

(11) "Non-Injectable Medication" means any medication, including controlled substances, which is not administered by the intradermal, subcutaneous, intramuscular, or intravenous route.

(12) "Nursing Process" means a systematic problem solving method licensed nurses use when they provide nursing care. The nursing process includes the steps of assessing, making a nursing diagnosis, establishing a plan of care, carrying out the plan of care by completing client/nursing care procedures and evaluating the effectiveness of the plan of care.

(13) "Periodic Inspection and Evaluation" means that the registered nurse (or physician), at regular intervals, assesses and evaluates the condition of the client, reviews the procedures and directions established for the provision of nursing care tasks or for the administration of non-injectable medications by unlicensed persons. The interval shall be determined by the registered nurse based on the condition of the client, the nursing care task being performed and the type and amount of medication administered.

(14) "The Practice of Nursing" means using the nursing process to diagnose and treat human responses to actual or potential health care problems, health teaching and health counseling, the provision of direct client care and the teaching, delegation and supervision of others who provide tasks of nursing care to clients.

(15) "P.R.N." (pro re nata) Medications and Treatments" means those medications and treatments which have been ordered to be given as needed. The usual meaning of any p.r.n. order is that an assessment of the client is required prior to carrying out the order. Therefore, the decision to administer p.r.n. medications and treatments cannot be delegated because a client assessment requires the skill of a licensed nurse. There are situations, however, in which administering p.r.n. medications and treatments can be accomplished without directly involving the registered nurse prior to each administration. The decision to administer p.r.n. medications and treatments cannot be delegated in situations where an on-site assessment of the client is required prior to administration. The decision regarding whether an on-site assessment is required is at the discretion of the registered nurse. However, written parameters specific to an individual client's care may be written by the registered nurse for use by the unlicensed person when an on-site assessment is not required prior to administration of a medication or treatment. These written parameters supplement the physician's p.r.n. order by providing the unlicensed person with guidelines which are so specific regarding the p.r.n. medication or treatment that the unlicensed person uses no discretion in administering the medication or treatment. The steps in the decision making process to administer the p.r.n. medication or treatment are contained within the instructions left by the registered nurse.

(16) "Procedural Guidance" means a written plan for the administration of non-injectable medications or the provision of a task of nursing care.

(17) "Regularly Scheduled" means that a licensed nurse is present a minimum of eight hours in a 24 hour period of time in a setting where client care is being continuously delivered. This does not apply to a setting which is not operational 24 hours a day, e.g., the public school setting.

(18) "Special Tasks of Client/Nursing Care" means procedures that require the education and training of a registered nurse or licensed practical nurse to perform. Special tasks will vary from setting to setting depending on the client population served in that setting and the acuity/ complexity of the client's care needs. Examples of special tasks include, but are not limited to, administration of injectable medications, suctioning and complex wound care.

(19) "Stable/Predictable Condition" means a situation in which the client's clinical and behavioral status is known and does not require the regularly scheduled presence and evaluation of a licensed nurse. This includes hospice clients whose deteriorating condition is predictable.

(20) "Supervision of Unlicensed Persons in the Performance of Basic Tasks of Client/Nursing Care" means that the registered nurse, or licensed practical nurse, monitors the unlicensed person's skill and ability to perform the basic task. Frequency of supervision, if the registered nurse determines that regular supervision is required, is at the discretion of the registered nurse. The decision to discontinue supervision upon evaluation by the registered nurse that it is no longer necessary is at the discretion of the registered nurse.

(21) "Supervision of Unlicensed Persons in the Performance of Special Tasks of Client/Nursing Care" means that the registered nurse monitors, by direct observation, the unlicensed person's skill and ability to perform the special task. The frequency of supervision depends on the complexity of the task being performed and the client's condition. Frequency of supervision is at the discretion of the registered nurse; however, supervision shall occur at a minimum of every 60 days.

(22) "Teaching" means that the registered nurse instructs an unlicensed person in the correct method of performing a selected task of client/ nursing care.

(23) "Unlicensed Person" means an individual who is not licensed to practice nursing, medicine, or any other health occupation requiring a license in Oregon, but who provides basic or special tasks of nursing/client care. A certified nursing assistant, as defined by these rules, is an unlicensed person. For the purpose of these delegation rules, unlicensed persons do not include members of the client's immediate family. Family members may perform tasks of nursing care without specific delegation from a registered nurse.

(24) "Unstable Condition" means a situation where the client's clinical and behavioral status is of a serious nature, critical, fluctuating, expected to rapidly change, and in need of the continuous reassessment and evaluation of a licensed nurse.

(25) "Various Tasks of the Administration of Medications" means removal of an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's order, giving the individual dose to the proper client at the proper time by the proper route and promptly recording the time and dose given. Teaching the correct administration of non-injectable medications does not fall under one to one delegation and can be accomplished through initial direction, procedural guidance and periodic inspection by a registered nurse (or physician).

(26) "Written Instructions" means that the registered nurse leaves a specific outline of how the task of nursing care is to be performed, step by step, including the signs and symptoms which must be observed when performing the task of nursing care and guidelines for what to do if those signs and symptoms occur.

Stat. Auth.: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92;

Renumbered from 851-45-011

851-047-0020

Teaching and Assignment of the Various Tasks of Administration of Non-Injectable Medications to Unlicensed Persons in Specific Facilities

(1) A registered nurse (or physician) may assign the various tasks of administration of non-injectable medications to unlicensed persons even if they are not certified under the Board's

curriculum standards for administration of non-injectable medications (OAR 851-020-0123) in the following specific facilities. This does not include subcutaneous injectable medications which must be specifically delegated by the registered nurse:

(a) Local correctional facilities, lock-ups, and juvenile detention facilities defined by ORS 169.005;

(b) Juvenile training schools defined by ORS 420.005;

(c) Facilities operated by a public agency for the purpose of detoxification of persons who use alcohol excessively;

(d) Homes or facilities licensed for adult foster care under ORS 443.705 to 443.825;

(e) Residential care, training or treatment facilities licensed under ORS 443.400 to 443.445.

(2) Teaching and assignment shall occur under the following conditions:

(a) The registered nurse (or physician) shall supply procedural guidance and initial direction for the various tasks of the administration of non-injectable medications including a specific list of the common side effects and the signs and symptoms of those side effects with a specific plan of action including under what circumstances the registered nurse (or physician) must be contacted;

(b) The registered nurse (or physician) shall periodically inspect and evaluate the administration of medications by unlicensed persons;

(c) The responsibility and accountability to determine the appropriateness of the assignment of various tasks related to the administration of non-injectable medications shall remain with the registered nurse (or physician).

Stat. Auth.: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92;
Renumbered from 851-45-011

851-047-0030

Delegation of Nursing Care Tasks in Settings Where a Registered Nurse is not Regularly Scheduled and not Available to Provide Direct Supervision

(1) The registered nurse may delegate tasks of nursing care, including the administration of subcutaneous injectable medications and the administration of non-injectable medications to one unlicensed person, specific to one client, even if the unlicensed person has not been certified under the Board's standards for curricula for nursing assistants found in Division 60 of the Board's rules, under the following conditions:

(a) The setting where the task of nursing care is to be performed is one where laws or administrative rules which license the setting do not require the regularly scheduled presence of a licensed nurse. This is not meant to include settings where the practice of nursing is continuously performed, such as in long term care facilities or acute care facilities;

(b) In those health care settings where the regularly scheduled presence of a licensed nurse is not required, the registered nurse may delegate special tasks of client/nursing care only for clients who have a stable, predictable condition and who require minimal nursing supervision as defined by these rules;

(c) The registered nurse considers the nature of the nursing care task to be provided, its complexity, the risks involved and the necessary skill needed to perform the task;

(d) The registered nurse assesses the client's condition and determines if the unlicensed person is capable to perform the task in the absence of direct registered nurse supervision;

(e) The registered nurse determines how frequently the client's condition shall be reassessed to determine the appropriateness of the continued delegation of the task to an unlicensed person;

(f) The registered nurse determines that the unlicensed person is prepared to effectively deal with the consequences of performing the task of nursing care;

(g) The registered nurse assesses the ability of the unlicensed person to perform the nursing care task;

(h) The registered nurse determines the frequency of supervision of the unlicensed person; and

(i) The registered nurse documents the rationale for deciding that this task can be delegated to this unlicensed person;

(j) Prior to delegating the task, the registered nurse shall do the following:

(A) Teach the unlicensed person the task of nursing care;

(B) Observe the unlicensed person performing the task to ensure that the unlicensed person performs the task safely and accurately;

(C) Leave written instructions for performance of the task for the unlicensed person to use as a reference;

(D) Instruct the unlicensed person that the task being taught and delegated is specific to this client only and is not transferable to other clients or taught to other care providers; and

(E) Document the following:

(i) The rationale used to determine that the skill of the unlicensed person will permit safe teaching and delegation of the specific task of nursing care based on the client's condition;

(ii) How the task was taught;

(iii) The teaching outcome;

(iv) The content and type of instructions left for the unlicensed person;

(v) Evidence that the unlicensed person understands the risks involved in performing the task and has a plan to effectively deal with any consequences of performing the task;

(vi) Evidence that the unlicensed person was instructed that the task is client specific and not transferable to other clients or providers;

(vii) How frequently the client should be reassessed by the registered nurse regarding continued delegation of the task to the unlicensed person; and

(viii) How frequently the unlicensed person should be supervised.

(k) Following teaching and delegating the task, the registered nurse shall document, in writing, that he/she takes responsibility for delegating the task to an unlicensed person, and ensures that supervision will occur for as long as the registered nurse is supervising the performance of the delegated task.

(2) Under no circumstances may the registered nurse delegate the nursing process in its entirety to an unlicensed person. Selected interventions or tasks of nursing care may be delegated.

(3) The responsibility, accountability and authority for teaching and delegation of special tasks of nursing care to unlicensed persons shall remain with the registered nurse. This authority includes the authority to rescind delegation of a special task of nursing care in the event the registered nurse believes the unlicensed person is no longer able to perform the task safely.

(4) The registered nurse may teach and delegate a task of nursing care to back up unlicensed persons under the following conditions:

(a) The registered nurse shall have the responsibility and accountability to determine which unlicensed persons and the number of unlicensed persons that must be taught and delegated tasks of nursing care;

(b) The number of persons to whom the task of nursing care is taught and delegated shall be limited to the number that can be safely supervised by the registered nurse. That number shall be determined by the registered nurse;

(c) The registered nurse follows the same process of assessing, teaching, evaluating the teaching outcome and leaving instructions as in section (1) of this rule and assures that the unlicensed person will continue to be proficient in performing the task through supervision by the registered nurse in the performance of the task; and

(d) The registered nurse documents why failure to teach and delegate to back up unlicensed persons would prevent the client from receiving the identified task of nursing care on a continuous, regular basis.

(5) The greater the number of individuals who are taught and delegated specific tasks of nursing care for one client, the more scrutiny the Board will exercise in reviewing the registered nurse's decision for that delegation.

Stat. Auth.: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92; Renumbered from 851-45-011

DIVISION 50

NURSE PRACTITIONERS

851-050-0000

Definitions

(1) Purpose of Scope of Practice:

(a) To establish acceptable levels of safe practice for the nurse practitioner.

(b) To serve as a guide for the Board to evaluate nurse practitioner practice.

(c) To distinguish the scope of practice of the nurse practitioner from that of the registered nurse.

(2) The role of the nurse practitioner will continue to expand in response to societal demand and new knowledge gained through research, education, and experience.

(3) Definitions to be used for nurse practitioner scope of practice.

(a) "Assessment" means a process of collecting information regarding a client's health status including, but not limited to, illness; response to illness; health risks of individuals, families and groups; resources; strengths and weaknesses, coping behaviors; and the environment. The skills employed during the assessment process include, but are not limited to: obtaining client histories, conducting physical examinations, ordering, interpreting and conducting a broad range of diagnostic procedures (e.g., laboratory studies, EKGs, and xrays).

(b) "Collaboration" means working with another health care provider to jointly provide client care.

(c) "Client(s) or patient(s)" means a family, group or individual who has been assessed by and has a client/patient record established by the nurse practitioner.

(d) "Consultation" means discussion with another health care provider for the purpose of obtaining information or advice in order to provide client care.

(e) "Counseling" means a mutual exchange of information through which advice, recommendations, instruction, or education are provided to the client.

(f) "Diagnosis" means identification of actual or potential health problems or need for intervention, based on analysis of the data collected.

(g) "Evaluation" means the determination of the effectiveness of the intervention(s) on the client's health status.

(h) "Holistic Health Care" means an approach to diagnosis and treatment of clients which considers the status of the whole person (physical, emotional, social, spiritual, and environmental).

(i) "Intervention" means measures to promote health, to protect against disease, to treat illness in its earliest stages, and to manage acute and chronic conditions and/or illness. Interventions may include, but are not limited to: issuance of orders, direct nursing care, prescribing or administering medications or other therapies, and consultation or referral.

(j) "Management" means the provision and/or coordination of the care that the client receives related to physical and psychosocial health-illness status;

(k) "Nurse Practitioner" (NP) means a registered nurse who provides health care in an expanded specialty role. The title nurse practitioner and specialty category of practice shall not be used unless the individual is certified by the Board.

(l) "Nurse Practitioner Orders" means written or verbal instructions or directions by the nurse practitioner for interventions, diagnostic tests, evaluations, drugs, or treatment modalities. Nurse practitioners may establish standing orders.

(m) "Provision of Care" means holistic health care which is continuous and comprehensive. Health care includes:

(A) Health promotion;

(B) Prevention of disease and disability;

(C) Health maintenance;

- (D) Rehabilitation;
- (E) Identification of health problems;
- (F) Management of health problems;
- (G) Referral.

(n) "Referral" means directing the client to other resources for the purpose of assessment or intervention.

(4) Definitions related to nurse practitioner certification:

(a) "Initial certification" means the first certification granted by the Board following the applicant's completion of a nurse practitioner program,

(b) "Certification by endorsement" means the certification granted to an applicant in Oregon who has been recognized by and has practiced as a nurse practitioner in another state or jurisdiction.

(c) "Practice requirement" in an expanded specialty role means independent clinical practice in the provision of health care or other activities which have a clinical focus and are at an advanced level. Other activities include, but are not limited to, teaching, consulting, supervision and research related to the specialty area of certification.

(5) Definitions related to Prescriptive Authority:

(a) Pharmacokinetics - The action of drugs in the body over a period of time.

(b) Pharmacotherapeutics - The study of the uses of drugs in the treatment of disease.

(c) Prescribing Authority - Legal permission to determine which legend drugs and controlled substances shall be used by or administered to a client.

(d) Dispensing Authority - To prepare and deliver substances to the client provided the authority is exercised in compliance with applicable federal and state laws.

(e) Therapeutic Device - An instrument or an apparatus intended for use in diagnosis or treatment, and in the prevention of disease or maintenance or restoration of health.

Stat. Auth.: ORS 678.375, 678.385, 678.380, 678.385 & 678.390

Stats. Implemented: ORS 678.375, 678.385 & 678.380

Hist.: NB 3-1987, f. & ef. 3-12-87; NB 3-1990, f. & cert. ef. 4-2-90; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0001

Standards for Nurse Practitioner Education

As of August 23, 1993, the Board's standards for nurse practitioner education for initial applicants are as follows:

(1) The nurse practitioner program shall be a minimum of one academic year in length; however, special consideration will be given if the program is at the post-masters level or a formal program which contains selected theory and clinical experiences completed for the purpose of changing category of nurse practitioner certification or which supplements a previous educational program for the purpose of nurse practitioner certification.

(2) Faculty who teach within the nurse practitioner program shall be educationally and clinically prepared in the same specialty area(s) as the theory and clinical areas they teach.

(3) The curriculum content shall contain theory and clinical experience in a nurse practitioner specialty role/category.

(4) The number of contact hours of clinical experience shall be equal to or greater than the number of contact hours of nurse practitioner theory.

Stat. Auth.: ORS 678.380

Stats. Implemented: ORS

Hist.: NB 3-1990, f. & cert. ef. 4-2-90; NB 8-1993, f. & cert. ef. 8-23-93

851-050-0002

Application For Initial Certification as a Nurse Practitioner

(1) As of August 23, 1993, an applicant for initial certification in Oregon as a nurse practitioner, who has never been certified in Oregon or any other state as a nurse practitioner, shall:

(a) Obtain a current registered nurse license in the State of Oregon; and

(b) Meet the following educational requirements:

(A) A Master's Degree in Nursing;

(B) Satisfactory completion of a Nurse Practitioner Program specific to the expanded specialty role/category for which appli-

cation is made.

(c) An exception to the Master's Degree in Nursing may be granted by the Board when the Master's in a related field is deemed by the Board to be equivalent to the Master's Degree in Nursing.

(2) The nurse practitioner educational requirements may be obtained in one of the following ways:

(a) Within the Master's Degree Program in Nursing;

(b) Prior to or following the Master's Degree Program in Nursing, providing the education meets the standards described in 851-050-0001; or

(c) Within a Master's Degree or Doctoral Program of study in a related clinical specialty which prepared the applicant to provide health care in the expanded specialty role and category for which the application is made.

(3) The following documents shall be submitted as part of the initial application process:

(a) An official transcript of the Master's Degree in Nursing, showing degree granted. The transcript shall be received by the Board directly from the program.

(b) An official transcript, or other evidence of satisfactory completion of the Nurse Practitioner Program showing all courses, grades, quality points, grade point average, degree granted, date of graduation, appropriate registrar's signature or program director's signature received by the Board directly from the program.

(c) Evidence that the nurse practitioner program meets the Board's standards as described in 851-050-0001.

(4) As of July 1, 1997, an applicant for initial certification in Oregon as a nurse practitioner shall meet all requirements for prescribing authority described in 851-050-0125 and obtain prescribing authority under the provisions of OAR 851-050-0120.

(5) If more than five years have elapsed since completion of the Nurse Practitioner Program and the applicant has not practiced in an expanded specialty role during that time, the applicant shall:

(a) Obtain a license as a registered nurse in the State of Oregon;

(b) Submit an application for initial certification as a nurse practitioner in Oregon. An application not completed after one calendar year will be considered void.

(c) Submit a detailed plan of 400 hours of supervised clinical practice which includes objectives, names and qualifications of preceptor(s), and describes the nature of the clinical experience.

(d) Submit 150 hours of continuing education completed within the past three years. The continuing education hours must include hours specific to pharmacology, assessment, treatment modalities and laboratory/ diagnostic studies with content related to the NP scope of practice. The continuing education may be obtained in the following ways:

(A) Independent learning activities e.g. reading professional journals;

(B) Unstructured learning activities, e.g. professional meetings and clinical rounds;

(C) Structured learning activities, e.g. seminars and workshops.

(e) Practice under a limited certificate, and successfully complete 400 hours of clinical practice supervised by a nurse practitioner or physician in the same specialty area of practice. An exception to nurse practitioner or physician supervision of clinical practice may be made by the Board if the supervisor is an advanced practitioner in the same specialty area of practice who is authorized to practice independently in the State of Oregon. Application for a limited certificate shall be made prior to the beginning of the supervised clinical practice. The limited certificate is valid for one year. The supervising practitioner shall submit a final evaluation to the Board to verify that the applicant's knowledge and skills are at a safe and acceptable level and verify the 400 hours of supervised practice.

(6) Upon successful completion of the supervised practice hours, the nurse practitioner certificate will be issued with an expiration date that coincides with the applicant's registered nurse license.

(7) Revocation, suspension, or any other encumbrance of a registered nurse license held in another state, territory of the

United States, or any foreign jurisdiction may be grounds for denial of certification in Oregon.

(8) The applicant shall submit all fees required by the Board with the application. The fees are not refundable. An application for initial certification which remains incomplete after one calendar year shall be considered void.

Stat. Auth.: ORS 678.375, 678.380 & 678.390

Stats. Implemented: ORS 678.380 & 390

Hist.: NER 34, f. & ef. 10-1-76; NER 8-1985, f. & ef. 12-9-85; NB 3-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-300; NB 12-1990, f. & cert. ef. 12-28-90; NB 3-1993(Temp), f. & cert. ef. 2-26-93; NB 8-1993, f. & cert. ef. 8-23-93; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0003

Certification in Oregon by Endorsement

(1) An applicant for nurse practitioner certification in Oregon who has been certified in another state may be certified by the Oregon Board of Nursing if completion of the nurse practitioner program meets the following time frames:

(a) Until January 1, 1981, completion of a nursing educational program leading to licensure as a registered nurse and subsequent completion of a nurse practitioner program.

(b) As of January 1, 1981, a nurse obtaining Oregon certification shall have a minimum of a baccalaureate degree with a major in nursing and, in addition, satisfactory completion of an educational program in the nurse practitioner specialty area. Specialty preparation obtained within a baccalaureate nursing program does not meet this requirement.

(c) As of January 1, 1986, the education requirement for Oregon certification shall be a Master's degree in nursing with preparation in the specialty area for which application is made.

(2) The applicant shall obtain a current license as a registered nurse in the State of Oregon.

(3) The applicant shall provide proof of educational preparation by submitting a transcript(s) directly from the program(s) and any other documents related to the nurse practitioner education program.

(4) The applicant shall have practiced a minimum of 960 hours in an expanded specialty nursing role during the five years immediately preceding application or have graduated from a nurse practitioner program within five years of application or have completed 400 hours of supervised practice in the two years preceding application.

(5) As of July 1, 1997, an applicant for initial certification in Oregon by endorsement as a nurse practitioner shall meet all requirements for prescribing authority described in 851-050-0125 and obtain prescribing authority under the provisions of OAR 851-050-0120.

(6) If more than five years have elapsed since completion of a nurse practitioner program and the applicant cannot meet the practice requirement of 960 hours, the applicant shall:

(a) Submit an application for initial certification as a nurse practitioner in Oregon. An application not completed after one calendar year will be considered void.

(b) Submit a detailed plan of 400 hours of supervised clinical practice which includes objectives, names and qualifications of preceptor(s), and describes the nature of the clinical experience.

(c) Submit 150 hours of continuing education completed in the past three years. The continuing education hours must include hours specific to pharmacology, assessment, treatment modalities and laboratory/ diagnostic studies with content related to the NP scope of practice. The continuing education may be obtained in the following ways:

(A) Independent learning activities e.g. reading professional journals;

(B) Unstructured learning activities, e.g. professional meetings and clinical rounds;

(C) Structured learning activities, e.g. seminars and workshops.

(D) Practice under a limited certificate, and successfully complete 400 hours of clinical practice supervised by a nurse practitioner or physician in the same specialty area of practice. An exception to nurse practitioner or physician supervision of clinical

practice may be made by the Board if the supervisor is an advanced practitioner in the same specialty area of practice who is authorized to practice independently in the State of Oregon. An application for a limited certificate shall be made prior to the beginning of the supervised clinical practice. The limited certificate is valid for one year. The supervising practitioner shall submit a final evaluation to the Board to verify that the applicant's knowledge and skills are at a safe and acceptable level and verify the 400 hours of supervised practice.

(7) Upon successful completion of the supervised practice hours, the nurse practitioner certificate will be issued with an expiration date that coincides with the applicant's Registered Nurse license.

(8) Revocation, suspension, or any encumbrance of the registered nurse license or nurse practitioner certificate held in another state, territory of the United States, or any foreign jurisdiction may be grounds for denial of certification in Oregon.

(9) The applicant shall submit the required fees with the application. Fees are not refundable. An application for Oregon certification which remains incomplete after one calendar year shall be considered void.

Stat. Auth.: ORS 678.375, 678.380 & 678.390

Stats. Implemented: ORS 678.380 & 390

Hist.: NB 7-1996, f. & cert. ef. 10-29-96

851-050-0005

Nurse Practitioner Scope of Practice

(1) The nurse practitioner provides holistic health care to individuals, families, and groups across the life span in a variety of settings, including hospitals, long term care facilities and community-based settings.

(2) Within his or her specialty, the nurse practitioner is responsible for managing health problems encountered by the client and is accountable for health outcomes. This process includes:

- (a) Assessment;
- (b) Diagnosis;
- (c) Development of a plan;
- (d) Intervention;
- (e) Evaluation.

(3) The nurse practitioner is independently responsible and accountable for the continuous and comprehensive management of a broad range of health care, which may include:

- (a) Promotion and maintenance of health;
- (b) Prevention of illness and disability;
- (c) Assessment of clients, synthesis and analysis of data and application of nursing principles and therapeutic modalities;
- (d) Management of health care during acute and chronic phases of illness;
- (e) Admission of his/her clients to hospitals and long term care facilities and management of client care in these facilities;
- (f) Counseling;
- (g) Consultation and/or collaboration with other health care providers and community resources;
- (h) Referral to other health care providers and community resources;
- (i) Management and coordination of care;
- (j) Use of research skills;
- (k) Diagnosis of health/illness status

(l) Prescription and/or administration of therapeutic devices and measures including legend drugs and controlled substances as provided in OAR 851-050-0131 and dispensing drugs as provided in OAR 851-050-0133, 0134 and 0145, consistent with the definition of the practitioner's specialty category and scope of practice.

(4) The nurse practitioner is responsible for recognizing limits of knowledge and experience, and for resolving situations beyond his/her nurse practitioner expertise by consulting with or referring clients to other health care providers.

(5) The nurse practitioner will only provide health care services within the nurse practitioner's scope of practice for which he/she is educationally prepared and for which competency has been established and maintained. Educational preparation includes academic coursework, workshops or seminars, provided both

theory and clinical experience are included.

(6) The scope of practice as previously defined is incorporated into the following specialty categories and further delineates the population served:

(a) Adult Nurse Practitioner (ANP) - The Adult Nurse Practitioner independently provides health care to adolescents and adults;

(b) Nurse Midwife Nurse Practitioner (NMNP) - The Nurse Midwife Nurse Practitioner independently provides health care to women, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases;

(c) College Health Nurse Practitioner (CHNP) - The College Health Nurse Practitioner independently provides health care to essentially normal clients in the college setting. As of March 12, 1987, no additional College Health Nurse Practitioners shall be initially certified.

(d) Family Nurse Practitioner (FNP) - The Family Nurse Practitioner independently provides health care to persons across the lifespan;

(e) Geriatric Nurse Practitioner (GNP) - The Geriatric Nurse Practitioner independently provides health care to older adults;

(f) Neonatal Nurse Practitioner (NNP) - The Neonatal Nurse Practitioner independently provides health care to neonates and infants.

(g) Pediatric Nurse Practitioner (PNP) - The Pediatric Nurse Practitioner independently provides health care to persons newborn to young adulthood;

(h) Psychiatric/Mental Health Nurse Practitioner (PMHNP) - The Psychiatric/Mental Health Nurse Practitioner independently provides health care to clients with mental and emotional needs and/or disorders;

(i) Women's Health Care Nurse Practitioner (WHCNP) - The Women's Health Care Nurse Practitioner independently provides health care to adolescent and adult females. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases.

Stat. Auth.: ORS 678.380 & 678.395

Stats. Implemented: ORS 678.380

Hist.: NB 3-1987, f. & ef. 3-12-87; NB 3-1990, f. & cert. ef. 4-2-90; NB 1-1992, f. & cert. ef. 2-13-92; NB 7-1992, f. & cert. ef. 7-15-92; NB 4-1994, f. & cert. ef. 8-2-94; NB 9-1994, f. & cert. ef. 12-7-94; NB 2-1995, f. & cert. ef. 4-12-95; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0010

Special Provisions

State of Oregon:

(1) Any nurse practitioner who is certified by the Oregon State Board of Nursing as of the effective date of these rules, is eligible for recertification in that same category.

(2) Any applicant for initial certification who applied in Oregon during the time period the Board recognized national certification (January 1991 - August 1993) may be certified by the Board without completing the national certification process.

Stat. Auth.: ORS 678.375 & 678.380

Stats. Implemented: ORS 678.380

Hist.: NB 3-1987, f. & ef. 3-12-87; NER 34, f. & ef. 10-1-76; NER 8-1985, f. & ef. 12-9-85; NB 3-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-320; NB 12-1990, f. & cert. ef. 12-28-90; NB 11-1992, f. & cert. ef. 12-15-92; NB 3-1993(Temp), f. & cert. ef. 2-26-93; NB 8-1993, f. & cert. ef. 8-23-93; NB 2-1995, f. & cert. ef. 4-12-95; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0120

Application Requirements for Initial Prescriptive Authority In Oregon

(1) Current, unencumbered nurse practitioner certificate in the State of Oregon.

(2) Evidence of satisfactory completion of 30 contact hours of pharmacology as defined in OAR 851-050-0125 including content related to the specialty scope of practice, within two years prior to the application date. An exception may be made to the requirement that the 30 contact hours of pharmacology be within

two years, provided the applicant has demonstrated a working knowledge of pharmacotherapeutics through prior practice.

(3) Submit application and fees required by the Board. Fees are nonrefundable. An application not completed after one calendar year will be considered void.

(4) As of July 1, 1997, applicants for initial certification as a nurse practitioner shall meet all requirements for prescriptive authority.

(5) Nurse practitioners who are certified in Oregon prior to July 1, 1997 and who do not have prescriptive authority as of that date will not be required to obtain prescriptive authority.

Stat. Auth.: ORS 678.375 & 678.390

Stats. Implemented: ORS 678.375 & 390

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 3-1990, f. & cert. ef. 4-2-90; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0121

Nurse Practitioners With Out-Of-State Prescriptive Authority

(1) A nurse practitioner who holds current prescriptive authority in another state or U.S. jurisdiction need not meet the requirement of OAR 851-050-0120(2) for initial prescriptive authority in Oregon, provided there is evidence of the following:

(a) A minimum of 200 hours of practice in an expanded specialty role within the preceding two years;

(b) 30 contact hours of pharmacology equivalent to the requirements of OAR 850-050-0125.

(2) If the nurse practitioner has not been prescribing drugs for more than two but less than five years, the nurse practitioner shall provide evidence of satisfactory completion of 15 contact hours of pharmacology within two years prior to the application for prescriptive authority in Oregon.

(3) If the nurse practitioner has not been prescribing drugs for more than five years, the nurse practitioner shall provide evidence of satisfactory completion of 30 contact hours of pharmacology as defined in OAR 851-020-0125 within two years prior to the application for prescriptive authority in Oregon.

Stat. Auth.: ORS 678.375 & 678.390

Stats. Implemented: ORS 678.375 & 390

Hist.: NB 1-1988, f. & cert. ef. 4-18-88; NB 3-1990, f. & cert. ef. 4-2-90; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0125

Pharmacology Course Requirements

(1) Thirty contact hours may be obtained as part of a discrete offering within the formal advanced educational program or through structured continuing education programs approved by the Board.

(2) The pharmacology course shall be approved by the Board according to the following standards:

(a) The course content shall include:

(A) Applicable federal/state laws;

(B) Prescription writing;

(C) Pharmacokinetic and pharmacotherapeutic principles;

(D) Use of pharmacological agents in the prevention of illness, restoration and maintenance of health;

(E) Informational resources; and

(F) Clinical application related to specific scope of practice.

(b) Evidence of specific tools/tests used to determine successful completion of the course.

(3) Prescriptions written by nurse practitioners shall comply with all applicable state and federal laws and be signed by the prescriber with the abbreviated title of the nurse practitioner.

(4) The hours must be obtained within the two years immediately prior to the date of application for prescriptive authority.

(5) Nurse practitioner prescriptive authority shall be renewed as part of the nurse practitioner recertification process.

Stat. Auth.: ORS 678.375 & 678.390

Stats. Implemented: ORS 678.375 & 390

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0130

Requirements for Prescription Writing

(1) A written prescription shall include the date, printed name, legal signature, specialty category, business address and telephone number of the prescribing nurse practitioner in addition to the required patient and drug information.

(2) Prescriptions may be written for over-the-counter drugs.

(3) Prescriptions may be written for medical appliances and devices.

(4) Drugs in the formulary may be prescribed, administered, or distributed in combination.

(5) Any product name drug may be prescribed, administered, or distributed as long as the generic name or category for the drug is in the formulary.

(6) The nurse practitioner shall comply with all applicable laws and rules in prescribing, administering, and distributing drugs, including compliance with the labeling requirements of ORS Chapter 689.

(7) For the administration, and distribution of controlled substances, the nurse practitioner shall comply with the requirements in the Code of Federal Regulations, Chapter II, 1304.

[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the Board of Nursing.]

Stat. Auth.: ORS 678.375 & 678.390

Stats. Implemented: ORS 678.375 & 390

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88;

NB 7-1996, f. & cert. ef. 10-29-96

851-050-0131

Formulary for Nurse Practitioners with Prescriptive Authority

(1) The following definitions apply for the purpose of these rules:

(a) "Appliance or device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including any component part or accessory, which is required under federal or state law to be prescribed by a practitioner and dispensed by a pharmacist.

(b) "Formulary" means a specific list of drugs determined by the Board. The formulary for nurse practitioners with prescriptive authority will be all the drugs in the **Drug Facts and Comparisons** dated October 1996 with the exception of certain drugs and drug groups which are listed below.

(c) "Board" means the Oregon State Board of Nursing.

(2) The Board as authorized by ORS 678.385 (1993), shall determine the drugs which nurse practitioners may prescribe, shall periodically revise the formulary by rulemaking hearing at each regular Board meeting and shall transmit the list of those drugs which are exceptions to the formulary, and which nurse practitioners may not prescribe, to nurse practitioners with prescriptive authority and other interested parties.

(3) The formulary is constructed based on the following premises:

(a) Nurse practitioners may provide care for specialized client populations within each nurse practitioner category/scope of practice;

(b) Nurse practitioner prescribing is limited by the nurse practitioner's scope of practice and knowledge base within that scope of practice;

(c) Nurse practitioners may prescribe the drugs appropriate for patients within their scope of practice as defined by OAR 851-050-0005;

(d) Nurse practitioners may prescribe drugs for conditions the nurse practitioner does not routinely treat within the scope of their practice provided there is ongoing consultation/ collaboration with another health care provider who has the authority and experience to prescribe the drug(s);

(e) Nurse practitioners will be held strictly accountable for their prescribing decisions.

(4) Regardless of the schedules indicated on the certificate issued by the Drug Enforcement Administration (DEA) the nurse practitioner shall only prescribe the drugs from schedules III, IIIN, IV and V. A DEA number is required to prescribe these drugs.

(5) Nurse practitioners with prescriptive authority are authorized to prescribe:

(a) All over the counter drugs;

(b) Appliances and devices.

(6) Nurse Practitioners are authorized to prescribe the following drugs as listed in **Drug Facts and Comparisons** dated October 1996:

(a) Nutritional - all drugs;

(b) Blood Modifiers - all drugs;

(c) Hormones - all drugs except:

(A) I 131; and

(B) Gallium Nitrate.

(d) Cardiovasculars - all drugs except: Cardioplegic Solution;

(e) Respiratory drugs - all drugs;

(f) Central Nervous System Drugs - all drugs except:

(A) Class II Controlled Substances;

(B) The following general anesthetic agents:

(i) Thiamylal Sodium;

(ii) Theopental Sodium;

(iii) Methohexital Sodium;

(iv) Cyclopropane;

(v) Ethylene;

(vi) Halothane;

(vii) Methoxyflurane;

(viii) Enflurane;

(ix) Isoflurane;

(x) Desflurane;

(xi) Sevoflurane.

(g) Gastrointestinals - all drugs except: Monoctanoin;

(h) Anti-infectives - all drugs;

(i) Biologicals - all drugs;

(j) Topicals - all drugs except:

(A) Punctal plugs;

(B) Collagen Implants;

(C) Hyperosmolar Preparations;

(D) Indocyanine Green;

(E) Sodium Hyaluronate Preparations;

(F) Hydroxypropal Cellulose;

(G) Botulinum Toxin Type A; and

(H) Polydimethylsiloxane.

(k) Antineoplastics - all drugs except: NCI Investigational Agents;

(l) Miscellaneous - all drugs except:

(A) Chymopapain; and

(B) Psoralens.

(m) Miscellaneous Radiopaque agents - NO DRUGS FROM THIS CATEGORY EXCEPT:

(A) Iopamidol; and

(B) Iohexol.

[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the Board of Nursing.]

Stat. Auth.: ORS 678.385

Stats. Implemented: ORS 678.375 & 678.385

Hist.: NB 11-1993(Temp), f. 10-26-93, cert. ef. 11-4-93; NB 2-1994, f. & cert. ef. 4-15-94; NB 7-1994, f. & cert. ef. 9-28-94; NB 3-1995, f. & cert. ef. 4-12-95; NB 6-1995(Temp), f. & cert. ef. 6-15-95; NB 8-1995, f. & cert. ef. 6-29-95; NB 11-1995, f. & cert. ef. 10-9-95; NB 1-1996, f. & cert. ef. 2-29-96; NB 3-1996, f. & cert. ef. 6-11-96; NB 8-1996, f. & cert. ef. 10-30-96; NB 10-1996, f. & cert. ef. 12-2-96

Dispensing in the College Health Setting

851-050-0133

Purpose and Scope

(1) A nurse practitioner authorized to write prescriptions under ORS 678.390 and employed by a college or university student health center registered by the board under ORS 689.305 shall be authorized to dispense drugs to the practitioner's patients, if the patients are students of the college or university.

(2) Students shall be given the choice of taking their prescription to a community pharmacy located off campus.

(3) Drugs dispensed shall be prepackaged by a pharmacy registered by the board or repackaged by a manufacturer registered by the board.

(4) Such dispensing shall be limited to those agents in the

following therapeutic classes for which the nurse practitioner is authorized to write prescriptions under ORS 678.390. Dispensing from asterisked therapeutic classes shall be limited to a seven day supply.

- (a) Oral Contraceptives
- (b) Contraceptive Devices
- (c) Anti-infectives
- (d) Anti-inflammatories
- (e) Decongestants
- (f) Antihistamines*
- (g) Analgesics
- (h) Antidepressants*
- (i) Antitussives/ Expectorants
- (j) Gastrointestinals*
- (k) Inhaled metered dose bronchodilators and anti-inflammatory.

(l) Prenatal Vitamins

(5) The nurse practitioner and the consultant pharmacist shall together decide which individual drugs to stock from the listed therapeutic classes.

(6) The consultant pharmacist shall conduct, on an inspection form provided by the Board of Pharmacy, an annual inspection of the student health center by February 1st. The completed form shall be filed in the student health center, be available to the Board of Pharmacy for inspection, and be kept on file for three years.

Stat. Auth.: ORS 689.605

Stats. Implemented: ORS 689.605

Hist.: NB 3-1994, f. & cert. ef. 5-23-94; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0134

Drug Delivery and Control

(1) Policies and Procedures. A pharmacist licensed by the Board of Pharmacy shall establish procedures for the following:

- (a) Drug dispensing, storage, security and accountability;
- (b) Maintenance of all drug records required by federal and state law;

(c) Procedures for procurement of drugs.

(2) Dispensing:

(a) Drugs shall be dispensed to the student by the nurse practitioner only when the student health center pharmacy is closed or does not exist.

(b) Drugs shall be prepackaged by a pharmacy or manufacturer and provide on the label:

(A) The name and strength of the drug. If the drug does not have a brand name, then the generic name of the drug and the drug manufacturer must be on the label;

(B) The quantity of the drug;

(C) Cautionary statements, if any, required by law;

(D) The name, address, and phone number of the student health center; and

(E) The manufacturer's expiration date, or an earlier date if preferable, after which the patient should not use the drug.

(c) The nurse practitioner shall label prescription drugs with the following information:

(A) Name of the patient;

(B) Name of the prescriber;

(C) Date of dispensing; and

(D) Directions for use.

(d) The nurse practitioner shall personally dispense drugs to the patient.

(e) Drugs shall be dispensed in containers complying with the federal Poison Prevention Packaging Act, unless the patient requests a non-complying container.

(f) The pharmacist and the nurse practitioner shall provide a means for patients to receive verbal and written information on drugs dispensed to the patient. The written drug information shall include:

(A) Drug name and class;

(B) Proper use and storage;

(C) Common side effects;

(D) Precautions and contraindications; and

(E) Significant drug interactions.

(3) Drug Utilization Review:

(a) "Drug utilization review" means the collaborative review by the nurse practitioner and the pharmacist of the patient records, including but not limited to drugs prescribed and dispensed, dosage, duration of therapy, allergies, interactions, and compliance.

(b) The nurse practitioner and the pharmacist shall perform regular drug utilization reviews at least quarterly, sign the documentation of the review, and maintain it in the student health center for a minimum of three years. All records and information that are the subject of a drug utilization review are confidential and shall not be disclosed, except as specifically authorized or required by law.

(4) Drug security, storage and disposal:

(a) In the absence of the nurse practitioner or the pharmacist, drugs shall be kept in a locked cabinet or drug room which is sufficiently secure to deny access to unauthorized persons. Only the nurse practitioner and the pharmacist shall have a key to the drug cabinet or drug room. In their absence, the drug cabinet or drug room shall be kept locked.

(b) All drugs shall be stored in areas which will assure proper sanitation, temperature, light, ventilation, and moisture control as required in official compendium, such as the United States Pharmacopeia or National Formulary.

(c) Drugs which are outdated, damaged, deteriorated, misbranded, or adulterated shall be physically separated from other drugs until they are destroyed or returned to their supplier.

(d) Controlled substances which are expired, deteriorated, or unwanted shall be disposed of in conformance with 21 Code of Federal Regulations 1307.

(5) Drug records:

(a) A drug dispensing record shall be maintained separately from the patient record and kept for a minimum of three years. The dispensing record shall show, at a minimum, the following:

(A) Name of patient;

(B) Brand name of drug, or generic name and manufacturer or distributor;

(C) Date of dispensing; and

(D) Initials of nurse practitioner.

(b) All records of receipt and dispersal of drugs shall be kept for a minimum of three years.

(c) All records required by these rules or by federal or state law shall be readily retrievable and available for inspection by the board.

[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the Board of Nursing.]

Stat. Auth.: ORS 689.605

Stats. Implemented: ORS 689.605

Hist.: NB 3-1994, f. & cert. ef. 5-23-94; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0138

Renewal of Nurse Practitioner Certification

Renewal of certification shall be on the same schedule as the renewal system of the registered nurse license. The requirements for recertification are:

(1) Current license as a registered nurse in the state of Oregon.

(2) 100 clock hours of continuing education obtained in the following ways:

(a) Independent learning activities e.g. reading professional journals;

(b) Unstructured learning activities, e.g. professional meetings and clinical rounds;

(c) Structured learning activities, e.g. seminars and workshops.

(3) The applicant shall affirm completion of this continuing education on the renewal form subject to random audits by the Board.

(4) An applicant for recertification who has graduated from the nurse practitioner program less than two years prior to the first renewal will not be required to document 100 clock hours of continuing education. The applicant's continuing education will be prorated based on the length of time between graduation and the date of the first renewal.

(5) The applicant for renewal shall obtain a minimum of 960 hours of practice in an expanded specialty role within the five years period immediately preceding renewal or have graduated from a nurse practitioner program within five years of renewal or have completed 400 hours of supervised practice in the two years preceding renewal.

(6) The applicant shall submit the required fees with the application. Fees are not refundable. An application which has not been completed during the current biennial renewal cycle shall be considered void.

(7) Renewal may be denied if the applicant does not meet the practice requirement or the continuing education requirements for renewal.

Stat. Auth.: ORS 678.375 & 678.380

Stats. Implemented: ORS 678.380

Hist.: NER 34, f. & ef. 10-1-76; NER 5-1981, f. & ef. 11-24-81; NER 8-1985, f. & ef. 12-9-85; NB 3-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-310; NB 2-1992, f. & cert. ef. 2-13-92; NB 8-1993, f. & cert. ef. 8-23-93; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0139

Delinquent Renewal for Nurse Practitioner Certification

(1) Any nurse practitioner who fails to make application for renewal of certification on or before the deadline prescribed shall be considered delinquent.

(2) The applicant is eligible for renewal of Oregon certification provided the following requirements are met:

(a) Current license as a registered nurse in the State of Oregon;

(b) Continuing education hours described in OAR 851-050-0138(2); and

(c) Evidence of practice in an expanded specialty nursing role as described in OAR 851-050-0138(5).

(3) If the applicant cannot meet the practice requirement, the applicant shall:

(a) Obtain a current Oregon registered nurse license;

(b) Submit an application for renewal of the nurse practitioner certificate in Oregon. An application not completed after one calendar year will be considered void;

(c) Submit a detailed plan of 400 hours of supervised clinical practice which includes objectives, names and qualifications of preceptor(s) and describes the nature of the clinical experience;

(d) Submit 150 hours of continuing education completed within the past three years. The continuing education hours must include hours specific to advanced pharmacology, assessment, and treatment modalities and laboratory/diagnostic tests with content related to the NP scope of practice. The continuing education may be obtained in the following ways:

(A) Independent learning activities e.g. reading professional journals;

(B) Unstructured learning activities, e.g. professional meetings and clinical rounds;

(C) Structured learning activities, e.g. seminars and workshops.

(e) Practice under a limited certificate, and successfully complete 400 hours of clinical practice supervised by a nurse practitioner or physician in the same specialty area of practice. An exception to nurse practitioner or physician supervision of clinical practice may be made by the Board if the supervisor is an advanced practitioner in the same specialty area of practice who is authorized to practice independently in the state of Oregon. An application for a limited certificate shall be made in writing prior to the beginning of the supervised clinical practice. The limited certificate is valid for one year. The supervising practitioner shall submit a final evaluation to the Board to verify that the applicant's knowledge and skills are at a safe and acceptable level and verify the 400 hours of supervised practice;

(f) Upon successful completion of the supervised practice hours, the nurse practitioner certificate will be issued with an expiration date that coincides with the applicant's Registered Nurse license.

(4) The applicant shall submit the required fees with the application. Fees are not refundable. An application which re-

mains incomplete after one calendar year shall be considered void.

(5) Delinquent renewal may be denied if the applicant does not meet the practice requirement or the continuing education requirements for renewal.

Stat. Auth.: ORS 678.375 & 678.380

Stats. Implemented: ORS 678.380

Hist.: NER 34, f. & ef. 10-1-76; NER 8-1985, f. & ef. 12-9-85; NB 3-1990, f. & cert. ef. 4-2-90; Renumbered from 851-20-315; NB 8-1993, f. & cert. ef. 8-23-93; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0140

Renewal of Nurse Practitioner Prescriptive Authority

Nurse practitioner prescriptive authority shall be renewed by the Board provided there is satisfactory compliance with the following:

(1) Evidence that all requirements for renewal of the Oregon nurse practitioner certificate have been met and the certificate has been renewed.

(2) Evidence that there are no encumbrances on the nurse practitioner certificate which would affect prescription writing.

(3) Nurse practitioners who have the authority from the Drug Enforcement Administration (DEA) to prescribe controlled substances shall submit a copy of the most current DEA Certificate to the Board office.

(4) Submission of an application and fees required by the Board. Fees are nonrefundable.

Stat. Auth.: ORS Ch. 678

Stats. Implemented: ORS

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 3-1990, f. & cert. ef. 4-2-90

851-050-0141

Delinquent Renewal of Nurse Practitioner Prescriptive Authority

(1) Any nurse practitioner who fails to make application for renewal of prescriptive authority on or before the biennial birthdate deadline shall be considered delinquent and be subject to a delinquent renewal fee prescribed by the Board. All other requirements for renewal described in OAR 851-050-0140 shall be met.

(2) If more than five years have elapsed since the nurse practitioner has held prescriptive authority, the nurse shall:

(a) Meet all the renewal requirements of OAR 851-050-0140;

(b) Show evidence of satisfactory completion of 30 contact hours of pharmacology as defined in OAR 851-050-0125.

Stat. Auth.: ORS 678.375 & 678.390

Stats. Implemented: ORS 678.390

Hist.: NB 1-1988, f. & cert. ef. 4-18-88; NB 3-1990, f. & cert. ef. 4-2-90; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0145

Requirements for Emergency Drug Dispensing Authority

(1) A nurse practitioner may make written application to the Board for emergency drug dispensing authority. The application shall include:

(a) Evidence of a current, unencumbered Oregon nurse practitioner certificate and prescriptive authority;

(b) The following information about the nurse practitioner's practice setting:

(A) Geographic location of practice;

(B) Distance in road miles to the nearest pharmacy;

(C) Business days and hours of that pharmacy;

(D) Accessibility of that pharmacy to client population served;

(E) General road and weather conditions;

(F) Description of client population served;

(G) Statement of need for emergency drug dispensing.

(2) The Board may grant emergency drug dispensing authority if, in the opinion of the Board, the lack of such authority would severely limit the ability of the nurse practitioner to meet prescription needs for the client population served congruent with OAR 851-050-0145(1). Dispensing authority is site specific.

(3) In the event the practice location of the nurse practitioner changes, the nurse practitioner must notify the Board of the

change in practice setting. The change in setting removes dispensing authority from the nurse practitioner until such time as the nurse practitioner's new practice setting meets the requirements of OAR 851-050-0145 and the nurse practitioner is granted dispensing authority by the Board.

(4) A nurse practitioner with prescriptive authority who provides temporary relief for a nurse practitioner who has emergency dispensing authority may dispense drugs in order to meet the prescription needs of clients.

Stat. Auth.: ORS 678.375 & 678.390

Stats. Implemented: ORS 678.390

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 4-1989(Temp), f. & cert. ef. 7-31-89;

NB 3-1990, f. & cert. ef. 4-2-90; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0150

Renewal of Emergency Drug Dispensing Authority

(1) A nurse practitioner may apply for renewal of emergency drug dispensing authority by providing the Board with the information identified in OAR 851-050-0145(1)(a) and (b).

(2) The Board may renew the emergency drug dispensing authority if, in the opinion of the Board, continuation of such authority is necessary for the nurse practitioner to meet the prescription needs of the client population served.

Stat. Auth.: ORS Ch. 678

Stats. Implemented: ORS

Hist.: NB 7-1987, f. & ef. 10-5-87

852-050-0155

Termination of Prescriptive or Dispensing Authority

(1) The Board may deny, suspend or revoke the authority to write prescriptions or dispense drugs for the causes identified in ORS 678.111(1) or proof that the authority has been abused.

(2) The abuse of the prescriptive or dispensing authority constitutes conduct derogatory to nursing standards and is defined as:

(a) Prescribing, dispensing, administering, or distributing drugs not listed in the formulary;

(b) Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes;

(c) Prescribing or distributing drugs to an individual who is not the nurse practitioner's client or is not within the scope of practice or type of client population served;

(d) Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to the client according to acceptable and prevailing standards or practice;

(e) Selling, purchasing, trading, or offering to sell, purchase or trade any drug sample;

(f) Dispensing drugs without either emergency dispensing authority or employment in a college health setting.

Stat. Auth.: ORS 678.375 & 678.390

Stats. Implemented: ORS 678.390

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 3-

1990, f. & cert. ef. 4-2-90; NB 7-1996, f. & cert. ef. 10-29-96

851-050-0160

Distributing Drug Samples

(1) Any nurse practitioner who has prescription writing authority may receive prepackaged complimentary samples of drugs included in the formulary for nurse practitioner prescription writing and distribute these samples to clients.

(2) Any samples of controlled substances shall be stored in a securely locked cabinet on the premises of the nurse practitioner's practice location.

(3) Any nurse practitioner who receives samples of controlled substances shall be responsible for the security and inventory of the sample drugs.

(4) Nurse practitioners shall maintain inventory records of controlled drugs samples for a period of three years. The records shall include:

(a) Drug name, amount received, date received, drug expiration date;

(b) Drug name, amount distributed, date distributed, to whom

distributed;

(c) Drug name, amount and how returned for destruction:

(A) Controlled substances which are expired, deteriorated or unwanted shall be returned to the Board of Pharmacy or the Drug Enforcement Administration by United Parcel Service or private courier;

(B) The nurse practitioner shall not personally destroy controlled substance samples.

(5) Client records shall reflect the distribution of controlled substance samples.

(6) On the biennial renewal date for prescriptive authority, any nurse practitioner who receives samples of controlled substances shall submit a copy of inventory records for the preceding two years to the Board of Nursing.

(7) Any nurse practitioner who receives complimentary samples of controlled substances shall cooperate with the Board in their inspection of records and physical inventory of controlled substance samples.

Stat. Auth.: ORS Ch. 678 & 689

Stats. Implemented: ORS

Hist.: NB 1-1988, f. & cert. ef. 4-18-88; NB 3-1990, f. & cert. ef. 4-2-90

DIVISION 51

NURSE PRACTITIONER PRESCRIPTIVE FORMULARY

851-051-0000

Definitions

The following definitions apply for the purpose of these rules:

(1) "Appliance or Device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including any component part or accessory, which is required under federal or state law to be prescribed by a practitioner and dispensed by a pharmacist;

(2) "Formulary" means a specific list of drugs determined by the council;

(3) "Nurse Practitioner Prescriptive Privilege Council", hereafter referred to as "Council", means the six members in addition to a member of the Board of Nursing appointed to serve on a committee whose sole purpose is to decide the composition of the formulary.

Stat. Auth.: ORS 678.385

Hist.: NB 5-1992, f. & cert. ef. 4-13-92;

851-051-010

Formulary for Nurse Practitioners with Prescriptive Authority

(1) The Council, established under ORS 678.385, shall determine the drugs to be included in the formulary and shall periodically revise the formulary by rulemaking hearing at twice-yearly meetings, according to a schedule established by the Council and transmitted to nurse practitioners with prescriptive authority and other interested parties. The formulary shall hereby be made part of these rules by reference. Nurse Practitioners may prescribe only the drugs names in the formulary established by the Council.

(2) The Council shall use the following criteria upon which a decision will be made to include or exclude a drug from the Formulary:

(a) Deletions or exclusion of drugs from the Formulary:

(A) Compliance with federal and state rules;

(B) Disclosure of a significant new hazard in the use of the drug;

(C) Limited information available as to the efficacy or lack of efficacy of a new drug.

(b) Addition of drugs to the formulary:

(A) New drugs — Shall have Food and Drug Administration (FDA) approval;

(B) Existing drugs:

(i) Significant new therapeutic value;

(ii) General recognition of a drug as the drug of choice or

standard of care for a condition.

(3) Regardless of the schedules indicated on the certificate issued by the Drug Enforcement Administration (DEA) the nurse practitioner shall only prescribe the drugs from **Schedules III, IIIIN, IV and V** that are listed in the formulary. A DEA number is required to prescribe these drugs.

(4) Nurse practitioners with prescriptive authority are authorized to prescribe:

- (a) All over the counter drugs;
- (b) Appliances and devices;
- (c) All drugs on the formulary in accordance with the scope of practice in the specialty area for which they are certified.

(5) All drugs on the formulary, unless otherwise indicated, may be used singularly or in combination with another approved formulary drug.

[ED. NOTE: The Schedules referred to or incorporated by reference in this rule are available from the Board of Nursing.]

Stat. Auth.: ORS 678.385

Hist.: NB 5-1992, f. & cert. ef. 4-13-92; NB 10-1992, f. & cert. ef. 10-19-92; NB 4-1993, f. & cert. ef. 4-22-93; NB 12-1993, f. & cert. ef. 10-26-93

DIVISION 60

CERTIFIED NURSING ASSISTANTS

851-060-0000

Purpose

The purpose of OAR 851-060-0000 through 851-060-0800 is to establish standards for the training, testing and certification of nursing assistants. These rules are adopted pursuant to ORS Chapter 678 and help ensure Oregon compliance with federal law.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 8-1989(Temp), f. & cert. ef. 11-9-89; NB 5-1990, f. & cert. ef. 5-7-90; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0005

Definitions

The following apply for the purpose of these rules:

(1) "Abuse" means physical injury caused by other than accidental means; neglect which leads to physical harm; or failure to provide direct care for patient/resident/client; verbal abuse, theft or misuse of resident funds or property; wrongful touching; or any other deprivation of patient/ resident/client rights or resident rights defined in ORS 441.600 through 441.610. "Abuse" is the result of intentional or negligent behavior by the nursing assistant as determined by the Board. Abuse does not include errors attributable to improper direction from a licensed nurse or improper training.

(2) "Acceptable Documentation of Employment" means a letter on business stationary verifying dates of employment. Acceptable documentation may also be other evidence that clearly substantiates an individual was employed in the capacity of a nursing assistant or performed Certified Nursing Assistant duties.

(3) "Acceptable Documentation of Approved Program Completion" means a copy of a certificate of completion from a Board-approved nursing assistant training program. This certificate shall include the following information on the face of the document and shall be printed on paper that measures 8-1/2 by 11 inches:

- (a) Name;
- (b) Social security number;
- (c) Birthdate;
- (d) Training program name;
- (e) Number of classroom and clinical hours;
- (f) Date of program completion;
- (g) Date of initial approval and the date of the most recent approval by the Board; and
- (h) Signature of the Program Director or the student's instructor.

(4) "Board" means the Oregon State Board of Nursing as defined in ORS Chapter 678.

(5) "Certified Nursing Assistant" means a person who has been certified as a nursing assistant by completing a Board-approved nursing assistant training program and passing the competency examination; whose name is listed on the Certified Nursing Assistant Registry; and who assists licensed nursing personnel in the provision of nursing care. Certified Nursing Assistants are required to hold a current, valid Oregon CNA Certificate. Certified Nursing Assistant (CNA) includes Certified Medication Aides (CMAs) and may include other categories of nursing assistants as defined by the Board.

(6) "Certified Medication Aide (CMA)" means a Certified Nursing Assistant who has had additional training in administration of medication and holds a Board-issued CMA Certificate. Certified Medication Aides may administer only noninjectable medication. The phrase "able to administer noninjectable medications" is synonymous with the term Certified Medication Aide.

(7) "Clinical Preceptor" means a licensed nurse who provides direct clinical supervision of student nursing assistants or student medication aides during their clinical experience. OAR 851-060-0680(3)(a)(b) and (4) specified Clinical Preceptor Qualifications for supervision of medication aide students.

(8) "Competency examination" means an objective examination approved by the Board to determine entry level competence for nursing assistants.

(9) "Deeming" means to certify a nursing assistant competent by the process of grand-fathering/grandmothering. Eligible individuals were deemed as Certified Nursing Assistants between January 1, 1990 and June 30, 1990.

(10) "Federal Requirements" means Public Law 100-203, the Omnibus Budget Reconciliation Act of 1987 (OBRA 87) and the regulations adopted pursuant thereto.

(11) "Graduate nursing assistant" means a nursing assistant who has successfully completed the basic nursing assistant training but:

- (a) Has not taken the Board-approved examination; or
- (b) Has taken the Board-approved examination and is waiting for examination results.

(12) "Manual skills" means clinical skills taught in the basic nursing assistant training program and tested as part of the competency examination.

(13) "Medication pass" means the time spent and the process of preparing and administering medications to a group or groups of patients/ residents/clients and documenting the medication administration.

(14) "Noninjectable medications" means medications which are administered by other than injectable routes. Approved routes of administration for CMAs and student medication aides are listed in OAR 851-060-0660(1)(2)(4). Moisturizing or body lotions and medicated shampoos are not considered medications.

(15) "Nursing Assistant" means a person who assists licensed nursing personnel in the provision of nursing care.

(16) "P.O." — per os, by mouth.

(17) "p.r.m." — pro re nata — as necessary, as circumstances require.

(18) "Registry" means the listing of Oregon Certified Nursing Assistants maintained by the Board. The Registry contains identifying demographic information on each CNA, the date of initial and most recent certification. Board sanctions against a CNA certificate are noted on the Registry. Findings of resident abuse, neglect or misappropriation of resident property, made by Senior and Disabled Services Division against a CNA, are noted on the Registry.

(19) "Satisfactory completion" means to accomplish the following in a Board-approved nursing assistant training program;

- (a) Complete the required training, clinical and classroom hours;
- (b) Pass the training program examination with a score of at least 75%; and
- (c) Successfully perform the required skills on the clinical skills checklist;
- (d) Pass the competency examination administered by the Board, which includes:
 - (A) A written examination; and

(B) A manual skills demonstration.

(20) "Self-evaluation" means a review of a basic nursing assistant training program conducted by the Program's Director using forms provided by the Board and submitted to the Board.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 8-1989(Temp), f. & cert. ef. 11-9-89; NB 5-1990, f. & cert. ef. 5-7-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 9-1990, f. & cert. ef. 10-9-90; NB 4-1995, f. & cert. ef. 5-8-95; Renumbered from 851-60-210

851-060-0010

Certification of Nursing Assistants Required

(1) Except as specified below, nursing assistants must have a current, valid Oregon CNA certificate and be listed on the CNA Registry prior to assuming nursing assistant duties:

(a) CNAs who provide nursing assistant or nursing-related services in long term care facilities in the State of Oregon must be certified, according to these rules, within four months of the date of hire;

(b) CNAs who work for a Home Health Agency, a staffing agency or an acute care hospital must be certified prior to assuming nursing assistant duties.

(2) CNAs and unlicensed persons who are performing tasks that have been delegated to them by a Registered Nurse according to OAR 851-047-0000 through 851-047-0030 are exempted from the requirements of this rule.

Stat. Auth.: ORS 678.440, 578.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 8-1989(Temp), f. & cert. ef. 11-9-89; NB 5-1990, f. & cert. ef. 5-7-90; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0016

Nursing Assistant Certification Renewal

(1) Beginning January 1, 1992, Certified Nursing Assistants are required to renew certification every other year:

(a) Application for renewal must be postmarked before midnight on the person's birthdate:

(A) Individuals born in odd numbered years will renew in odd numbered years;

(B) Individuals born in even numbered years will renew in even numbered years;

(C) Persons whose birthdate falls on February 29 shall be treated as if the birthdate were March 1.

(b) The certificate shall automatically lapse if the certificate holder fails to renew by the appropriate birthdate;

(c) An individual who fails to renew by this deadline is considered delinquent;

(d) Each application must be accompanied by a nonrefundable renewal fee payable to the Board.

(2) The Board will mail an application for renewal to each Certified Nursing Assistant, at the individual's address of record, at least 45 days before the person's birthdate, as outlined in section (1) of this rule.

(a) A Certified Nursing Assistant is required to notify the Board in writing of any change of name or change of address according to OAR 851-060-0800;

(b) The Board will update the CNA Registry to reflect the current name and address when notified in writing of such change;

(c) Failure to receive the application for renewal shall not relieve the certificate holder of the responsibility of renewing the certificate by the expiration date.

(3) Nursing assistant certification may be renewed:

(a) When the nursing assistant has performed at least 200 hours of nursing assistant or nursing-related services in the 24 consecutive months preceding the renewal date; and:

(A) When the nursing assistant or nursing-related services were performed for monetary compensation; and

(B) When the nursing assistant or nursing-related services were regularly assessed by a Licensed Practical Nurse or a Registered Nurse.

(b) When the nursing assistant or nursing-related services were not regularly assessed by a Licensed Practical Nurse or Registered Nurse, the nursing assistant may establish eligibility

for renewal by:

(A) Having a Licensed Practical Nurse or Registered Nurse assess the care and document the assessment; or

(B) Having a CNA instructor assess and document the nursing assistant's clinical skills; or

(C) Successfully completing the manual skills portion of the nurse aide competency examination.

(c) For the purpose of this rule, "regularly assessed" means an assessment was done at least once during the 24 consecutive months preceding the appropriate birthdate for renewal.

(4) A nursing assistant who has not performed at least 200 hours of nursing assistant or nursing-related services for monetary compensation during the previous 24 consecutive months who wishes to be a Certified Nursing Assistant is required to apply for and successfully complete the recertification examination.

(5) A renewed nursing assistant certificate may be issued to each nursing assistant applicant who submits the following:

(a) A completed renewal application;

(b) Verification of employment as a nursing assistant for at least 200 hours during the previous 24 consecutive months; and

(c) Payment of the renewal fee as established by the Board.

(6) A nursing assistant who fails to renew by the due date may apply to the Board for delinquent renewal. The applicant shall meet all requirements as established by the Board.

(7) CNA certificates issued in 1990 to individuals with birthdays in even-numbered years, unless renewed as specified in section (1) of this rule become void December 31, 1992. CNA certificates issued in 1991 to individuals with birthdays in odd-numbered years, unless renewed as specified in section (1) of this rule become void December 31, 1993.

(8) A Certified Nursing Assistant whose certificate has been expired for more than one year who wishes to renew the certificate is required to apply for and successfully complete the recertification examination.

(9) Employers must verify CNA certification by inquiring of the CNA Registry whether an individual is on the CNA Registry and whether the individual's certification is current:

(a) Before the start of employment for CNAs working in home health agencies or working as per diem employees in a long term care facility;

(b) By the end of four months of employment for CNAs working in other employment situations;

(c) Biennially during employment.

(10) Individuals who have not performed nursing assistant or nursing related work within the last four years are required to take a Board-approved nursing assistant training program prior to taking the competency examination to become certified.

Stat. Auth: 678.442

Stats. Implemented: 678.442

Hist.: NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 3-1992, f. & cert. ef. 2-13-92; NB 4-1995, f. & cert. ef. 5-8-95; NB 5-1996, f. & cert. ef. 9-3-96

851-060-0020 [Renumbered to 851-0600-300]

Training and Education Programs for Nursing Assistants

851-060-0050

Purpose

(1) To describe the standards for nursing assistant training programs including, faculty requirements, curriculum and environmental standards..

(2) As of the effective date of these rules any institution, agency or individual desiring to conduct a nursing assistant training program shall:

(a) Submit satisfactory evidence that the curriculum and standards prescribed by the Board are met;

(b) Offer only programs which are approved by the Board. Retroactive approval will not be granted;

(c) Verify that the training program director meets all qualifications as described in OAR 851-060-0070 and has access to appropriate facilities for clinical experiences;

(d) Verify that the training facility in which the training program is offered is licensed under the appropriate licensing

agency and is in substantial compliance with all standards for licensure;

(e) For nonfacility based nursing assistant training programs, verify that the facility utilized for clinical experiences is licensed under the appropriate licensing agency and in substantial compliance with all standards for licensure;

(f) Curriculum and instructional materials must be submitted for approval;

(g) If the program is not approved, the reason for the decision will be given. After appropriate modifications are made, the program will be re-evaluated.

(3) Each facility, agency or individual desiring to conduct training program shall:

(a) Apply for program approval at least 45 days before the anticipated start date; and

(b) Submit a schedule for classroom and clinical hours.

(4) Application for training program approval shall include:

(a) Program rationale, philosophy and purpose;

(b) Faculty qualifications;

(c) Program outline:

(A) Title;

(B) Objectives;

(C) Content;

(D) Teaching methodology;

(E) Breakdown or delineation of classroom and clinical hours.

(d) A copy of the clinical evaluation or skills checklist used to measure student clinical skills;

(e) Program location;

(f) Name of classroom instructor;

(g) Schedule of class room hours;

(h) Schedule of clinical hours;

(i) Curriculum;

(j) Instructional materials; and

(k) Final exam.

(5) The program director will be notified of approval or nonapproval:

(a) Programs that are approved may begin classes according to the schedule submitted;

(b) Programs that are not approved will be notified of the deficiencies and may reapply after appropriate modifications are made.

(6) Change in the course content, objectives or instructional staff shall be submitted to the Board for approval.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 6-1990(Temp), f. & cert. ef. 5-24-90; NB 10-1990, f. & cert. ef. 10-12-90; NB 4-1995, f. & cert. ef. 5-8-95; Renumbered from 851-60-065 & 851-60-075

851-060-0065 [Renumbered to 851-060-0050]

851-060-0066

Withdrawal/Denial of Nursing Assistant Training Program Approval, Voluntary Closing and Inactive Status

(1) Pursuant to Federal Regulations the Board shall deny approval to a nursing assistant training program and shall withdraw approval from a previously approved nursing assistant training program offered by or in a nursing facility or a skilled nursing facility which, in the previous two years:

(a) Has operated under a waiver of the federal requirement for nursing facilities and skilled nursing facilities to have 24 hour a day licensed nurse staffing with eight hour a day registered nurse staffing when such waiver is in excess of 48 hours per week;

(b) Has been determined by surveyors from the state Senior and Disabled Services Division or federal Health Care Financing Administration to have conditions which pose an immediate threat to resident health and safety;

(c) Has been subject to an extended or partial extended survey, a restriction of admissions or an impending restriction of admissions for provision of substandard quality of care;

(d) Was subject to a denial of payment under federal law;

(e) Has had its Medicare participation terminated under federal or state law;

(f) Was assessed a civil penalty of \$5,000 or more for deficiencies in nursing facility standards;

(g) Has operated under trusteeship appointed to oversee the operation of the nursing facility and to ensure the health and safety of its residents; or

(h) As a result of state action terminated the operation of the facility or was closed or has had its residents transferred.

(2) The Board may withdraw program approval of a nursing assistant training program on the following grounds:

(a) When the Board determines that a nursing assistant training program has not provided sufficient evidence that the standards for nursing assistant training are met;

(b) When no classes have been taught for 24 consecutive months;

(c) When the average pass rate for graduates of the program falls below 85% over a two year period.

(3) Voluntary closing: When the facility, institution or individual considers closing a nursing assistant training program, it shall:

(a) Notify the Board in writing of the intended closing date; and

(b) Continue the program until the committed class schedule of currently enrolled students is completed.

(4) When program approval is withdrawn or the program is closed, the Director shall:

(a) Assist in the transfer of students to other approved training programs;

(b) Submit to the Board a list of student names and transfer dates;

(c) Consider the date on which the last student was transferred as the closing date; and

(d) Notify the Board that all requirements have been fulfilled and give notice of final closing.

(5) Custody of records:

(a) If the nursing assistant training program closes but the educational institution or licensed health care agency continues to function, the institution shall assume responsibility for the records of the students and the graduates. The Board of Nursing shall be advised of the arrangements made to safeguard the records;

(b) If the facility, agency or independent training program ceases to exist, the Board of Nursing shall be consulted about the disposition of student records.

(6) Inactive status: Training programs may be placed on temporary inactive status for up to one year for the following reasons:

(a) Pending approval of a new or revised curriculum;

(b) To allow an opportunity for the program to take corrective action following a site visit;

(c) After a period of 12 months during which no classes were taught;

(d) For failure to meet Board standards;

(e) Change of ownership;

(f) Notification that the Primary Instructor is leaving the facility.

(7) The Board may consider reinstatement of approval of a nursing assistant training program upon submission of satisfactory evidence that the program meets the Board standards unless the program has been closed for reasons stated in OAR 851-060-0066 (1)(a) through (h).

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 4-1992(Temp), f. & cert. ef. 4-2-92; NB 9-1992, f. & cert. ef. 9-16-92; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0070

Training Director and Faculty Standards

(1) The Training Program Director shall:

(a) Hold a current, unencumbered license to practice as a registered nurse in Oregon; and

(b) Have three years of nursing experience, to include:

(A) Two years of working with the clientele for which the

students will provide care; and

(B) One of the following:

- (i) One year of experience on a nursing faculty; or
- (ii) One year of experience in staff development; or
- (iii) Evidence of academic preparation for teaching adults; or
- (iv) Evidence of equivalent experience.

(2) The director's responsibilities include but are not limited

to:

(a) Securing and supervising qualified instructors as specified in section (4) of this rule;

(b) Coordinating classroom and clinical sites and activities;

(c) Supervising the curriculum; and

(d) Evaluating and supervising students and instructors.

(3) The Director shall submit program data biennially and upon request of the Board on forms provided by the Board.

(4) Primary Instructor shall have:

(a) A current, unencumbered license to practice as a registered nurse in Oregon; and

(b) Two years experience as a registered nurse; and

(c) One year of experience working with the clientele for which the nursing assistant will be providing care; and

(d) Evidence of academic preparation for teaching adults; or

(e) Evidence of equivalent experience.

(5) The Director and/or the Primary Instructor may use other licensed nursing personnel or other licensed health care professionals as trainers for a specific portion of the basic nursing assistant training.

(6) The Director of Nursing Service in a long term care facility is prohibited from teaching CNA classes but may provide oversight and direction for CNA classes.

(7) A Board approved Primary Instructor or assistant instructor must be on the premises at all times during scheduled clinical hours.

(8) The Primary Instructor shall be present in the classroom at least 75% of the time that classes are being taught.

(9) It is the intent of the Board that nursing assistant classes be offered in an environment that encourages student and instructor interaction.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NER 38, f. 11-1-77, ef. 1-1-78; NER 1-1978, f. & ef. 2-24-78; NER 4-1986, f. & ef. 10-14-86; NB 3-1988, f. & cert. ef. 7-51-88; NB 6-1990(Temp), f. & cert. ef. 5-24-90; NB 10-1990, f. & cert. ef. 10-12-90; Renumbered from 851-20-111; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0075 [Renumbered to 851-060-0050]

Standards for Program Approval: Clinical 851-060-0076 Experience Requirements

(1) The instructor to student ratio must be no more than 1:10 at all times during the clinical experience:

(a) A student nursing assistant may be on a unit, floor or wing of a facility only if accompanied by a currently certified CNA, or a designated instructor;

(b) A student nursing assistant may perform only those skills on which the student has been assessed by the instructor and has received a passing grade;

(c) The Program Director is responsible for adequate clinical experiences for the student nursing assistant.

(2) Clinical experiences must be planned and scheduled according to the course curriculum:

(a) Each student nursing assistant must have a planned clinical experience:

(A) Student nursing assistants are to be identified as students at all times during the student clinical experience;

(B) Student nursing assistants are to be treated as students at all times during the student clinical experience;

(C) Student nursing assistants must not be counted as staff or utilized as staff during the hours that are scheduled for student clinical experience.

(b) Each clinical experience must have a prepared schedule before students begin their clinical experience. The schedule must be on file with:

(A) The facility Director of Nursing;

(B) The clinical instructor;

(C) The student nursing assistant; and

(D) The Board of Nursing.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 4-1995, f. & cert. ef. 5-8-95

851-060-0080

Standards for Nursing Assistant Program Records

(1) Nursing assistant training programs shall maintain program files that are available for a period of seven years. These files shall include:

(a) Faculty name and qualifications;

(b) Curriculum used;

(c) Course schedule;

(d) Classroom and supervised clinical hours;

(e) Evaluation tools for student performance, both classroom and clinical;

(f) Teaching methodology; and

(g) Documentation of Board approval and reapproval.

(2) Nursing assistant training programs shall maintain student records that are available for review for a period of seven years. These records shall include:

(a) Date of enrollment;

(b) Student progress record;

(c) Skills check list;

(d) Attendance record;

(e) Examination scores;

(f) Date of completion;

(g) Copy of certificate issued to student;

(h) Date the student was employed (if applicable).

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 6-1990(Temp), f. & cert. ef. 5-24-90; NB 10-1990, f. & cert. ef. 10-12-90; Renumbered from 851-20-111; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0085

Certification Process

(1) A graduate of an approved nursing assistant training program shall be awarded a certificate of completion upon successful completion of the required training. The certificate is to be printed on one side of an 8-1/2 by 11 inch piece of paper and is to include:

(a) Name of the individual;

(b) Social security number;

(c) Date of birth;

(d) Name of the training program;

(e) Number of classroom hours;

(f) Number of clinical hours;

(g) Date the training program was approved and reapproved by the Board;

(h) Signature of Program Director or Primary Instructor; and

(i) Date of completion.

(2) Successful completion of, or graduation from, an approved training program does not imply State Certification. An individual may be identified as a Certified Nursing Assistant only after:

(a) Successful completion of a Board approved nursing assistant training program;

(b) Satisfactory completion of the Board administered competency examination; and

(c) Entry on the Oregon Nursing Assistant Registry.

(3) A graduate of a community college based approved nursing assistant training program may receive, upon successful completion of the required training, a transcript in lieu of a certificate of completion.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 6-1990(Temp), f. & cert. ef. 5-24-90; NB 10-1990, f. & cert. ef. 10-12-90; Renumbered from 851-20-111; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0090

Program Review and Site Assessment

All approved training programs shall:

(1) Receive a site visit by Board staff at least once every two years;

(2) Submit an interim self assessment during the intervening year on forms provided by the Board; and

(3) Show evidence of records maintained as described in OAR 851-060-0080.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 6-1990(Temp), f. & cert. ef. 5-24-90; NB 10-1990, f. & cert. ef. 10-12-90; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0095

Eligibility for Oregon CNA Certification

(1) Certification by Examination:

(a) Health care professionals from outside of the United States shall be eligible to take the Board administered competency examination by submitting:

(A) Evidence of training equal in content to the basic nursing assistant training program;

(B) Evidence of English language skills, both written and oral, at a level that enables them to perform the duties of a nursing assistant;

(C) Application for examination provided by the Board; and

(D) Fee(s) as specified in OAR 851-050-0300.

(b) United States military trained corpsman or medics who have training that is equal in content to the Board-approved curriculum for nursing assistants shall be eligible to take the Board-administered competency examination by submitting:

(A) Application for examination provided by the Board;

(B) Evidence of successful completion, within the last ten years, of military training as a medic or corpsman;

(C) Evidence of employment in health care in the last four years; and

(D) Fee(s) as specified in OAR 851-050-0300.

(c) Nursing assistants who provide documentation of training in another state may apply for certification by examination by submitting:

(A) Application for examination provided by the Board;

(B) A copy of a certificate of training as a nursing assistant:

(i) Training must have been completed within the last four years;

(ii) Training must have been at least 75 hours in length; and

(iii) Training must meet the federal requirements.

(C) Evidence of employment as a nursing assistant within the last four years;

(D) Fee(s) as specified in OAR 851-060-0300;

(E) Evidence of employment as a CNA in the last 2 years.

(2) Certification Without Examination:

(a) Nursing assistants who provide documentation of current certification from another state may be issued an Oregon certificate by Endorsement upon receipt of verification from the certifying state. The applicant for interstate endorsement shall submit:

(A) An application provided by the Board;

(B) A copy of a certificate of training as a nursing assistant;

(C) The required fee according to OAR 851-060-0300; and

(D) A satisfactory endorsement record from the state where the applicant is currently certified as having met federal requirements under OBRA 1987 shall be sent directly to the Board;

(E) Evidence of employment as a CNA in the last two years.

(b) Nursing students currently enrolled in Board approved nursing education programs who desire certification as a nursing assistant without completing the competency examination shall submit the following:

(A) An application for CNA certification for student nurses;

(B) A copy of transcripts showing current enrollment; or

(C) Verification from the nursing program director indicating successful completion of course work that is equal in content to the Board-approved curriculum for nursing assistants and successful completion of clinical experience associated with the courses; and

(D) Appropriate fee(s) according to OAR 851-060-0300.

(c) RNs and LPNs or licensed vocational nurses who hold

current unencumbered licenses and who desire certification as a nursing assistant without completing the competency examination shall submit the following:

(A) Application for certification as a nursing assistant for registered nurses and licensed practical nurses;

(B) A copy of a current unencumbered nursing license; and

(C) Fee(s) as specified in OAR 851-050-0300.

(d) Registered nurses and licensed practical or vocational nurses who have had disciplinary action taken against their license who desire certification as a nursing assistant will be considered on an individual basis. Certification will be denied on the following grounds:

(A) The license was encumbered due to substance abuse or diversion; or

(B) The license was encumbered due to patient abuse or neglect.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 9-1990, f. & cert. ef. 10-9-90; NB 4-1995, f. & cert. ef. 5-8-95; Renumbered from 851-60-320

851-060-0105

Classroom Standards for Nursing Assistant Programs

(1) The ratio of students per instructor shall be such that each trainee is provided with registered nurse assistance and supervision and be no more than 20 students per instructor for classroom and no more than ten students per instructor for clinical experiences.

(2) Students may not be counted as staff members during training.

(3) Training classrooms must be large enough to meet the students' and instructor's basic needs and shall have:

(a) Temperature controls;

(b) Clean environment;

(c) Safe conditions;

(d) Functional lighting; and

(e) Needed A-V equipment or modules.

Stat. Auth.: ORS Ch. 678

Stats. Implemented: ORS

Hist.: NB 6-1990(Temp), f. & cert. ef. 5-24-90; NB 10-1990, f. & cert. ef. 10-12-90

851-060-0110

Standards for Curriculum to Offer a Basic Nursing Assistant Training Program

(1) The Basic Nursing Assistant Training program shall consist of the following required hours of classroom and clinical instruction:

(a) From January 1, 1991 until June 30, 1997 the Basic Nursing Assistant Training program shall consist of no less than 120 hours of instruction divided into 70 hours of classroom instruction and 50 hours of supervised clinical instruction;

(b) Effective July 1, 1997, the Basic Nursing Assistant Training program shall consist of no less than 125 hours of instruction divided into 75 hours of classroom instruction and 50 hours of supervised clinical instruction. The additional classroom hours shall include the material specified in section (2), (3) and (4) of this rule;

(c) Effective July 1, 1998 the Basic Nursing Assistant Training program shall consist of no less than 135 hours of instruction divided into 75 hours of classroom instruction and 60 hours of supervised clinical instruction;

(d) Effective July 1, 1999 the Basic Nursing Assistant Training program shall consist of no less than 150 hours of instruction divided into 75 hours of classroom instruction and 75 hours of supervised clinical instruction.

(2) Effective July 1, 1997 the required curriculum must augment/emphasize the following content:

(a) Handwashing, the importance of;

(b) Communicable and infectious diseases;

(c) Safety concepts for all ages and settings to include:

(A) Occupational Safety and Health Administration (OSHA) standards; and

- (B) Handling and disposal of hazardous wastes.
- (d) Assistive devices for all ages to include devices for:
 - (A) Transferring;
 - (B) Ambulating;
 - (C) Eating; and
 - (D) Dressing.

(e) Basic anatomy and physiological changes across the life span;

(f) Recognizing abnormal signs and symptoms of disease processes across the life span;

(g) Social and emotional responses across the life span;

(h) Deviations in patient conditions that must be reported immediately.

(3) Effective July 1, 1997 the following material is added to the required curriculum:

(a) State licensure and certification requirements;

(b) State survey processes;

(c) Reporting requirements;

(d) Working with others;

(e) Working in settings where there is not an RN regularly scheduled;

(f) Working with other health care workers and their roles;

(g) Who a CNA can accept direction from:

(A) RN;

(B) LPN;

(C) Nurse Practitioner; and

(D) Other licensed health care professional.

(h) Advanced directives;

(i) Overview of working with patients who have tubes and machinery.

(4) Effective July 1, 1997, current adult CPR certification is required as a condition of completion from a Board-approved Basic Nursing Assistant Training program.

(a) CPR certification to meet this standard must be obtained from:

(A) The American Heart Association; or

(B) The American Red Cross; or

(C) Other Board-approved CPR certification program.

(b) CPR certification may be:

(A) A condition of admission into the Basic Nursing Assistant Training Program; or

(B) A condition of completion of the Basic Nursing Assistant Training program; or

(C) Part of the curriculum of the Basic Nursing Assistant Training program;

(c) CPR certification recordkeeping;

(A) The Basic Nursing Assistant Training Program must determine that each student who completes the program has current CPR certification;

(B) The Basic Nursing Assistant Training Program must keep this information as part of the individual student records.

(5) From January 1, 1991 until June 30, 1997 at least 30 hours of instruction, in addition to facility orientation, shall precede students' care of patient/resident/clients. This 30 hours shall consist of a combination of classroom instruction with return student demonstrations of learned skills to determine comprehension and competency. The content of the first 30 hours is identified in subsections (6)(a) - (k) of this rule.

(6) Effective July 1, 1997 at least 40 hours of instruction, in addition to facility orientation, shall precede students' care of patient/resident/clients. This 40 hours shall consist of a combination of classroom instruction with return student demonstrations of learned skills to determine comprehension and competency. Content of the first 40 hours of the curriculum shall include, but not be limited to:

(a) The role of the Nursing Assistant as a member of a health care team:

(A) Responsibilities and limitations of the role;

(B) Legal aspects of working as a nursing assistant;

(C) Ethical practice and standards of behavior in the role;

(D) Attitudes and actions which promote successful performance in the role; and

(E) Personal grooming/health.

(b) Federal/State/Local Rules That Relate to Client Care;

(c) Goals for the facility, the nursing assistant and the client:

(A) Promoting client independence; and

(B) Maintaining a safe environment.

(d) Patient's Bill of Rights:

(A) Right to make Personal choices;

(B) Right to Assistance in grievance resolution;

(C) Right to Group and family activities;

(D) Right to Freedom from abuse, neglect, mistreatment; and

(E) Right to Proper use of restraints.

(e) Basic Communication Skills:

(A) Verbal/non-verbal communication;

(B) Confidentiality of communication; and

(C) Examples of appropriate/inappropriate communication.

(f) Employee and client safety:

(A) Body mechanics for nursing assistant/client;

(B) Positioning in bed/wheelchair;

(C) Turning;

(D) Lifting and moving clients;

(E) Avoiding and managing hazards in the work place;

(F) Preventing falls;

(G) Applying fire safety concepts;

(H) Preventing burns;

(I) Oxygen safety; and

(J) Transporting patients/residents/clients safely in wheelchair/gerichair/lifts.

(g) Introduction to Infection Control and Universal Precautions to Include:

(A) Handwashing;

(B) Caring for a client's environment;

(C) Handling of contaminated materials;

(D) Bedmaking/handling of linen;

(E) Client cleanliness and grooming;

(F) Infectious diseases;

(G) Acquired Immunodeficiency Disease Syndrome (AIDS);

and

(H) Hepatitis.

(h) Taking and recording vital signs;

(i) Measuring and recording height and weight;

(j) Assisting with eating and hydration;

(A) Feeding a client;

(B) Positioning for feeding;

(C) Feeding techniques;

(D) Importance of hydration;

(E) Heimlich maneuver; and

(F) Client's right to refuse nourishment.

(k) Reporting of client conditions/changes to:

(A) Charge Nurse/Supervisor; and/or

(B) Director of Nursing.

(7) Prior to being permitted to give direct patient care the nursing assistant student must successfully complete a skills check list. Each student must practice each skill on the Skills Check list prior to any clinical experience/resident contact.

(a) This practice must be:

(A) Under supervision of a Board-approved Instructor;

(B) In the skills lab on:

(i) a mannequin; or

(ii) a model; or

(iii) another student.

(b) The student must demonstrate proficiency in the following areas:

(A) Washing hands;

(B) Observing universal precautions;

(C) Handling linen;

(D) Feeding and positioning techniques; preventing aspiration;

(E) Measuring and recording intake and output;

(F) Making an unoccupied bed;

(G) Making an occupied bed;

(H) Assisting patient to ambulate;

(I) Using proper body mechanics for lifting and turning;

(J) Transferring patient to a chair;

(K) Transferring patient to a wheelchair;

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(L) Positioning/alignment techniques for patients in bed, chair and wheelchair;

(M) Communicating; and

(N) Heimlich maneuver.

(8) After completion of the above, the nursing assistant trainee may provide direct client care under the supervision of a licensed nurse as stated in OAR 851-060-0076(1) & (2). Trainees are to be identified as trainees/students at all times while in the clinical area. Nursing Assistant Trainees may only provide care to the level they have been taught and determined competent by the clinical instructor.

(9) The balance of the classroom and clinical hours needed for completion of the training requirements shall include:

(a) Legal responsibilities to incorporate the legal/ethical concepts in relation to self, health team members, patients, and families:

(b) Responsibility for reporting to facility management and/or the appropriate agency:

(A) Abuse;

(B) Mistreatment;

(C) Neglect

(D) Negligence;

(E) Battery;

(F) Assault;

(G) Libel; or

(H) Exploitation.

(c) Common daily needs and approaches - at the completion of this unit, the nursing assistant trainee will be able to care for and maintain a client's environment, know how to avoid environmental hazards and know the proper use of restraints:

(A) Environmental hazards; and

(B) Legal use of restraints:

(i) Physical; and

(ii) Chemical.

(d) Communication skills:

(A) Communicating with client's family and friends;

(B) Providing assistance in resolving grievances and disputes through proper channels;

(C) Socializing;

(D) Avoiding factors which block communication;

(E) Answering client's call signal;

(F) Communicating with the visually/hearing/ speech impaired;

(G) Communicating with the confused client; and

(H) Communicating with the angry and potentially violent patient/client/resident.

(e) Client's total plan of care as described in the nursing care plan;

(f) Admission/transfer/discharge procedures.

(g) Observation/reporting/recording:

(A) Attitudes and actions needed for making observations;

(B) Use of the senses to observe: see, feel, hear, smell, touch;

(C) Comparison to previous observations;

(D) Reporting observations; and

(E) Recording observations in common medical terminology using Board approved abbreviations and procedures:

(i) Chart/Flow sheet;

(ii) Penmanship;

(iii) Ink;

(iv) Error correction; and

(v) Signature and title.

(h) Recognizing abnormal signs and symptoms of common disease and conditions and reporting of same:

(A) Shortness of breath;

(B) Changes in breathing/rapid/decreased;

(C) Fever;

(D) Cough;

(E) Chills;

(F) Chest pain;

(G) Nausea/vomiting;

(H) Excessive thirst;

(I) Cyanosis/changes in skin color;

(J) Pus/drainage;

(K) Urine/sediment/color/odor/frequency/ burning;

(L) Pain/location/intensity/onset;

(M) Drowsiness/loss of consciousness;

(N) Behavioral changes;

(O) Dehydration;

(P) Edema;

(Q) Changes in appetite/eating habits.

(i) Food, oral fluids, balanced nutrition - upon completion of this unit the nursing assistant will understand why it is necessary to maintain nutrition and to provide adequate oral fluids:

(A) Basic food pyramid;

(B) Common therapeutic diets;

(C) Feeding techniques/assisting with eating and hydration;

(D) Intake and output measurement; and

(E) Choking prevention and/or Heimlich maneuver.

(j) Elimination - upon completion of this unit the nursing assistant will demonstrate knowledge of normal and abnormal bowel and bladder function:

(A) Client-specific bowel/toileting/assisting/ training/;

(B) Enema types and administration;

(C) Ostomy care;

(D) Catheter/peri-care;

(E) Recording; and

(F) Assisting with specimen collection.

(k) Infection Control:

(A) Hand washing;

(B) Infectious Diseases

(C) AIDS/Hepatitis; and

(D) Universal precautions.

(l) Personal care:

(A) Skin care;

(i) Preventing decubitus ulcers; and

(ii) Using antipressure devices;

(B) Bathing;

(C) Dressing;

(D) Shampooing;

(E) Shaving;

(F) Oral hygiene;

(G) Nail care.

(m) Importance of client-specific rest/sleep/ socialization/activity schedules;

(n) Sexuality;

(A) Sexual behaviors; and

(B) Acceptable nursing assistant response to behaviors.

(o) Social and emotional needs-upon completion of this unit the nursing assistant will be able to describe the aging process and the variations in physiological and emotional responses for each age level to include:

(A) Basic developmental tasks through the life cycle;

(B) Process of aging;

(C) Religious needs;

(D) Socialization; and

(E) Family involvement.

(p) Mental and cognitive functions - upon completion of this unit, the student will recognize the symptoms of cognitive impairment, and know techniques for addressing the needs and behaviors of the cognitively impaired.

(A) Symptoms of cognitive (mental) impairments expressed by changes in:

(i) Memory and orientation;

(ii) Recall;

(iii) Concentration;

(iv) Comprehension;

(v) Judgement;

(vi) Memory;

(vii) Reasoning; and

(viii) Social/physical performance.

(ix) Changes in the level of consciousness/ reporting.

(B) Symptoms of Alzheimers disease and related disorders:

(i) Depression/apathy/withdrawal;

(ii) Rummaging/pillaging/hoarding;

(iii) Wandering;

(iv) Suspiciousness;

- (v) Hallucinations;
- (vi) Catastrophic reactions;
- (vii) Sundowning;
- (viii) Aggression;
- (ix) Confusion;
- (x) Combative behavior;
- (xi) Sexual behavior;
- (xii) Stress reactions;
- (xiii) Psychosocial impairments;
- (xiv) Grief; and
- (xv) Hostility.
- (C) Symptoms of stroke; and
- (D) Symptoms of alcoholism.
- (q) Nursing Assistant responses to behaviors of the cognitively impaired:
 - (A) Techniques for addressing the needs and behaviors of the cognitively impaired:
 - (i) Reinforcing appropriate behaviors;
 - (ii) Eliminating inappropriate behaviors;
 - (iii) Allowing clients to make personal choices and maintain dignity;
 - (iv) Modifying own behavior;
 - (v) Responding appropriately to behavior.
 - (B) Reducing the effects of cognitive impairment:
 - (i) Orienting to Reality;
 - (ii) Nonthreatening approaches;
 - (iii) Acknowledging own feelings; and
 - (iv) Obtaining/requesting assistance from Licensed Nurses.
 - (r) Maslow's hierarchy of needs;
 - (s) Death and dying stages/care:
 - (A) Denial;
 - (B) Anger;
 - (C) Bargaining;
 - (D) Depression;
 - (E) Acceptance;
 - (F) Physical care of the dying client;
 - (G) Family involvement/support; and
 - (H) Post mortem care.
 - (t) Restorative/rehabilitation - upon completion of this unit the nursing assistant will be able to assist the client in self care according to the client's abilities.
 - (A) Changes of aging:
 - (i) Physiological (body);
 - (ii) Psychological (mind);
 - (B) Approaches to restoring independence.
 - (C) Measures for restorative care:
 - (i) Body alignment/positioning;
 - (ii) Range of motion (ROM);
 - (iii) Feeding programs/ADLs;
 - (iv) Bowel/bladder training;
 - (v) Ambulation;
 - (vi) Extremity elevation; and
 - (vii) Antiembolus stockings.
 - (D) Devices for restorative care:
 - (i) Prosthetic devices
 - (ii) Orthotic devices;
 - (iii) Foot board;
 - (iv) Self help devices;
 - (v) Pillows;
 - (vi) Hand rolls;
 - (vii) Eye glasses;
 - (viii) Hearing aids; and
 - (xi) Dentures.
 - (u) How to organize client care.
 - (v) Medical terminology - commonly accepted medical terminology.
- (10) Effective January 1, 1995, prior to completion of a Board-approved nursing assistant training program, a student must demonstrate competency by satisfactorily performing each of the following on an individual:
 - (a) Reading and recording temperature, pulse and respiration;
 - (b) Appropriate and safe techniques in personal hygiene and grooming that include:

- (A) Bed bath;
- (B) Sponge, tub or shower bath;
- (C) Nail and skin care;
- (D) Oral hygiene
- (E) Toileting and elimination.
- (c) Transfer techniques;
- (d) Ambulation; and
- (e) Normal range of motion and positioning.
- (11) Effective January 1, 1995, prior to the completion of a Board-approved nursing assistant training program, a student must demonstrate competency by satisfactorily performing each of the following:
 - (a) Observing, reporting, and documenting care provided;
 - (b) Maintaining a clean, healthy and safe environment;
 - (c) Following basic infection control procedures;
 - (d) Meeting the physical, emotional and developmental needs of populations of patients /residents/clients;
 - (e) Respecting the patient/resident/client and his/her property;
 - (f) Providing basic nutrition and fluid intake;
 - (g) Recognizing emergencies and knowing emergency procedures;
 - (h) Recognizing basic body functions and changes in body functions that must be reported to the aide's supervisor.
- (12) Completion of the training program for nursing assistants occurs when the trainee completes the required hours, demonstrates the competencies outlined in this rule and passes the program final examination with a score of at least 75%. The student is then eligible to take the Board administered competency examination for certification.

Stat. Auth: 678.150 & 678.440

Stats. Implemented: 678.440

Hist.: NER 38, f. 11-1-77, ef. 1-1-78; NER 44, f. 12-19-77, ef. 1-1-78; NER 1-1978, f. & ef. 2-24-78; NER 4-1986, f. & ef. 10-14-86; NB 6-1987, f. & ef. 9-17-87; NB 6-1990(Temp), f. & cert. ef. 5-24-90; NB 10-1990, f. & cert. ef. 10-12-90; Renumbered from 851-20-113; NB 4-1995, f. & cert. ef. 5-8-95; NB 6-1996, f. & cert. ef. 9-3-96

Competency Evaluation Program for Nursing Assistants

851-060-0200

Competency Examination for Nursing Assistants

The competency examination consists of a written examination and a manual skills demonstration. The examination is administered in English.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 9-1990, f. & cert. ef. 10-9-90; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0210 [Renumbered to 851-060-0005]

851-060-0230

Eligibility for the Competency Examination

(1) To be eligible to take the competency examination an individual must show evidence of one of the following:

- (a) Successful completion of a Board-approved training program for nursing assistants, within the last four years; or
- (b) Successful completion of an approved nurse aide training program in another state; or
- (c) Persons with military training as a corpsman or medic:
 - (A) Completion within the last ten years of a training course as a military corpsman or medic, when such training is equal in content to Board-approved curriculum for nursing assistants; and
 - (B) Evidence of employment in this capacity within the last four (4) years.
- (d) Health Care Professionals from outside of the United States must show:
 - (A) Completion within the last ten years of training as a health care professional outside of the United States, that is equal in content to Board-approved curriculum for nursing assistants;
 - (B) Evidence of employment in health care in the last four (4) years.

(2) Applicants who were trained as described in subsections (1)(a)(b)(c) and (d) of this rule shall submit proof of training in the form of an official transcript or certificate and curriculum outline. If the document is in a language other than English, the applicant must also supply a translated copy of the document that is certified as true and correct.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 9-1990, f. & cert. ef. 10-9-90; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0240

Application For Competency Examination

Prior to the published deadline for application the applicant must:

(1) Submit application, required documentation and fee(s).

(2) Attach a copy of a certificate of completion from a Board-approved nursing assistant training program.

(3) Pay the Examination fee specified in OAR 851-060-0300:

(a) Fees paid to the Board are nonrefundable;

(b) Fees described in OAR 851-060-0300 must be paid in the manner established by Board office policy;

(c) Long term care facilities that accept Medicare and Medicaid patients are required to pay the competency examination fee for nursing assistants employed at the facility:

(A) For nursing assistant employed at the time of application for the examination the long term care facility must pay the examination fee;

(B) For individuals who paid the examination fee and were subsequently hired at a long term care facility as a nursing assistant within 12 months of date of certification, that long term care facility must reimburse the individual for the cost of examination.

(4) Be able to perform nursing assistant duties safely, without risk to their own health and safety or to the health and safety of others:

(a) Applicants who have been ill or have had a prescription, from a health care provider, for temporary restriction of activities must present a prescription for full return to normal activity prior to taking the exam;

(b) Applicants with qualifying disabilities, who require accommodation at the test site, must:

(A) Submit a Request for Accommodation form at the time of application for the exam; and

(B) May be required to submit documentation to support the request.

(5) The Board believes that nursing assistants must have sufficient English proficiency to understand simple directions, pass the competency examination and communicate with patients/residents/clients, with supervisors and coworkers:

(a) Dictionaries, English and foreign language, are prohibited at the test site;

(b) Except as noted in subsection (5)(c) of this section. Translators are prohibited at the test site. This includes individuals who perform translation services or activities, written materials or documents used for translating one language to another and electronic devices used for translation purposes;

(c) Sign language translation for the hearing impaired is permitted.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 9-1990, f. & cert. ef. 10-9-90; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0260

Certification by Interstate Endorsement

(1) Nursing assistants who are currently certified in another state and wish to be certified in Oregon are eligible to apply for interstate endorsement by:

(a) Providing documentation of current certification and listing on the Nurse Aide Registry in another state: This documentation must be sent directly to the Board by the other state agency;

(b) Applying to the Board on the appropriate form;

(c) Submitting the fee specified in OAR 851-060-0300.

(2) Applicants must complete this process within four months of the date the application is received in the Board office.

(3) Applicants are eligible for employment as a nursing assistant during the application process, providing the application has been received at the Board office:

(a) Applicants will be issued a CNA certificate when the endorsement process is satisfactorily completed;

(b) Employment eligibility ends if the endorsement process is not completed within four months.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 9-1990, f. & cert. ef. 10-9-90; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0280

Reexamination

(1) Applicants who fail the Competency Examination and wish to retake the competency examination shall:

(a) Submit to the Board the letter received from the Board notifying them of the previously failed Competency Examination; and

(b) Submit the appropriate fee(s).

(2) Applicants who fail the competency examination three times must complete another Board-approved training program for nursing assistants prior to reexamination.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 9-1990, f. & cert. ef. 10-9-90; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0300

Fee Schedule

Nursing Assistant Schedule of Fees effective February 16, 1993:

(1) Initial certification by competency evaluation, \$40:

(a) Application fee, \$15;

(b) Testing service fee, \$25.

(2) Certification by endorsement, \$15.

(3) Repeat manual skills competency evaluation, \$20.

(4) Repeat written competency evaluation, \$25.

(5) Oral administration of written exam, \$35.

(6) Written interstate verification of certification, \$10.

(7) Duplicate certificate, \$10.

(8) Additional training certificate update, \$10.

(9) Biennial certificate renewal, \$20.

(10) CNA certification for RN or LPN, \$20.

(11) CNA certification for student nurses, \$20.

(12) Initial approval CNA training program, \$100.

(13) Approval of revised CNA training program, \$75.

(14) Biennial reapproval of CNA training program, \$50.

(15) CNA instructor approval, \$10.

(16) Initial approval Program Director, \$25.

(17) Initial approval of CMA training program, \$100.

(18) Approval of revised CMA training program, \$75.

(19) CMA instructor approval, \$10.

(20) Biennial reapproval of CMA training program, \$50.

(21) Medication administration examination (effective June 1, 1994), \$50.

Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445

Stats. Implemented: ORS

Hist.: NB 9-1989(Temp), f. & cert. ef. 11-24-89; NB 5-1990, f. & cert. ef. 5-7-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 9-1990, f. & cert. ef. 10-9-90; NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 3-1992, f. & cert. ef. 2-13-92; NB 12-1992, f. 12-15-92, cert. ef. 1-1-93; NB 2-1993, f. 2-8-93, cert. ef. 2-16-93; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94

851-060-0320 [Renumbered to 851-060-0095]

851-060-0500

Grounds for Discipline of Nursing Assistants

Causes for denial, reprimand, suspension or revocation of certificate. In the manner prescribed in ORS 183.310 to 183.550

for a contested case: The Board may deny, suspend, place on probation or revoke any State Certificate to perform duties as a nursing assistant or issue a reprimand to a certified nursing assistant for the following causes:

(1) Conviction of the nursing assistant of crime where such crime bears demonstrable relationship to the duties of a nursing assistant;

(2) Any wilful fraud or misrepresentation in applying for or procuring a certificate or renewal thereof;

(3) Use of any controlled substance or intoxicating liquor to an extent or in a manner injurious to the certificate holder or others or to an extent that such use impairs the ability to conduct safely the duties of a nursing assistant;

(4) Violation of any provision of ORS 678.010 to 678.445 or rules adopted thereunder;

(5) Physical or mental condition that makes the certificate holder unable to perform the duties of a nursing assistant;

(6) Conduct unbecoming a nursing assistant in the performance of duties.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 4-1990(Temp), f. & cert. ef. 4-20-90; NB 8-1990, f. & cert. ef. 10-8-90; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0510

Conduct Unbecoming a Nursing Assistant in the Performance of Duties

It is Conduct Unbecoming a Nursing Assistant in the Performance of Duties when a Nursing Assistant:

(1) Leaves a nursing assistant assignment without properly notifying appropriate supervisory personnel;

(2) Fails to report to proper authorities facts known regarding incompetent, unethical or illegal practice of any health care provider;

(3) Fails to respect patient/resident/client rights and dignity regardless of social or economic status, personal attributes or nature of health problems or disability;

(4) Fails to report actual or suspected incidents of patient/resident/client abuse;

(5) Aids, abets, or assists an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of health care providers;

(6) Violates the rights of privacy, confidentiality of information or knowledge concerning the patient/resident/client, unless required by law to disclose such information;

(7) Discriminates against a patient/resident/client on the basis of age, race, religion, sex, sexual preference, national origin or disability;

(8) Engages in sexual misconduct;

(9) Provides, sells, applies for or attempts to procure a certificate by wilful fraud or misrepresentation;

(10) Uses intoxicants, prescription, over the counter or controlled drugs to an extent or in a manner injurious to the nursing assistant or others or to the extent that such use impairs the ability to conduct safely the duties of a nursing assistant;

(11) Unlawfully possesses, obtains, attempts to obtain, sells or furnishes controlled substances;

(12) Neglects or abuses a patient/resident/client physically, verbally or emotionally;

(13) Fails to competently perform duties of a nursing assistant;

(14) Has a physical or mental condition that makes the nursing assistant unable to perform safely the duties of a nursing assistant;

(15) Solicits, borrows or removes property or money from the patient/resident/client or their family;

(16) Removes or attempts to remove drugs, supplies, property, or money from the workplace without authorization;

(17) Performs acts beyond the authorized scope or the level for which the individual is certified;

(18) Fails to communicate information regarding patient/resident/client's status to the appropriate individuals in an ongoing and timely manner;

(19) Falsifies, alters or destroys client or agency records;

(20) Fails to keep accurate or complete records related to patient/resident/client or agency records;

(21) Fails to fully cooperate with the Board during the course of an investigation, including but not limited to waiver of confidentiality privileges, except client-attorney privileges;

(22) Fails to answer truthfully and completely any question asked by the Board;

(23) Fails to provide the Board with any documents requested by the Board;

(24) Functions as a medication assistant without current certification as a medication assistant;

(25) Alters a certificate of completion of training and/or nursing assistant certification issued by the Board;

(26) Fails to maintain client records in a timely manner which accurately reflect management of care;

(27) Assumes duties and responsibilities of a nursing assistant without nursing assistant training or when competency has not been established or maintained;

(28) Discloses contents of the nursing assistant competency examination;

(29) Uses the position of a nursing assistant to threaten, harass or otherwise exploit for the nursing assistant's personal gain;

(30) Violent, abusive or threatening behavior towards a coworker which either occurs in the presence of clients/patients/residents or otherwise relates to delivery of safe care.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 4-1990(Temp), f. & cert. ef. 4-20-90; NB 8-1990, f. & cert. ef. 10-8-90; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0520

Causes for Discipline For Certified Medication Aides

Certified Medication Aides are subject to discipline as CNAs as described in OAR 851-060-0500 and 851-060-0510. In addition, CMAs are subject to discipline for conduct unbecoming a medication aide. It is conduct unbecoming a medical aide when an individual:

(1) Alters/falsifies medication administration record.

(2) Alters/falsifies CNA or CMA certificate.

(3) Diverts drugs for use by self or others.

(4) Accepts a verbal order from a physician.

(5) Accepts a telephone order from a physician.

(6) Performs acts which are prohibited by statutes or regulations.

(7) Acts as a clinical preceptor for a Medication Aide student(s).

(8) Works as a CMA without CMA Certification except as provided for in OAR 851-060-0610(5).

(9) Performs patient care tasks other than authorized or taught in an Oregon Medication Aide Training Program.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 14-1993, f. 12-27-93, cert. ef. 6-1-94; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0530

Criminal Conviction History/Falsification of Application — Denial of Certification

(1) As of the effective date of this rule, the Board will issue a Notice to Deny Certification to an applicant for certification or for recertification as a nursing assistant, following the provisions of the Administrative Procedure Act in contested case hearings, to persons who have been convicted as an adult, or found responsible except for mental illness, or adjudicated as a juvenile for the following crimes as set forth in Oregon law or comparable law in other jurisdictions:

(a) Aggravated murder, as in ORS 163.095 and 163.115;

(b) First Degree Manslaughter, as in ORS 163.118;

(c) Second Degree Manslaughter, as in ORS 163.125;

(d) First Degree Assault, as in ORS 163.185;

(e) Second Degree Assault, as in ORS 163.175;

- (f) First Degree Criminal Mistreatment, as in ORS 163.205;
- (g) Second Degree Criminal Mistreatment, as in ORS 163.200;
- (h) First Degree Kidnapping, as in ORS 163.235;
- (i) First Degree Rape, as in ORS 163.375;
- (j) Second Degree Rape, as in ORS 163.365;
- (k) Third Degree Rape, as in ORS 163.355;
- (l) First Degree Sodomy, as in ORS 163.405;
- (m) Second Degree Sodomy, as in ORS 163.395;
- (n) Third Degree Sodomy, as in ORS 163.385;
- (o) First Degree Unlawful Sexual Penetration, as in ORS 163.411;
- (p) Second degree Unlawful Sexual Penetration, as in ORS 163.408;
- (q) First Degree Sexual Abuse, as in ORS 163.427;
- (r) Second Degree Sexual Abuse, as in ORS 163.425;
- (s) Contributing to the Sexual Delinquency of a Minor, as in ORS 163.435;
- (t) Sexual Misconduct, as in ORS 163.445;
- (u) Child Abandonment, as in ORS 165.535.

(2) Any individual who applies for certification as a nursing assistant from the effective date of these rules, who has a history of arrests and convictions over an extended period of time, will be issued a Notice to Deny Certification following the provisions of the Administrative Procedure Act in contested case hearings.

(3) All other applicants with conviction histories, other than those listed above, including crimes which are drug and alcohol related, will be considered on an individual basis. The following factors will be considered by the Board:

- (a) Evidence of rehabilitation;
- (b) The length of time since the conviction to the time of application for certification as a nursing assistant;
- (c) The circumstances surrounding the commission of the crime which demonstrate that a repeat offense is not likely; and
- (d) Character references.

(4) As of the effective date of these rules, any individual who applies for certification as a nursing assistant, and supplies false or incomplete information to the Board on an application for certification regarding the individual's criminal conviction record, will be issued a Notice to Deny Certification under the provisions of the Administrative Procedure Act in contested case hearings.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 4-1995, f. & cert. ef. 5-8-95

Certified Medication Aides

851-060-0600

Statement of Purpose and Intent

(1) The purpose of these rules is to describe standards for Certified Medication Aides, Medication Aide students and Medication Aide Training Programs.

(2) It is the Board's intent that the curriculum and standards prescribed for Certified Nursing Assistants able to administer noninjectable medications adopted by the Board in 1988 remain in effect until the effective date of these rules.

(3) CMAs certified prior to June 1, 1994 and currently working as CMAs must, by December 31, 1994, have CMA added to their Certified Nursing Assistant (CNA) Certificate by submitting to the Board:

- (a) Completed application form;
- (b) Fee specified in OAR 851-060-0300;
- (c) Current original wallet sized CNA Certificate;
- (d) Documentation of successful completion of a Board approved Medication Aide Training Program.

Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445

Stats. Implemented: ORS

Hist.: NB 15-1993, f. 12-27-93, cert. ef. 6-1-94

851-060-0610

Medication Aide Training Requirements

As of June 1, 1994, any institution, agency, group or individual desiring to conduct a Medication Aide Training Program

for CNAs shall submit satisfactory evidence that the curriculum and standards prescribed by the Board are met.

(1) Medication Aide Training Programs may be offered by any person who meets the qualifications for training director, conforms to applicable state and federal regulations, and teaches a program approved by the Board. Any person denied approval may petition the Board.

(2) Board approved Medication Aide training programs may be taught only to CNAs Certified in Oregon.

(3) All Medication Aide Training Programs must be approved by the Board.

(4) Medication Aide Training Programs are required to provide a clinical experience for students as part of the training program.

(5) Medication Aide Certification is required before a Certified Nursing Assistant is able to administer medications or function as a Certified Medication Aide (CMA). The exceptions to this are student medication aides and graduates of Medication Aide Training Programs awaiting the Board-administered medication examination. These individuals:

(a) May work as CMAs for up to four months pending the completion of the Board-administered medication examination;

(b) Shall take the Board-administered medication examination at the first opportunity.

Stat. Auth.: ORS Ch. 678

Stats. Implemented: ORS

Hist.: NER 38, f. 11-1-77, ef. 1-1-79; NER 45(Temp), f. 12-19-77, ef. 1-1-78; NER 1-1978, f. & ef. 2-24-78; NER 4-1986, f. & ef. 10-14-86; NB 3-1988, f. & cert. ef. 7-5-88; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; Renumbered from 851-20-122

851-060-0620

Requirements for Students

Students entering a Medication Aide Training Program shall:

(1) Be CNA Certified in Oregon.

(2) Be on the CNA Registry for nine months prior to the first day of the Medication Aide Training Program. The date of issue on the CNA Certification card issued by the Board shall be the date used to determine eligibility for entry into a Medication Aide Training Program.

(3) Provide documentation of at least nine months full time experience or the equivalent in part time experience as a CNA in the last five years.

Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445

Stats. Implemented: ORS

Hist.: NB 15-1993, f. 12-27-93, cert. ef. 6-1-94

851-060-0630

Eligibility for CMA Certification

(1) CNAs may become CMAs by:

(a) Successfully completing a Board approved Medication Aide Training Program;

(b) Applying to the Board for examination and certification; and

(c) Passing the Board-administered medication examination.

(2) RNs and LPNs who have current unencumbered licenses to practice nursing in Oregon may become CMAs by:

(a) Applying for and obtaining CNA Certification;

(b) Applying to the Board for examination;

(c) Passing the Board-administered medication examination;

(d) RNs and LPNs are exempt from the requirement to:

(A) Complete a Medication Aide Training Program;

(B) Have nine months experience as a nursing assistant.

(3) Student nurses who are currently enrolled in a Board-approved school of nursing may become CMAs by:

(a) Applying to the Board for certification as a CNA;

(b) Showing satisfactory evidence of completion of three terms of nursing school, each of which must have included a clinical nursing component. The three terms combined must have included the required CMA curriculum content:

(A) Required course content includes:

(i) Basic clinical skills;

(ii) Basic pharmacology;

- (iii) Principles of medication administration;
- (iv) Math competency.
- (B) The following will be considered satisfactory evidence of meeting the requirements in section (3) of this rule:
 - (i) College transcript(s);
 - (ii) Completed skills checklists showing satisfactory laboratory and clinical performance, signed by a clinical instructor;
 - (iii) A letter from the school of nursing verifying the course content as required in subparagraphs (3)(b)(A)(i), (ii), (iii), and (iv) of this rule.

- (c) Passing the Board-administered medication examination;
- (d) Student nurses are exempt from the requirement to:
 - (A) Complete a Medication Aide Training Program;
 - (B) Have nine months experience as a Certified Nursing Assistant.

(4) CMAs whose Medication Aide Training Program was in another state shall:

- (a) Apply for an obtain Oregon CNA Certification;
- (b) Have been on a CNA Registry for nine months;
- (c) Submit evidence of successful completion of a Medication Aide Training Program equal in content to the Board-approved medication aide curriculum;
- (d) Successfully complete the Board-administered examination.

(5) Persons with military medical training who wish to become CMAs shall:

- (a) Apply for and obtain Oregon CNA Certification;
- (b) Submit evidence of training that is equal in content to the Board-approved medication aide curriculum;
- (c) Successfully complete the Board-administered medication examination;

(d) Persons with military medical training are exempt from the requirement for nine months experience as a CNA.

(6) Persons with previous medication aide training who have not performed CMA duties within the last two years shall:

- (a) Meet the requirement to have been on the CNA Registry for the previous nine months;
- (b) Become CMA certified by:
 - (A) Making application to the Board;
 - (B) Successfully completing the Board-administered medication examination.
- (c) Upon successful completion of the examination the individual will be issued CMA Certification;
- (d) May take the exam a maximum of three times.

Individuals who fail the exam may no longer work as CMAs until they pass the exam. Individuals who fail the exam three times are required to complete another Board-approved Medication Aide Training Program prior to retaking the Board-administered medication examination.

(7) Employers are required to verify CMA Certification with the Board prior to hiring a CMA and are required to verify continuing certification.

Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445

Stats. Implemented: ORS

Hist.: NB 15-1993, f. 12-27-93, cert. ef. 6-1-94

851-060-0640

Medication Aide Training Program

The Medication Aide Training Program shall consist of a minimum of 80 hours of instruction divided into at least 40 hours of classroom instruction and at least 40 hours of supervised clinical experience of which at least 20 hours must be in a long term care nursing facility.

(1) Course objectives shall be described in terms of outcome competencies and must include, but not be limited to, the following: The student shall:

- (a) Utilize the principles of safety in the administration of medication;
- (b) Define terms related to the administration of medications;
- (c) Correctly interpret abbreviations commonly used in administration of medications;
- (d) Demonstrate the ability to correctly calculate doses of

medications;

- (e) Keep accurate records;
- (f) Identify legal parameters of the CMA role.
- (2) The Medication Aide curriculum must include a skills lab demonstration which may, at the discretion of the Program Director and Primary Instructor, be included in either the classroom or the clinical hours.

(3) Medication Aide Students shall demonstrate satisfactory performance of medication administration as evidenced by satisfactory completion of laboratory skills and clinical skills check lists.

(4) The Training Program Director shall submit to the Board office the name of the facility or facilities where the students will have their supervised clinical experience. The list of facilities for each Medication Aide Training Program must be received in the Board office by the end of the first week of class.

(5) The supervised clinical experience portion of the Medication Aide Training Program shall:

(a) Begin with a ratio of one clinical preceptor to one medication aide student. Less intensive supervision may occur with satisfactory evaluation, approval of the clinical preceptor and primary instructor;

(b) Consist of a minimum of ten medication passes to a group(s) of at least five residents / patients during the first 20 hours of supervised clinical experience;

(c) Consist of a minimum of ten medication passes to a group(s) of at least ten residents / patients during the second 20 hours of supervised clinical experience.

(6) Medication Aide students who complete the classroom portion of the Medication Aide Training Program have three months from the completion of classroom instruction to successfully complete the clinical portion of the program. Failure to do so will render the individual ineligible to complete the clinical portion of the program.

(7) Medication Aide Training Program Directors are required to submit to the Board office, within two weeks of completion of a class, a list of students completing the Medication Aide Training Program. The list shall contain the name, date of birth and social security number of each student who successfully completes the class.

(8) All Medication Aide Training Programs shall receive a site visit by Board staff at least once every two years:

- (a) Site visits may be announced or unannounced;
- (b) Site visits will occur during a time that a class is scheduled;
- (c) Training program records must be available for review.

(9) The requirements for program records and student records outlined in OAR 851-060-0075 and 851-060-0080 also apply to Medication Aide Training Programs.

(10) Medication Aide Training Program Directors are required to notify the Board prior to the starting date and to submit a schedule for all classes.

(11) Medication Aide Training Program Directors shall be required to submit self evaluation reports on forms provided by the Board.

(12) Certificates of completion issued by Medication Aide Training Programs must meet the standards outlined in OAR 851-060-0005(3).

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NER 38, f. 11-1-77, ef. 1-1-78; NER 5-1978, f. & ef. 9-6-78; NER 4-1986, f. & ef. 10-14-86; NB 3-1988, f. & cert. ef. 7-5-88; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; Renumbered from 851-20-123; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0650

Curriculum

The Medication Aide Training Program shall include:

- (1) Drug concepts:
 - (a) Terminology and commonly used abbreviations;
 - (b) Classification of medications, including psychotropic medications;
 - (c) Generic and trade names;

- (d) Dosage range and action;
- (e) Side effects;
- (f) Medication routes;
- (g) References, sources of information.
- (2) Roles, responsibilities, legal aspects and limitations of CMA and licensed nurse:
 - (a) Scope of duties for CMA;
 - (b) Licensed nurse responsibilities in relationship to CMAs;
 - (c) Resident/patient rights, including the right to refuse medication;
 - (d) Drug laws;
 - (e) Permitted routes of medication administration as identified in OAR 851-060-0660(1)(a) - (i), (2)(a)(A) and (B), and (b)(A) and (B);
 - (f) Prohibited routes of medication administration as identified in OAR 851-060-0660(3), (5)(a) - (k), and (8);
 - (g) Prohibited types of medication as identified in OAR 851-060-0630(3), (6), and (8).
- (3) Math for calculating drug doses.
- (4) Methods of drug packaging:
 - (a) Unit dose;
 - (b) Stock.
- (5) Storage of medication.
- (6) Administering and charting medications:
 - (a) Preparation and administration of medications;
 - (b) Five rights:
 - (A) Right dose;
 - (B) Right medication;
 - (C) Right resident/patient;
 - (D) Right time;
 - (E) Right route.
 - (c) Use of Medication Administration Record (MAR) to:
 - (A) Verify MD orders;
 - (B) Administer medications;
 - (C) Documentation of medication administration.
 - (d) Medication errors and reporting techniques.
- (7) Basic pharmacology:
 - (a) Effect on body systems;
 - (b) Psychological and cultural effects.
- (8) Client characteristics.
- (9) Infection control:
 - (a) Universal precautions;
 - (b) Proper handling of infectious wastes;
 - (c) Emphasis on handwashing before and after patient contact, especially as related to route of administration.
- (10) Drug administration procedures and techniques.
Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445
Stats. Implemented: ORS
Hist.: NER 38, f. 11-1-77, ef. 1-1-78; NER 5-1978, f. & ef. 9-6-78; NER 4-1986, f. & ef. 10-14-86; NB 3-1988, f. & cert. ef. 7-5-88; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; Renumbered from 851-20-123

851-060-0660

Approved Routes of Medication Administration

- (1) Medication Aide students and Certified Medication Aides may administer medications by the following approved routes, which are to be included in the Medication Aide Training Program:
 - (a) Oral, PO, sublingual and buccal medications, including oral maintenance chemotherapy to stable patients/residents;
 - (b) Eye medications including eye medications for stable post operative eye patients who no longer require the use of an eye patch, unless it is a permanent eye patch;
 - (c) Ear medications;
 - (d) Nasal medications;
 - (e) Rectal medications and enemas;
 - (f) Vaginal medications;
 - (G) Ointments/skin/topical medications (including patches and transdermal medications);
 - (h) Medications administered by gastrostomy and jejunostomy tubes;
 - (i) Metered hand held inhalants.
- (2) Medication Aide students and CMAs may administer

PRN, as needed medications (including PO narcotics), according to physician's or nurse practitioner's orders in the following circumstances:

- (a) In response to specific patient requests:
 - (A) Patient request must be reported to licensed nurse;
 - (B) Patient response to medication must be reported to licensed nurse.
- (b) At the direction of the licensed nurse, when:
 - (A) A licensed nurse assesses the patient prior to administration of the PRN medication; and
 - (B) A licensed nurse assesses the patient following the administration of the PRN medication.
- (3) A CMA may *not* give narcotics or other PRN pain medications to residents who are unstable and experiencing acute pain during the postoperative or immediate postinjury phase even if a pre- and post-assessment is conducted by a licensed nurse. Once the resident is stable, the CMA may administer medication, including narcotics, in accordance with other provisions of OAR 851-060-0600 through 851-060-0720.
- (4) Medication Aide students and CMAs may:
 - (a) Administer regularly scheduled PO narcotics;
 - (b) May witness wasted narcotics with a licensed nurse;
 - (c) May count narcotics with a licensed nurse or another CMA.
- (5) Medication Aide students and CMAs may *not* administer medications by the following routes:
 - (a) Central lines;
 - (b) Colostomy;
 - (c) Intramuscular injection/IM;
 - (d) Intravenous medications/IV;
 - (e) Heparin Lock;
 - (f) Nasogastric tube/NG;
 - (g) Nonmetered inhaler;
 - (h) Subcutaneous/subcu/SC;
 - (i) Intradermal;
 - (j) Aerosol/Nebulizer;
 - (k) Urethral catheter.
- (6) Medication Aide students and CMAs may *not* administer the following kinds of medications:
 - (a) Barium and other diagnostic contrast media;
 - (b) Chemotherapeutic agents except as noted in subsection (1)(a) of this rule;
 - (c) Narcotics during the acute postinjury or postoperative period even if a pre- and post-assessment is conducted by a licensed nurse.
- (7) Medication Aide students and Certified Medication Aides may *not* perform tasks other than those identified in OAR 851-060-0600 and Division 60.
- (8) Medication Aide students and Certified Medication Aides may *not* administer medication by, or assume responsibility for, mechanical medication administration devices.
Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445
Stats. Implemented: ORS
Hist.: NB 15-1993, f. 12-27-93, cert. ef. 6-1-94

851-060-0670

Program Director Qualifications and Responsibilities

- (1) The Program Director for a Medication Aide Training Program shall:
 - (a) Hold a current, unencumbered license to practice as a Registered Nurse in Oregon;
 - (b) Have at least three years of experience as a Registered Nurse in the last five years, at least one year of which shall have been as a nurse educator, a primary instructor in a nursing assistant training program, or as a nurse administrator.
- (2) The Program Director for a Medication Aide Training Program shall:
 - (a) Establish and maintain a program that complies with all Board standards;
 - (b) Develop the curriculum;
 - (c) Approve course content;
 - (D) Obtain qualified instructors;
 - (e) Evaluate student performance, both classroom and

clinical, in conjunction with the primary instructor and clinical preceptor;

- (f) Approval clinical sites;
- (g) Assure that classroom space is conducive to learning;
- (h) Verify student eligibility;

(A) Verify that applicant is on the CNA Registry;

(B) Verify that applicant will have been on the CNA Registry for nine months by the time the Medication Aide Training Program begins unless the applicant is exempt from the nine month requirement by another provision of these rules;

(C) Verify that applicant meets the employment requirement for nine months full time work as a CNA in the last three years or the equivalent in part time work in the last five years unless the applicant is exempt from the employment requirement by another provision of these rules.

(i) Submit required information to the Board.

Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445

Stats. Implemented: ORS

Hist.: NB 15-1993, f. 12-27-93, cert. ef. 6-1-94

851-060-0680

Primary Instructor Qualifications and Responsibilities

(1) The Primary Instructor shall:

(a) Hold a current unencumbered license to practice as a Registered Nurse in Oregon;

(b) Have at least three years of nursing experience in the last five years:

(A) One year of the required three years experience as a Registered Nurse shall have been as a nurse educator, a primary instructor in a nursing assistant training program or as a nurse administrator;

(B) One year of the required three years experience shall be in working with the particular clientele or providing clinical instruction in a setting with the particular clientele with whom students will have their clinical experience.

(2) The Primary Instructor shall:

(a) Teach the course content required by the Board;

(b) Evaluate student competency in both the classroom and clinical settings;

(c) Procure oral or written approval from a facility prior to utilizing a facility employee as a clinical preceptor. The facility has the right to refuse such approval;

(d) Assure that each student's clinical experience includes administration of medications by all approved routes of administration and includes administration of a variety of medications;

(e) Supervise the clinical experience for all medication aide students. Clinical preceptors may be used as appropriate.

(3) The clinical preceptor shall:

(a) Be a nurse who holds a current unencumbered license to practice nursing in Oregon;

(b) Have the equivalent of one year full time experience as a licensed nurse and shall have worked at least the last six months in the facility where the student Medication Aide clinical experience will occur.

(4) Certified Medication Aides are prohibited from acting as clinical preceptors for Medication Aide students.

Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445

Stats. Implemented: ORS

Hist.: NB 15-1993, f. 12-27-93, cert. ef. 6-1-94

851-060-0690

Clinical Facility Requirements

Facilities used for Medication Aide student clinical experiences must be licensed under ORS Chapter 441 and be in compliance with all applicable federal and state standards. See OAR 851-060-0065(4).

Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445

Stats. Implemented: ORS

Hist.: NB 15-1993, f. 12-27-93, cert. ef. 6-1-94

851-060-0700

Medication Aide Examination Process

(1) The Medication Aide examination shall be administered

and evaluated only by the Board or by a Board approved entity.

(2) Examination sites and dates shall be determined by the Board.

(3) Persons who wish to take the Board-administered Medication Aide examination shall make application to the Board on a form provided by the Board:

(a) A completed application shall be received in the Board office at least four weeks in advance of the exam date;

(b) A completed application shall:

(A) Be submitted on a form supplied by the Board;

(B) Have an original signature;

(C) Be dated;

(D) Have all questions answered; and

(E) Have the appropriate fee attached.

(c) Applicants may take the exam a maximum of three times.

Individuals who fail the exam may no longer work as CMAs until they pass the exam. Individuals who fail the exam three times are required to complete another Board-approved Medication Aide Training Program prior to retaking the Board-administered medication aide examination as stated in OAR 851-060-0630(3)(c);

(d) Applicants must achieve a grade of at least 75 percent on the Board-administered medication examination. Individuals who fail to achieve a grade of at least 75 percent on the three tries are required to take another Board-approved Medication Aide Training Program and successfully complete the Board-administered medication aide examination.

Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445

Stats. Implemented: ORS

Hist.: NB 15-1993, f. 12-27-93, cert. ef. 6-1-94

851-060-0710

Program Approval and Withdrawal of Program Approval — Certified Medication Aides

(1) A Medication Aide Training Program shall be submitted for approval at least 30 days prior to the first day of class and shall be approved prior to the first day of class:

(a) The Program Director shall submit satisfactory evidence that the curriculum and standards prescribed by the Board are met;

(b) The Program Director, Primary Instructor and other instructors must meet all qualifications described in OAR 851-060-0670(1)(a) and (b) and 851-060-0680(1)(a), (b)(A) and (B), and (3)(a) and (b).

(2) Corrective Actions. In response to identified deficiencies the Board may:

(a) Make recommendations to the Program Director for course improvement;

(b) Require submission of particular forms, data or plan(s) of correction for the course;

(c) Delay approval for a program to hold another class until such recommendations are implemented or such data is submitted, reviewed and approved by the program evaluator.

(3) Withdrawal of Program Approval:

(a) Medication Aide Training Program approval shall be withdrawn following 24 consecutive months during which no class has been conducted;

(b) Medication Aide Training Program approval shall be withdrawn when the average failure rate for program graduates is 15 percent or greater over a two-year period;

(c) Medication Aide Training Program approval shall be withdrawn when a program cannot provide satisfactory evidence that the standards for Medication Aide Training Programs are consistently maintained.

(4) Reinstatement. Following withdrawal of program approval Medication Aide Training Programs may apply for reinstatement in the same manner as provided in section (1) of this rule.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; NB 4-1995, f. & cert. ef. 5-8-95

851-060-0720

Renewal and Continuing Education

(1) CMAs certified under these rules must renew certification according to OAR 851-060-0016.

(2) CMAs are required to participate in at least four hours of medication related inservice every year and are required to submit documentation of attendance with their application for Renewal of Certification.

Stat. Auth.: ORS 678.150(7)(i), 678.440(1) & (2) & 678.445

Stats. Implemented: ORS

Hist.: NB 15-1993, f. 12-27-93, cert. ef. 6-1-94

851-060-0800

Change of Name and Address of Record

(1) Change of name:

(a) CNAs shall keep their current name on file with the Board at all times;

(b) At the time of a name change the CNA shall send a signed, written notification of change of name to the Board, accompanied by legal proof of that name change. Legal proof shall be in the form of a copy of a birth certificate, marriage certificate or a court order/decreed;

(c) Upon receipt of written notification of an legal proof of change of name the Board will change its records to reflect the CNA's name change;

(d) To obtain a duplicate certificate reflecting the name change the CNA shall submit an application for a duplicate certificate and the fee specified in OAR 851-060-0300 to the Board.

(2) Change of address:

(a) CNAs shall keep their current home address as the CNA's address of record on file with the Board at all times;

(b) Upon receipt of written notification of a change of home address the Board will change its records to reflect the CNA's current address;

(c) The Board will send all correspondence and all official documents, including certificate renewal notices and Notices of Proposed Disciplinary Action to the CNA's the address of record with the Board;

(d) A Notice of Proposed Disciplinary Action sent to the CNA at the person's address of record by certified mail or registered mail is sufficient notice even if the person fails to or refuses to respond to the postal service "return receipt" and never receives the Notice. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for hearing.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS

Hist.: NB 4-1995, f. & cert. ef. 5-8-95

851-060-0900

Definitions Related to Teaching and Assigning Additional Task(s) of Nursing Care to Certified Nursing Assistants (CNAs) Where A Registered Nurse is Regularly Scheduled

For the purpose of these rules, the following definitions apply.

(1) "Additional task(s) of nursing care" means task(s) of nursing care which exceed the scope of duties for CNAs as defined by OAR 851-060-0110 but may be performed by CNAs when taught and assigned according to these rules. Additional task(s) of nursing care, when performed, must be performed according to these rules and employer policies and procedures. Additional task(s) of nursing care are site specific. CNAs who are trained to perform additional task(s) of nursing care in one facility are not authorized to perform those task(s) in another facility without validation of skills.

(2) "Assessment" means utilizing the problem-solving method to determine the appropriateness of assigning an additional task(s) of nursing care to a CNA.

(3) "Assignment" means an RN or LPN directs a CNA to perform an additional task(s) of nursing care with knowledge that the CNA has previously been taught the task(s) and remains competent to perform the task(s).

(4) "Board" means the Oregon State Board of Nursing as defined in ORS Chapter 678.

(5) "Certified Nursing Assistant" (CNA) means a person who has been certified as a nursing assistant by completing a Board-

approved nursing assistant training program and passing the competency examination; whose name is listed on the Certified Nursing Assistant registry; and who assists licensed nursing personnel in the provision of nursing care. Certified Nursing Assistants are required to hold a current, valid Oregon CNA Certificate. Certified Nursing Assistant (CNA) includes Certified Medication Aides (CMAs) and may include other categories of nursing assistants as defined by the Board.

(6) "OTC" means medications that may be purchased over-the-counter without a prescription.

(7) "Periodic Assessment and Evaluation" means that the RN, at regular intervals, assesses and evaluates the condition of the patient and reviews the procedures and directions established for the provision of additional task(s) of nursing care. The interval shall be determined by the RN based on the condition of the client and the nature of the nursing care task(s) being performed.

(8) "Registry" means the listing of Oregon Certified Nursing Assistants (CNAs) maintained by the Board. The Registry contains identifying demographic information on each CNA and the date(s) of initial and most recent certification. Board sanctions against a CNA certificate are noted on the Registry. Findings of resident abuse, neglect or misappropriation of resident property, made by Senior and Disabled Services Division against a CNA, are noted on the registry.

(9) "Regularly Scheduled" means that an RN is present a minimum of eight hours in a 24 hour period of time in a setting where client care is being continuously delivered.

(10) "Site" means the specific geographic location of the facility or institution.

(11) "Site specific" means that the CNA may perform the additional task(s) of nursing care only at the site at which the task was learned or validated

(12) "Supervision" means initial direction and periodic assessment of the actual act or accomplishment of a task(s). Supervision means the RN or LPN retains accountability for the quality of patient care when assigning additional task(s) of nursing care to a CNA.

Stat. Auth: ORS 678.440 & 678.444

Stats. Implemented: ORS 678.150(7)(i), 678.440 & 678.444

Hist.: NB 9-1995, f. 9-29-95, cert. ef. 10-1-95

851-060-0910

Teaching and Assignment of Additional Task(s) of Nursing Care to CNAs

(1) The scope of duties for CNAs is limited to those task(s) which are taught according to the curriculum in 851-060-0110 unless the CNA has been taught to do the additional task(s) of nursing care according to these rules.

(2) The Board, by the rulemaking process, will maintain a list of additional task(s) of nursing care that may be taught to CNAs according to these rules. The Board has the authority to:

(a) Establish the criteria which will be utilized for determining appropriateness of additional task(s) of nursing care for Board-approved list; and

(b) Add task(s) to the list; and

(c) Delete task(s) from the list;

(d) Regulate and define how and under what circumstances RNs may teach additional task(s) of nursing care to CNAs; and

(e) Regulate and define how and under what circumstances RNs and LPNs may assign additional task(s) of nursing care to CNAs.

(3) Facility policy may limit the number and types of task(s) from the Board-approved list that CNAs can perform in the specific facility.

(4) These rules apply only to settings that are operational 24 hours a day, and where there is continuous on-site RN or LPN supervision of CNAs, including a regularly scheduled RN.

(5) CNAs may perform the additional task(s) of nursing care only when the following has occurred:

(a) An RN at the facility where the additional task(s) of nursing care will be performed has taught the CNA the additional task(s) of nursing care; and

(b) An RN at the facility assesses the patient and determines

that assignment of the additional task(s) of nursing care to the CNA by an RN or LPN is appropriate for the patient care situation and for the CNA; and

(c) The CNA has demonstrated competency in the additional task(s) of nursing care and competency has been documented by an RN in the facility; and

(d) The CNA performs the additional task(s) of nursing care under the assignment and supervision of an RN or LPN; and

(e) The RN or LPN who makes the specific assignment is responsible for periodic assessment and evaluation of the patient care situation and of the abilities of the CNA.

(6) An RN at the facility who has the knowledge and skills necessary to teach specific additional task(s) of nursing care may teach, according to these rules, additional task(s) of nursing care to CNAs employed at that facility.

(a) An RN at the facility is responsible for:

(A) Developing the training curriculum;

(B) Teaching the curriculum;

(C) Developing the mechanism for validating that a CNA is competent to perform additional task(s) of nursing care;

(i) Validating initial competency prior to authorizing the performance of each additional task(s); and

(ii) Validating ongoing competency of each individual CNA.

(b) Each facility training program shall be specific to that facility and to the needs of its specific patient population(s);

(c) An RN at the facility is responsible for ensuring that there is RN or LPN supervision of CNAs performing additional task(s) of nursing care according to these rules.

(7) Additional task(s) of nursing care are site specific.

Stat. Auth: ORS 678.440 & 678.444

Stats. Implemented: ORS 678.150(7)(i), 678.440 & 678.444

Hist.: NB 9-1995, f. 9-29-95, cert. ef. 10-1-95

851-060-0920

Criteria for Developing, Implementing and Assigning Additional Task(s) of Nursing Care

The following criteria for employers/ facilities/institutions shall be used in development, implementation and assignment of an additional task of nursing care from the Board- approved list:

(1) Task is considered safe and routine for the specific patient population(s); and

(2) Task poses little potential hazard for the patient; and

(3) Task can be performed with a predictable outcome; and

(4) Task does not require assessment, interpretation or decision-making while being performed; and

(5) Task involves limited degree of potential patient discomfort; and

(6) Task does not require a substantial amount of scientific knowledge and technical skill.

Stat. Auth: ORS 678.440 & 678.444

Stats. Implemented: ORS 678.150(7)(i), 678.440 & 678.444

Hist.: NB 9-1995, f. 9-29-95, cert. ef. 10-1-95

851-060-0930

List of the Additional Task(s) of Nursing Care Which May Be Assigned to CNAs

If the additional task(s) of nursing care have been taught and assigned according to these rules, CNAs may:

(1) Change simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;

(2) Suction oral pharynx;

(3) Turn oxygen off and on at predetermined, established flow rate;

(4) Administer douches;

(5) Insert OTC suppositories for bowel care;

(6) Insert OTC vaginal suppositories and vaginal creams;

(7) Perform clean intermittent straight urinary catheterization for chronic conditions;

(8) Collect clean-catch urine specimen;

(9) Test urine specimens for sugar, acetone, ph and specific gravity;

(10) Discontinue foley or external urinary catheters;

(11) Set up traction equipment;

(12) Clean ostomy sites and change dressings or appliances for established, nonacute ostomies;

(13) Add fluid to established tube feedings and change established tube feeding bags;

(14) Place electrodes and leads for electrocardiogram, cardiac monitoring and telemetry;

(15) Apply topical OTC creams and ointments for prophylactic treatment of skin conditions;

(16) Attach and detach established pulse oximeter;

(17) Perform capillary blood glucose (CBGs);

(18) Perform phlebotomy.

Stat. Auth: ORS 678.440 & 678.444

Stats. Implemented: ORS 678.150(7)(i), 678.440 & 678.444

Hist.: NB 9-1995, f. 9-29-95, cert. ef. 10-1-95