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ARCHIVES DIVISION

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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 851
BOARD OF NURSING

FILED

04/30/2024 2:06 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Div 63: Standards & Duties of CNA/CMA-Consolidation of CNA 1 and CNA 2

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

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
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HEARING(S)

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

DATE: 05/21/2024

TIME: 1:00 PM - 2:00 PM

OFFICER: Amanda Meeuwsen

REMOTE HEARING DETAILS

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

PHONE NUMBER: 1-503-446-4951

CONFERENCE ID: 972298998

SPECIAL INSTRUCTIONS:

Meeting ID: 231 660 394 662

Passcode: dwKudw

When calling in to session, please provide your First and Last name for identification. Participation in the public rule hearing is documented.

NEED FOR THE RULE(S)

Consolidation of CNA1 and CNA2 into one certification.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

42 CFR 483.152

ORS 678.150; ORS 678.155; ORS 678.442; ORS 678.444; ORS 678.445; ORS 678.447; ORS 678.448

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

Increases potential of people with less economic means to get a better position.

FISCAL AND ECONOMIC IMPACT:

Economic impact:

- state agencies (OHA, Oregon State Hospital, OHSU, DHS)
- members of the public: inconsistent/poor training; cost of training by employers CNAs will get training by employers with potential pay increase; CNA2s historically get paid more; possible pay scale adjustment
- business/small business: small facilities may not be able to afford additional training/equipment

Estimate of the economic impact: no comments from the Rule Advisory Committee (RAC) members.

COST OF COMPLIANCE:

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

Economic impact:

- state agencies (OHA, Oregon State Hospital, OHSU, DHS)
 - local government: none identified
 - members of the public: inconsistent/poor training; cost of training by employers with potential pay increase; CNA2s historically get paid more; possible pay scale adjustment
 - business/small business: may not be able to afford additional training/equipment
-

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

RAC membership included program directors representing privately owned small businesses.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

851-063-0010, 851-063-0021, 851-063-0030, 851-063-0035, 851-063-0070, 851-063-0090, 851-063-0100

AMEND: 851-063-0010

RULE SUMMARY: Consolidation of CNA1 and CNA2 into one certification.

CHANGES TO RULE:

851-063-0010

Purpose of Authorized Duties and Standards ¶

- (1) To establish standards for the certified nursing assistant (CNA).¶
- (2) To identify the ~~range of~~ authorized duties which may be performed by the certified nursing assistant (CNA) and certified medication aide (CMA) in the process of assisting a licensed nurse;¶
- (2) ~~To serve as a guide to the Board to evaluate safe and effective assistance in nursing care; and~~¶
- (3) To establish ~~standards and~~ conduct unbecoming for CNAs and CMAs.

Statutory/Other Authority: ORS 678.440, 678.442, 678.444

Statutes/Other Implemented: ORS 678.440, 678.442, 678.444

ADOPT: 851-063-0021

RULE SUMMARY: Adoption of new rule 0021. Shifted standards for CNAs.

CHANGES TO RULE:

851-063-0021

Standards for Certified Nursing Assistants

In the process of client care the CNA must ¶

(1) Follow the plan of care as directed and supervised by the licensed nurse. A CNA may not work independently;¶

(2) Report to the licensed nurse any observed changes in the client's condition;¶

(3) Record observations and measurements, duties completed, and client statements about condition or care; and¶

(4) Apply safety concepts in the workplace.

Statutory/Other Authority: ORS 678.440, ORS 678.442, ORS 678.444

Statutes/Other Implemented: ORS 678.440, ORS 678.442, ORS 678.444

AMEND: 851-063-0030

RULE SUMMARY: Consolidation of CNA1 and CNA2 into one certification.

CHANGES TO RULE:

851-063-0030

Authorized Duties and Standards for Certified Nursing Assistants 1 (CNA 1)

- (1) Under the supervision and at the direction of a licensed nurse, the CNA may provide care and assist clients with As directed and supervised by a licensed nurse, the CNA may perform the following task duties:
- (a1) Task Duties associated with collaboration with the health care team:
 - (Aa) Accepting assignments and delegations;
 - (Bb) Handing off care to another nursing assistant;
 - (Cc) Coaching and mentoring nursing assistant students; and Giving report to another team member; and
 - (Dc) Orienting other nursing assistants to workflow and environment.
 - (b2) Task Duties associated with communication and interpersonal skills:
 - (Aa) Answering and placing call signals;
 - (Bb) Communicating with clients, clients' family members, and co-workers; and
 - (Cc) Maintaining confidentiality;
 - (D3) Reporting abuse, mistreatment, and neglect; and
 - (E) Utilizing de-escalation techniques.
 - (c) Task Duties associated with person client-centered care:
 - (Aa) Following the individual client's plan of care and providing feedback to a nurse on the plan of care;
 - (Bb) Organizing daily routines for a group of people according to the individuals' each client's preferences and the individual plan of care plans; and
 - (Cc) Protecting and respecting a person client's rights;
 - (d) Tasks associated with infection control and prevention including Standard or Transmission-Based Precautions: Promoting a client's independence utilizing strength-based care approaches;
 - (e) Providing holistic care and reporting any observed changes to the licensed nurse; and
 - (f) Assisting with complementary therapies such as aromatherapy and using pre-recorded media for guided imagery.
- (4) Duties associated with infection prevention:
- (Aa) Handwashing and hand hygiene;
 - (Bb) Utilizing personal protective equipment;
 - (C) Maintaining client hygiene and grooming;
 - (Dc) Caring for the client's environment;
 - (Ed) Cleaning shared equipment;
 - (Fe) Bedmaking and handling of linen;
 - (Gf) Delivering and handling food and drinks;
 - (Hg) Implementing precautions associated with communicable and infectious diseases;
 - (I) Executing neutropenic precautions;
 - (J) Assisting with coughing and deep breathing;
 - (K) designed to prevent or limit the transmission of communicable and infectious diseases;
 - (h) Handling of contaminated materials;
 - (Li) Handling of disposal of hazardous wastes; and
 - (Mj) Applying a simple dressing to a dry, non-infected wound.
- (e5) Task Duties associated with safety and emergency procedures:
- (Aa) Implementing bleeding, cervical, hip, and sternal precaution Applying fall prevention techniques;
 - (b) Applying and removing restraints;
 - (Bc) Moving and transferring a person Applying techniques to prevent harm to the client;
 - (Cd) Transporting a person in a wheelchair or other specialized chair Applying techniques helpful in preventing escalations in behaviors;
 - (De) Turn Avoiding and positioning a person managing hazards in the workplace;
 - (Ef) Using lifts and safe client handling device Implementing bleeding, cervical, hip, and sternal precautions;
 - (Fg) Turning oxygen on and off or transferring oxygen between wall, concentrator, and tank at pre-established flow rate for stable individuals Moving and transferring a client;
 - (h) Transporting a client in a wheelchair, specialized chair, stretcher, or bed;
 - (Gj) Managing hazards in the workplace;
 - (H) Prev Turning and positioning a client ing burns;

- (I) Preventing falls, ~~sed, chair, or wheelchair~~; and ¶
- (J) Performing cardiopulmonary resuscitation ~~Using lifts and safe handling devices.~~ ¶
- (f6) Task Duties associated with activities of daily living (ADL): ¶
- (Aa) Assisting with nutrition and hydration by: ¶
- (iA) Measuring and recording height and weight; ¶
- (ii) Measuring and recording intake and output; ¶
- (iii) Assisting with eating and drinking; ¶
- (B) Following aspiration precautions; and ¶
- (C) Positioning a person client for nutritional and fluid intake; ¶
- (iv) Preventing choking and aspiration; ¶
- (v) Preventing dehydration; ¶
- (vi) Thickening liquids; and ¶
- (vii) Utilizing techniques for assisting with eating. ¶
- (Bb) Assisting with elimination by: ¶
- (iA) Administering bowel evacuation suppositories that are available without a prescription; ¶
- (iiB) Assisting with the use of bedpan and urinal; ¶
- (iii) Applying and removing external urinary catheters; ¶
- (C) Assisting with toileting; ¶
- (iv) Providing perineal and incontinence care including the use of bedpan and urinal; ¶
- (vD) Applying external Changing a catheters bag; ¶
- (viE) Connecting and disconnecting external urinary catheters to suction; ¶
- (viiE) Providing catheter care; ¶
- (viii) Changing catheter bag; ¶
- (ix) Removing external urinary catheter; ¶
- (xG) Providing ostomy care for established, healthy ostomy including cleaning the ostomy site and e: ¶
- (i) Emptying the ostomy bag or e; ¶
- (ii) Changing the ostomy dressing or ostomy, appliance or bag; and ¶
- (xi) Collect H) Providing specimens (sputum, nasal swab, rectal swab, stool, and urine including clean catch) rineal and incontinence care. ¶
- (Cc) Assisting with personal care: ¶
- (i) Bathing; ¶
- (ii) Provid and grooming comfort care; ¶
- (iii) Dressing and undressing; ¶
- (iv) Grooming to includelients including individuals with tubes and special equipment by: ¶
- (IA) Application and care of eye glasses; and ¶
- (II) Application and care of hearing aids. Bathing; ¶
- (B) Dressing and undressing; ¶
- (vC) Nail care for fingernails and toenails on person For clients with no visually compromised skin or f compromised circulation: ¶
- (I) S, soaking and, washing; ¶
- (II) Trimming with standard clippers; ¶
- (III) Applying lotion; and ¶
- (IV) Recognizing risk factors. ¶
- (vi) Oral hygiene: ¶
- (I) Brushing and flossing teeth; and may include medication mouthwash and toothpaste, clipping, or filing fingernails and toenails; ¶
- (IID) Insertmplementing, removing, and cleaning dentures; ¶
- (III) Caring for implants; and ¶
- (IV) outines to promote sleep; ¶
- (E) Performing mouth care on a comatose person. ¶
- (vii) Personal care considerations for persons who have tubes or special equipm the following oral hygiene duties for responsive and non-responsive client; ¶
- (viii) Shampooing and caring for hair; ¶
- (ix) Shaving; ¶
- (I) Electric razor; ¶
- (II) Cartridge or disposable razor; and ¶
- (III) Recognizing safety risk i) Brushing and flossing teeth and implants; and ¶
- (ii) Inserting, removing, and cleaning dentures. ¶
- (x) Skin Care to include: ¶

(I) Pediculicides that can be obtained without a prescription

Providing the following skin care duties:

(i) Applying lotion;

(ii) Applying topical barrier creams, and ointments, and wipes for skin care;

(iii) Applying anti-fungal ointments and powders;

(iv) Maintaining skin integrity;

(v) Preventing pressure, friction, and shearing; and

(vi) Using pressure relieving devices;

(xi) Sleep to include:

(I) Applying and removing delivery device and turn continuous positive airway pressure (CPAP) or bi-level positive airway (BiPAP) devices on and off; and

(II) Promoting sleep.

(D) Assisting with positioning devices and restraints;

(G) Removing, applying and caring for eyeglasses;

(H) Removing, applying, and caring for hearing aids;

(I) Shampooing and caring for hair; and

(J) Shaving with an electric or disposable razor.

(Ed) Assisting with following restorative care duties:

(iA) Ambulating;

(iiB) Applying, turn on and off, sequential compression devices;

(iii) Assisting with and encouraging the use of self-help devices for ambulation, dressing, eating, grooming, positioning and transferring;

(iv) Assisting with bowel and bladder training;

(v) Assisting with ADL programs;

(vi) Assisting with the use of crutches, walkers, or wheelchairs;

(vii) Assisting with warm and cold therapies;

(viii) Caring for, applying, and removing antiembolus stockings, braces, orthotic devices, and prosthetic devices;

(ix) Elevating extremities;

(x) Maintaining alignment techniques for good body alignment and positioning including extremity elevation;

(C) Assisting with bowel and bladder training;

(xiD) Performing range of motion exercises;

(xii) Reinforcing task sequence by breaking down tasks into small, obtainable steps;

(xiii) Reinforcing the use of an incentive spirometer;

(xiv) Using footboards; and

(xv) Utilizing devices for transferring, ambulation, and alignment.

(g) Tasks associated with mental health and social service needs:

(A) Recognizing and reporting relevant observations of domestic violence, mental illness or substance abuse;

(B) Protecting client, self, and other individuals when in a situation where an individual's behavior is escalating out of control;

(C) Providing trauma-informed care;

(D) Appropriately executing tools for behavior management; and

(E) Using assistive devices for ambulating, dressing, eating, grooming, positioning, and transferring.

(E7) Utilizing appropriate harmless release techniques.

(h) Tasks associated with technical skills:

(A) Changing a suction canister;

(B) Measuring, recording, Duties associated with technical skills:

(a) Applying and emptying output from drainage devices and closed drainage systems;

(C) Performing fingerstick capillary blood test; and

(D) Removing mask after nebulizer treatment.

(i) Tasks associated with observation and reporting:

(A) Observing and reporting changes of condition to licensed nurse; and

(B) Applying anti-embolism elastic stockings, braces, orthotic or prosthetic devices;

(Bb) Measuring and recording:

(i) Temperature, apical and radial pulse, respiration and blood pressure (manual and electronic forearm, upper arm and orthostatic blood pressure readings);

(ii) Emesis;

(iii) Liquid stool;

(iv) Pain level using a facility approved pain scale;

(v) Pulse oximetry; and

(vi) Urinary output, both voided and from urinary drainage systems.

- (C) Relieving pain;¶
- (i) Assisting with complementary therapies such as aromatherapy and using pre-recorded audio/visuals for guided imagery; deep relaxation;¶
- (ii) Planning activities in relation to pain;¶
- (iii) Providing comfort measures;¶
- (iv) Reporting to the nurse;¶
- (v) Repositioning; and¶
- (vi) Using touch to massage non-diseased tissue.¶
- (j) Tasks associated with documentation: Applying oxygen therapy at a prescribed rate, discontinuing oxygen therapy, and transferring oxygen tubing from one oxygen source to another;¶
- (A) Recording care provided; and¶
- (B) Documenting incidents.¶
- (k) Tasks associated with end of life care.¶
- (A) Providing comfort care for the dying individual and their family; and¶
- (B) Caring for the deceased individual including removing non-surgically inserted tubes:¶
- (i) Feeding tube;¶
- (ii) Rectal bag;¶
- (iii) Foley Catheter;¶
- (iv) Nasogastric tube; and¶
- (v) Saline lock.¶
- (l) Tasks associated with caregiver self-care: Applying pediculicides;¶
- (d) Applying, removing, and turning on and off sequential compression devices;¶
- (e) Applying warm and cold therapy;¶
- (2f) The CNA may, as an unlicensed person, provide care as delegated or assigned by a nurse in a community-based care setting.¶
- (3) ORS 678.440(5) defines the term "nursing assistant" as a person who assists licensed nursing personnel in the provision of nursing care. Consistent with that definition, a CNA must either:¶
- (a) Be regularly supervised by a licensed nurse; or¶
- (b) Applying, removing, and turning on and off continuous positive airway pressure (CPAP) Work under licensed nurse monitoring in a community-based care setting or other setting where there is no regularly scheduled presence of a licensed nurse; Bi-level positive airway pressure provided there is periodic supervision and evaluation of clients; (BiPAP) devices;¶
- (4g) Under no circumstance shall a CNA work independently without supervision or monitoring by a licensed nurse who provides assessment of clients as described in OAR 851-063-0030(3)(a)(b). Assisting with coughing and deep breathing;¶
- (5h) A CNA may accept verbal or telephone orders for medication from a licensed health care professional who is authorized to independently diagnose and treat only when working in the following settings under the specified administrative rule:¶
- (a) When working in Adult Foster Homes Changing a suction canister;¶
- (i) Collecting specimens (sputum, nas-permitted under OAR Chapter 411, division 50;¶
- (b) When working in Residential Care Facilities, as permitted under OAR Chapter 411, division 54.¶
- (6) A CNA may add phlebotomy to the authorized duties when the individual CNA has: al swab, rectal swab, feces, urine, including clean catch);¶
- (a) Obtained and holds current phlebotomy certification from one of the following: American Society for Clinical Pathology (ASCP) Board of Certification, National Phlebotomy Association (NPA), Association of Phlebotomy Technicians (ASPT), American Association of Bioanalysts (ABOR), American Certification Agency for Healthcare Professionals (ACA), American Medical Technologists (AMT), or successful completion of phlebotomy specific military education program; and¶
- (b) Maintained competency in performing phlebotomy; and¶
- (c) Been assigned the task by an Oregon licensed nurse according to the employer's policy.¶
- (7) A CNA may add child safety seat check to the authorized duties when the individual CNA has:¶
- (a) Successfully completed a national child passenger safety certification program;¶
- (b) Maintained competency in child passenger seat safety; and Emptying output from drainage devices and closed drainage systems;¶
- (k) Manually and electronically measuring and recording temperature, apical and radial pulse, respiration, and blood pressure;¶
- (e) Been assigned the task by an Oregon licensed nurse according to the employer's policy.¶
- (8) A CNA may add telemetry monitoring to the authorized duties when the individual CNA has:¶
- (a) Successfully completed a dysrhythmia recognition course;¶

- (b) Maintained competency in rhythm interpretation; and Measuring and recording height and weight; ¶
- (em) Been assigned the task by an Oregon licensed nurse according to the employer's policy. ¶
- (9) A CNA may add to the authorized duties when the following elements occur: ¶
- (a) An RN at the CNA employment site who has the knowledge and skills necessary to teach the performance of the task; ¶
- (A) Develops an evidence-based teaching plan; ¶
- (B) Implements the teaching plan; ¶
- (C) Evaluates CNA learner outcomes related to the performance of the task; and ¶
- (D) Validates the CNA's initial and ongoing competency to perform the task. ¶
- (b) The CNA has: ¶
- (A) Successfully completed training on the task; ¶
- (B) Maintained competency in the task; and Measuring and recording a blood pressure from the forearm; ¶
- (n) Measuring and recording an orthostatic blood pressure reading; ¶
- (Co) Been assigned the task by an Oregon licensed nurse according to the employer's policy. ¶
- (c) Additional authorized duties: ¶
- (A) Discontinuing a saline lock Measuring and recording pulse oximetry reading; ¶
- (Bp) Discontinuing a urethrally inserted catheter; ¶
- (C) Clipping hair in preparation for surgical procedure; ¶
- (D) Giving Chlorhexidine bath; ¶
- (E) Assisting a person in and out of continuous passive motion (CPM) machine; ¶
- (F) Administering enemas Performing fingerstick capillary blood glucose (CBG) test; ¶
- (Gq) Measuring and recording: blood pressure (lower leg, thigh); ¶
- (H) Scanning a bladder; ¶
- (I) Scanning glucometer sensor; and ¶
- (J) Changing a wound vacuum canister. ¶
- (10) Standards of Care for Certified N Reinforcing the use of an incentive spirometer; and ¶
- (r) Turning Assistants. In the process of client care the CNA shall consistently: ¶
- (a) Apply standard precautions according to the Centers for Disease Control and Prevention guidelines; ¶
- (b) Use hand hygiene between episodes of care; ¶
- (c) Use appropriate body mechanics to prevent injury to self and client, removing, and rinsing nebulizer treatment equipment; ¶
- (d8) Follow the care plan as directed by the licensed nurse; ¶
- (e) Use appropriate communication with client, client's family and friends, and coworkers; ¶
- (f) Use alternatives to physical restraints, or apply physical restraints as directed by the licensed nurse; ¶
- (g) Determine absence of pulse or respirations with documentation including documentation of care provided, observations, and initiate an emergency response; unusual occurrences. ¶
- (h9) Report to the licensed nurse any recognized abnormality in client's signs and symptoms; Duties associated with end-of-life care: ¶
- (ia) Record observations and measurements, tasks completed, and client statements about condition Providing comfort care; ¶
- (j) Apply safety concepts in the workplace; and ¶
- (kb) Report signs of abuse, neglect, mistreatment, misappropriation or exploitation; ¶
- (l) Demonstrate respect for rights and property of clients and coworkers; and ¶
- (m) Maintain client confidentiality Providing care for the deceased.

Statutory/Other Authority: ORS 678.440, ORS 678.442, ORS 678.444

Statutes/Other Implemented: ORS 678.440, ORS 678.442, ORS 678.444

AMEND: 851-063-0035

RULE SUMMARY: Consolidation of CNA1 and CNA2 into one certification

CHANGES TO RULE:

851-063-0035

Additional Authorized Duties and Standards for Certified Nursing Assistants 2 (CNA 2)

~~(1) Under the supervision of a licensed nurse, a CNA 1 authorized duties, may provide care and assist clients with the following:~~

~~(a) Tasks associated with collaboration with health care team:~~

~~(A) Receiving report from outgoing staff;~~

~~(B) Giving report to oncoming staff;~~

~~(C) Helping clients navigate the acute care system; and~~

~~(D) Working with medical translators.~~

~~(b) Tasks associated with communication and interpersonal skills including crisis interven duty listed in section (2) of this rule as an individual authorized duty when an RN representing the CNA employment site teaches performance of the authorized duty and validates that the CNA is competent to perform the duty. Once authorized, the CNA may be assigned to perform the additional authorized duty by nurses in the employing organization.~~

~~(c) Tasks associated with person-centered care:~~

~~(A) Meeting individual person's needs, preference, and ability the following duties are eligible to be added as an individual CNA's authorized duties; and~~

~~(B) Providing culturally competent care as permitted in section (1) of this rule:~~

~~(d) Tasks associated with infection control and prevention including Standard or Transmission-Based Precautions:~~

~~(A) Obtaining a throat swab;~~

~~(B) Working in positive and negative airflow rooms.~~

~~(C) Clipping hair in preparation for surgical procedures;~~

~~(D) Implementing preventive/protection strategies; Changing a wound VAC canister; and~~

~~(E) Minimizing safety risks; and~~

~~(F) Transporting a person Performing clean intermittent straight urinary catheterization for chronic condition.~~

~~(G) Tasks associated with activities of daily living: ADL:~~

~~(A) Administering enemas;~~

~~(B) Assisting with nutrition and hydration of infants and children:~~

~~(i) Assisting with breastfeeding by supporting and reinforcing instructions;~~

~~(ii) Assisting with human breast milk pumping;~~

~~(iii) Handling, storing, and transporting breast milk;~~

~~(iv) Preparing infant formula or breast milk for feeding; and~~

~~(v) Assisting with and feeding infants by bottle.~~

~~(C) Adding fluid to assisting with established post pyloric, jejunostomy, and gastrostomy~~

~~(i) Adding fluid to tube feedings;~~

~~(ii) Changing established post pyloric, jejunostomy and gastrostomy tube-feeding bags; and~~

~~(D) and~~

~~(iii) Pausing and resuming established post pyloric, jejunostomy and gastrostomy-tube feedings to provide personal care;~~

~~(E) Discontinuing a urethral inserted catheter;~~

~~(F) Performing range of motion on persons with complex medical problems: fragile skin, at risk for pathological fractures, spasticity, and contractures;~~

~~(G) Therapeutic position Applying moisture barrier cream or ointment to treat topical skin in a variety of situations and considering a person's condition including but not limited to bridging and prritation or non-intact skin due to incontinence; and~~

~~(H) Using adaptive, assistive and therapeutic equipment:~~

~~(i) Ankle and foot orthotics;~~

~~(ii) Braces;~~

~~(iii) Prevention or excess moisture;~~

- (F) Established traction equipment: removeing and re-apply;¶
- ~~(iv) Foot liftering; and¶~~
- ~~(vG) SApplyints.¶~~
- ~~(g) Taskand removing continuous passassociated with mental health and social service needsive motion (CPM) machine.¶~~
- ~~(hc) TaskDuties associated with technical skills:¶~~
- (A) Adjusting oxygen rate of flow;¶
- (B) Attaining transcutaneous bilirubin meter reading;¶
- (C) Discontinuing a saline lock;¶
- (D) Interrupting and re-establishing nasogastric (NG) suction;¶
- (E) Irrigating ears;¶
- (F) Measuring arm and leg circumference;¶
- (G) Measuring blood pressure with a Doppler;¶
- (H) Measuring and recording: blood pressure (lower leg, thigh);¶
- (I) Obtaining a throat swab specimen;¶
- (J) Performing fecal occult blood test;¶
- (K) Performing urine dipstick test;¶
- (L) Performing newborn critical congenital heart disease screening utilizing pulse oximetry;¶
- ~~(I) Performing dipstick urine test;¶~~
- ~~(JM) Placing electrodes/ or leads and run electrocardiogram (EKG);¶~~
- ~~(KN) Placing electrodes/ or leads for telemetry;¶~~
- ~~(LO) Removing casts in non-emergent situations;¶~~
- ~~(MP) Scanning bladder;¶~~
- (NQ) Scanning glucometer sensor.¶
- (R) Screening newborn hearing;¶
- ~~(OS) Setting up traction equipment; and¶~~
- ~~(PT) Suctioning nose or oral pharynx; and.¶~~
- ~~(Q3) Testing stool for occult blood.¶~~
- ~~(i) Tasks associated with observation and reporting:¶~~
- ~~(A) RA CNA may add phlebotomy as an individual authorized duty when the CNA has a current phlebotomy certification from a nationally recognizing and reporting changes that deviate from an individual's norm;¶~~
- ~~(B) Observing and collecting pain responses; and¶~~
- ~~(C) Performing comfort and pain relief meased certifying organization, or successful completion of phlebotomy specific military education program, demonstrated ongoing competency, and assigned the duty by nurses;¶~~
- ~~(D) Providing input on an individual's response to interventions and care plan approaches.¶~~
- ~~(j) Tasks associated with documentation.¶~~
- ~~(k) Tasks associated with end-of-life care:¶~~
- ~~(A) Supporting palliative and hospice care; and¶~~
- ~~(B) Caring for organ and tissue donor in the employing organization.¶~~
- (4) A CNA may add child safety seat check as an individual authorized duty when the CNA has successfully completed a national child passenger safety certification program, demonstrated ongoing competency, and assigned the duty by nurses in the employing organization.¶
- ~~(25) Standards of Care for CNA 2. In the process of client care the CNA 2 shall consistently apply standards set for CNA 1s and:¶~~
- ~~(a) Establish competency as a CNA 2;¶~~
- (b) MaintaA CNA may add telemetry monitoring as an individual authorized duty when the CNA has successfully completed a dysrhythmia recognition course, demonstrated ongoing competency, as a CNA 2;¶
- (c) Perform only authorized duties for which the CNA 2 has established competencynd assigned the duty by nurses in the employing organization.

Statutory/Other Authority: ORS 678.440, ORS 678.442

Statutes/Other Implemented: ORS 678.440, ORS 678.442

AMEND: 851-063-0070

RULE SUMMARY: Consolidation of CNA1 and CNA2 into one certification

CHANGES TO RULE:

851-063-0070

Authorized Duties and Standards for Certified Medication Aides (CMA) ¶¶

(1) Under the supervision ~~by~~of a licensed nurse, a CMA may administer:¶¶

- (a) Oral, sublingual and buccal medications;¶¶
- (b) Eye medications ~~with the exception of eye medications to new post-operative eye clients;~~¶¶
- (c) Ear medications;¶¶
- (d) Nasal medications;¶¶
- (e) Rectal medications;¶¶
- (f) Vaginal medications;¶¶
- (g) Skin ointments, topical medications including patches and transdermal medications;¶¶
- (h) Medications by gastrostomy and jejunostomy tubes;¶¶
- (i) Premeasured medication delivered by ~~A~~aerosol ~~or~~ nebulizer; and¶¶
- (j) Medications delivered by metered hand-held inhalers.¶¶

(2) ~~Administration of PRN Medications.~~ A CMA may administer pro re nata (PRN) medications (including controlled substances) to stable clients according to ~~physician's or nurse practitioner's orders in the following circumstances:~~¶¶

(a) ~~In response to specific client requests:~~¶¶

(A) ~~Client request must be reported to licensed nurse; and~~¶¶

(B) ~~Client response 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 medications; and~~¶¶

(B) ~~A licensed nurse assesses the patient following the administration of the PRN medication.~~ the licensed independent practitioner's orders. ¶¶

(3) A CMA may:¶¶

- (a) Administer regularly scheduled controlled substances;¶¶
- (b) Jointly witness wasted controlled substances with a licensed nurse;¶¶
- (c) Count controlled substances with a licensed nurse or another CMA;¶¶
- (d) Perform ~~capillary blood glucose (CBG)~~ fingerstick CBG test;¶¶
- (e) Turn oxygen on and off at predetermined, established flow rate; and¶¶
- (f) Add fluid to established jejunostomy or gastrostomy tube feedings and change established tube feeding bags; and¶¶

(g) ~~Accept verbal or telephone orders for medication from a licensed health care professional who is authorized to independently diagnose and treat. Such acceptance can occur only when the CMA is working in the following settings under the specified administrative rules:~~¶¶

(A) ~~Adult Foster Homes, as permitted under OAR Chapter 411, division 050;~~¶¶

(B) ~~Residential Care Facilities, as permitted under OAR Chapter 411, division 054; and~~¶¶

(C) ~~Assisted Living Facilities, as permitted under OAR Chapter 411, division 054.~~¶¶

(4) A CMA may not administer medications by the following routes:¶¶

(a) ~~Central lines;~~¶¶

(b) ~~Colostomy;~~¶¶

(c) ~~Intramuscular;~~¶¶

(d) ~~Intrathecal;~~¶¶

(e) ~~Intravenous;~~¶¶

(f) ~~Nasogastric;~~¶¶

(g) ~~Nonmetered inhaler;~~¶¶

(h) ~~Subcutaneous;~~¶¶

(i) ~~Intradermal;~~¶¶

(j) ~~Urethral;~~¶¶

(k) ~~Epidural; or~~¶¶

(l) ~~Endotracheal.~~¶¶

(5) A CMA may not administer the following kinds of medications:¶¶

(a) ~~Barium and other diagnostic contrast media; or~~¶¶

(b) ~~Chemotherapeutic agents except oral maintenance chemotherapy.~~¶¶

- (6) A CMA may not administer medication by, nor assume responsibility for, medication pumps, including client controlled analgesia.¶¶
 - (7) A CMA may not act as a clinical teaching associate to a student in a medication aide education program.¶¶
 - (8) In a community-based care setting, a CMA may, as an unlicensed person, provide care as delegated or assigned by a licensed nurse.¶¶
 - (9) Standards of Care for a certified medication assistant. In the process of client care a CMA shall consistently apply standards set for CNAs and:¶¶
 - (a) Establish competency as a CMA;¶¶
 - (b) Maintain competency as a CMA;¶¶
 - (c) Perform within Authorized Duties;¶¶
 - (d) Follow written instructions of an individual authorized by law to independently diagnose and treat as transcribed in the medication administration record (MAR); and¶¶
 - (e) Accurately record on the MAR medications administered, medications withheld or refused and the reason why a medication was withheld or refused.¶¶
 - (4) A CMA may not administer medications by the following routes:¶¶
 - (a) Central lines;¶¶
 - (b) Colostomy;¶¶
 - (c) Intramuscular;¶¶
 - (d) Intrathecal;¶¶
 - (e) Intravenous;¶¶
 - (f) Nasogastric;¶¶
 - (g) Nonmetered inhaler;¶¶
 - (h) Subcutaneous;¶¶
 - (i) Intradermal;¶¶
 - (j) Urethral;¶¶
 - (k) Epidural; or¶¶
 - (l) Endotracheal.¶¶
 - (5) A CMA may not administer the following kinds of medications:¶¶
 - (a) Barium and other diagnostic contrast media; or¶¶
 - (b) Chemotherapeutic agents except oral maintenance chemotherapy.¶¶
 - (6) A CMA may not act as a clinical teaching associate to a student in a medication aide education program.
- Statutory/Other Authority: ORS 678.440, ORS 678.442, ORS 678.444, ORS 678.445
 Statutes/Other Implemented: ORS 678.440, ORS 678.442, ORS 678.444

AMEND: 851-063-0090

RULE SUMMARY: Consolidation of CNA1 and CNA2 into one certification

CHANGES TO RULE:

851-063-0090

Conduct Unbecoming a Nursing Assistant ¶

~~ORS 670.280 authorizes the Board to discipline~~ Conduct unbecoming a nursing assistant certificates for conduct that is not undertaken directly in the course of CNA duties, but that is substantially related to the fitness and ability of the applicant or CNA to engage in activities of the CNA profession; conduct that adversely affects the health, safety, and welfare of the public; that fails to conform for which a CNA certificate is required. Such conduct is considered to be conduct unbecoming a CNA, and is defined in OAR Chapter 851, Division 63. Such conduct includes, but is not limited to: ¶

(1) Conduct related to general fitness to perform nursing assistant authorized duties: ¶

(a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior; or ¶

(b) Demonstrated incidents of dishonesty, misrepresentation, or fraud. ¶

(2) Conduct related to achieving and maintaining clinical competency: ¶

(a) Failing to conform to the essential standards of acceptable and prevailing nursing assistant performance of duties. Actual injury need not be established; ¶

(b) Performing acts beyond the authorized duties except for as allowed for in these rules; ¶

~~(c) Assuming duties and responsibilities for a person's care without documented preparation for the duties and responsibilities and when competency has not been established and maintained; or ¶~~

~~(d) Performing new nursing assistant techniques or procedures without documented duties beyond those authorized education specific to the technique or procedure and supervised clinical experience to establish competency. ¶~~

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

(a) Failing to take action to preserve or promote a person/client's safety based on the nursing assistant's knowledge, skills, and abilities; ¶

(b) Failing to implement the plan of care developed by the registered nurse (RN); ¶

(c) Failing to report changes in a person/client's status from the last plan of care made by the registered nurse RN; ¶

(d) Jeopardizing the safety of a person/client under the CNA's care; ¶

(e) Leaving or failing to complete a nursing assistant assignment without properly notifying appropriate supervisory personnel and confirming that nursing assistant responsibilities will be met; ¶

~~(f) Failing to report through proper channels facts known regarding the incompetent, unethical, unsafe, or illegal practice of any health care provider pursuant to ORS chapter 676~~ make a report per ORS 676.150 of facts known regarding prohibited or unprofessional conduct of any health care provider; ¶

(g) Failing to respect the dignity and rights of clients, inclusive of social or economic status, age, race, religion, gender, gender identity, sex, sexual orientation, national origin, nature of health needs, physical attributes, or disability; ¶

(h) Failing to report actual or suspected incidents of abuse, neglect, or mistreatment; ¶

(i) Engaging in or attempting to engage in sexual misconduct with a client in any setting; ¶

(j) Engaging in sexual misconduct in the workplace; or ¶

(k) Failing to maintain professional boundaries. ¶

(4) Conduct related to communication: ¶

(a) Failing to accurately document nursing assistant activities and ~~task~~ duties; ¶

(b) Failing to document nursing assistant activities and ~~task implementation~~ duties performed in a timely, accurate, thorough, and clear manner. This includes failing to document a late entry within a reasonable time period; ¶

(c) Entering inaccurate, incomplete, falsified or altered documentation into a health record or into agency records. This includes but is not limited to: ¶

(A) Documenting the provision of services that were not provided; ¶

(B) Failing to document information pertinent to the person/client's care; ¶

(C) Filling in someone else's charting omissions, or signing someone else's name; ¶

(D) Falsifying data; ¶

(E) Altering or changing words or characters within an existing document to mislead the reader; or ¶

(F) Adding documentation to a health record or agency record without recording the date and time of the event being recorded. This includes late entry documentation that does not demonstrate the date and time of the initial event being documented, the date and time the late entry is being placed into the record, and the signature of the nursing assistant placing the documentation into the record. ¶

- (d) Destroying an agency record, a person/client's health record, or any document prior to the destruction date indicated for the type of recorded data or document;¶
- (e) Directing another individual to falsify, alter or destroy an agency record, a person/client's health record, or any document prior to the destruction date indicated for type of recorded data or type of document;¶
- (f) Failing to communicate information regarding a person/client's status to the supervising nurse or other appropriate member of the healthcare team in an on-going and timely manner and as appropriate to the context of care; or¶
- (g) Failing to communicate information regarding the person/client's status to individuals who are authorized to receive the information and need to know.¶
- (5) Conduct related to interactions with the client's family:¶
 - (a) Failing to respect the person/client's family and the person/client's relationship with their family;¶
 - (b) Using one's title/or position as a nursing assistant to exploit a person/client's family for personal gain or for any other reason;¶
 - (c) Stealing money, property, services or supplies from the family;¶
 - (d) Soliciting or borrowing money, materials or property from the family; or¶
 - (e) Engaging in unacceptable behavior towards or in the presence of the client's family. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language.¶
- (6) Conduct related to relationships with co-workers and health care team members:¶
 - (a) Engaging in violent, abusive or threatening behavior towards a co-worker; or¶
 - (b) Engaging in violent, abusive or threatening behavior that relates to the performance of safe care to a person/client.¶
- (7) Conduct related to safe performance of authorized duties:¶
 - (a) Performing authorized duties when unable/or unfit to perform nursing assistant activities or task/duties due to:¶
 - (A) Physical impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of an individual qualified by law to diagnose physical condition/or status; or¶
 - (B) Psychological or mental impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of an individual qualified by law to diagnose mental condition/or status.¶
 - (b) Performing authorized duties when physical or mental ability to perform is impaired by use of a prescription or non-prescription medication, alcohol, or a mind-altering substance; or¶
 - (c) Using a prescription or non-prescription medication, alcohol, or a mind-altering substance to an extent or in a manner dangerous or injurious to the nursing assistant or others, or to an extent that such use impairs the ability to perform the authorized duties safely.¶
- (8) Conduct related to other federal or state statutes/or rule violations:¶
 - (a) Aiding, abetting or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of the nursing assistant or other healthcare provider;¶
 - (b) Violating the rights of privacy, confidentiality of information, or knowledge concerning the person/client, unless required by law to disclose such information;¶
 - (c) Discriminating against a person/client on the basis of age, race, religion, gender, gender identity, sex, sexual preference, national origin or disability;¶
 - (d) Abusing a person/client;¶
 - (e) Neglecting a person/client;¶
 - (f) Failing to report actual or suspected incidents of abuse through the proper channels in the workplace;¶
 - (g) Failing to report actual or suspected incidents of abuse to the appropriate state agency;¶
 - (h) Engaging in other unacceptable behavior towards or in the presence of the client. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language;¶
 - (i) Soliciting or borrowing money, materials, or property from the client;¶
 - (j) Stealing money, property, services or supplies from the client;¶
 - (k) Possessing, obtaining, attempting to obtain, furnishing or administering prescription or controlled medications to any person/client, including self, except as directed by an individual authorized by law to prescribe medications;¶
 - (l) Unauthorized removal or attempted removal of medications, supplies, property, or money from any person/client or setting;¶
 - (m) Unauthorized removal of client records, client information, or facility property, policies or written standards from the workplace;¶
 - (n) Using one's role or title as a nursing assistant to defraud a person/client of their personal property or possessions;¶
 - (o) Violating a person/client's rights of privacy and confidentiality of information by accessing or sharing information without proper authorization to do so or without a demonstrated need to know;¶

- (p) Engaging in unsecured transmission of protected client data;¶¶
- (q) Failure to report to the Board the CNA's own arrest for a felony crime within ten days of the arrest; or¶¶
- (r) Failure to report to the Board the CNA's own conviction of a misdemeanor or a felony crime within ten days of the conviction.¶¶
- (9) Conduct related to certification violations:¶¶
 - (a) Resorting to fraud, misrepresentation, or deceit during the application process for licensure or certification, while taking the examination for licensure or certification, while obtaining initial licensure or certification or renewal of licensure or certification;¶¶
 - (b) Functioning as a certified nursing assistant without current certification as a nursing assistant;¶¶
 - ~~(c) Functioning as a certified medication assistant except as permitted by ORS 678.448(3);¶¶~~
 - (c) Functioning as a CMA without current certification as a medication assistant;¶¶
 - (d) Representing oneself as a CNA 1 or CNA 2 without current, valid CNA certification;¶¶
 - (e) Allowing another person to use one's nursing assistant certificate for any purpose;¶¶
 - (f) Using another licensee's nursing license or nursing assistant certificate for any purpose;¶¶
 - (g) Impersonating any applicant or acting as a proxy for the applicant in any nursing assistant examination;¶¶
 - (h) Disclosing contents of the competency examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration; or¶¶
 - (i) ~~Altering a certificate of completion of education~~educational documentation submitted for nursing assistant certification ~~issued by the Board.~~¶¶
- (10) Conduct related to the certification holder's relationship with the Board:¶¶
 - (a) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to waiver of confidentiality, except attorney-client privilege.¶¶
 - (b) Failing to answer truthfully and completely any question asked by the Board on an application for certification, renewal of certification, during the course of an investigation, or any other question asked by the Board;¶¶
 - (c) Failing to provide the Board with any documents requested by the Board; or¶¶
 - (d) Violating the terms and conditions of a Board order.

Statutory/Other Authority: ORS 678.442, ORS 670.280

Statutes/Other Implemented: ORS 678.442, ORS 670.280

AMEND: 851-063-0100

RULE SUMMARY: Consolidation of CNA1 and CNA2 into one certification

CHANGES TO RULE:

851-063-0100

Conduct Unbecoming a Certified Medication Aides ¶

A certified medication aide is subject to discipline as a CNA as described in these rules. In addition, a CMA is subject to discipline for conduct unbecoming a medication aide. Such conduct includes but is not limited to:¶

(1) Failing to administer medications as ordered by an individual authorized by law to prescribe medications;¶

(2) Failing to document a medications as administered, withheld, wasted, or refused as well as the reason a medication was withheld, wasted, or refused.¶

(3) Violating the individual's rights, including the right to refuse medication;¶

(4) Altering or falsifying medication administration record;¶

(5) ~~Altering or falsifying educational documentation submitted for~~ CNA or CMA certificate;¶

(6) Diverting medications for use by self or others;¶

(7) Accepting a verbal order or telephone order for medication from an individual authorized by law to prescribe medications, except as allowed in authorized duties;¶

(8) Performing ~~act~~duties beyond ~~those~~ authorized duties for which the individual is certified for the CMA;¶

(9) Working as a CMA without CMA ~~C~~certification;¶

~~(10) Performing client care tasks other than authorized in these rules; or~~¶

~~(11)~~ Representing oneself as a CMA without current CMA certification; ~~or~~¶

~~(12) Failing to conform to the standards and authorized duties in these rules.~~

Statutory/Other Authority: ORS 678.442

Statutes/Other Implemented: ORS 678.442