

## **DIVISION 47**

### **STANDARDS FOR REGISTERED NURSE DELEGATION AND ASSIGNMENT OF NURSING CARE TASKS TO UNLICENSED PERSONS**

#### **Rule Summary, Statement of Purpose and Intent 851-047-0000**

These rules provide standards and guidance for nurses to teach general principles of good health, delegate specific tasks of nursing care, teach administration of medications and assign basic tasks of care to unlicensed persons. Registered Nurses have a broad scope of practice in teaching, delegating and assigning tasks of nursing care to unlicensed persons. Licensed Practical Nurses' scope of practice includes teaching and assigning nursing care tasks to an unlicensed person at the discretion and under the direction of the Registered Nurse. It is the responsibility of the Registered Nurse to decide when, how and if it is appropriate for the unlicensed person to be delegated or assigned nursing care. The Registered Nurse, when delegating or assigning to an unlicensed person, is authorizing that person to perform a task of nursing care normally within the Registered Nurse's scope of practice. These rules describe the type of settings in which delegation and assignment may occur, define the difference between delegation and assignment, who may delegate and assign and the processes for each.

- (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 facilities or any setting where the regularly scheduled presence of a registered nurse is required by statute or administrative rule.
- (3) The purpose of these rules is to govern nurses (Registered Nurses and Licensed Practical 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) Pursuant to ORS 678.036, a Registered Nurse who delegates tasks of nursing care to an unlicensed person shall not be held responsible for civil damages for the actions of the unlicensed person in performing a task of nursing care unless:
  - (a) The unlicensed person is acting on specific instructions from the nurse; or

(b) The nurse fails to leave instructions when the nurse should have done so.

(5) Failure to follow the provisions of these rules may subject the nurse to disciplinary sanctions by the Board.

Stat. Auth: ORS 678.150

Stats. Implemented: 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 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 2-1999, f. & cert. ef. 3-16-99

### **851-047-0010**

#### **Definitions**

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

(1) "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 or nurse practitioner'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.

(2) "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 an 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.

(3) "Assignment" means that the Registered Nurse, or Licensed Practical Nurse, at the discretion of the Registered Nurse, authorizes an unlicensed person to perform a basic task of client care with knowledge that the unlicensed person has been taught the task and is competent in performing the task. Assignment may require that a licensed nurse periodically supervise and evaluate the unlicensed person performing the basic task of client care. The need for and intervals of supervision and evaluation is at the discretion of the Registered Nurse.

(4) "Assisting with Self 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 may be an assigned or delegated task.

(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 and administration of non-injectable medications.

(6) "Central venous catheter" means intravenous access inserted into the subclavian or jugular vein or into a peripheral vein which terminates either in the superior vena cava or right atrium.

(7) "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.

(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. The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed person, teaching the task and ensuring supervision.

(9) "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.

(10) "Injectable Medications" means any medication administered by the arterial, intradermal, intramuscular, intravenous or subcutaneous route. For the purpose of Division 47, the arterial, intradermal and intramuscular routes are not included.

(11) "Non-Injectable Medication" means any medication, including controlled substances, which is not administered by the arterial, 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 Supervision and Evaluation" means that the Registered Nurse 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. The Registered Nurse may authorize a licensed practical nurse to evaluate and supervise assigned tasks of client care.

(14) "Rescind" means to cancel or take back.

(15) "P.r.n. (pro re nata) medications and treatments" means those medications and treatments which have been ordered to be given as needed.

(16) "Regularly Scheduled" means that the presence of a licensed nurse is required by statute and administrative rule twenty-four (24) hours each day in a setting where client care is being continuously delivered.

(17) "Special Tasks of Client/Nursing Care" means procedures that require the education and training of a Registered Nurse or Licensed Practical Nurse to perform.

(18) "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. This includes clients whose deteriorating condition is predictable.

(19) "Supervision of Unlicensed Persons" means that the registered nurse periodically monitors, by direct observation, the unlicensed person's skill and ability to perform a task, reassesses the client and assesses the need for continued supervision.

(20) "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.

(21) "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.

(22) "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 or administering medications and guidelines for what to do if those signs and symptoms occur. Written instructions shall be appropriate to the level of care, based on the previous training of the unlicensed person and at the discretion of the Registered Nurse.

Stat. Auth.: ORS 678.150

Stats. Implemented: 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 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98

### **851-047-0020**

#### **Assignment of Basic Tasks of Nursing Care, Including Noninjectable Medications**

(1) A Registered Nurse or Licensed Practical Nurse at the discretion of the Registered Nurse may assign basic tasks to unlicensed persons. Basic tasks include non-injectable medications.

(2) The process of assignment requires the following steps:

(a) The Registered Nurse develops a plan for teaching the basic task of nursing care.

(b) The Registered Nurse or Licensed Practical Nurse, at the discretion of the Registered Nurse, shall:

(A) Teach the basic task(s) of nursing care to the unlicensed person(s), including why the task is necessary;

(B) Assign the basic task of nursing care and document the assignment by summarizing which unlicensed person(s) will perform which tasks for each client;

(C) Give the unlicensed person(s) written or other retrievable instructions that can serve as a resource when the unlicensed person is performing the task; and

(D) Periodically evaluate the performance of the unlicensed person(s) and the condition(s) of the client(s). The interval for periodic evaluation is at the discretion of the Registered Nurse.

(3) Basic tasks of nursing care may be taught to a group of unlicensed persons.

(4) The Registered Nurse retains the responsibility and accountability for determining the appropriateness of assigning basic tasks of nursing care to unlicensed persons

(5) PRN medication and treatments may be assigned to an unlicensed care-giver by a Registered Nurse provided the Registered Nurse leaves written parameters to clarify the physician's or nurse practitioner's p.r.n. order and leaves guidelines which are so specific that the unlicensed care-giver uses no discretion in administering the p.r.n. medication or treatment.

(6) Teaching basic tasks of client care which do not require client specific instructions is not considered assignment for the purposes of these rules.

Stat. Auth.: ORS 678.150

Stats. Implemented: 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 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98

### **851-047-0030**

#### **Delegation of Special Tasks of Client/Nursing Care**

- (1) The Registered Nurse may delegate special tasks of nursing care, including the administration of subcutaneous injectable medications.
- (2) The Registered Nurse may delegate the administration of medications by the intravenous route through a central venous catheter to one unlicensed person, specific to one client, provided the following conditions are met:
  - (a) The delegation is done by a Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider.
  - (b) The medications which may be delegated are limited to flushing the line with routine flushing solutions.
  - (c) A Registered Nurse is available on call for consultation/intervention 24 hours each day.
- (3) A Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider may delegate the administration of a bolus of medication by pushing a button on a preprogrammed pump. This applies to any route of administration.
- (4) The Registered Nurse may not delegate medications by the intravenous route other than described in subsections (2) and (3) of this rule.
- (5) The Registered Nurse may not delegate the administration of medications by the intramuscular route, except as provided in ORS 433.800 - 433.830, Programs to Treat Allergens and Hypoglycemia.
- (6) The Registered Nurse may teach and delegate a task of nursing care to one unlicensed person, specific to one client, under the following conditions:
  - (a) The client's condition is stable and predictable.
  - (b) 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;
  - (c) 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;
  - (d) 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;
  - (e) The Registered Nurse evaluates the ability of the unlicensed person to perform the nursing care task; and

(f) The Registered Nurse documents the rationale for deciding that this task can be delegated to the unlicensed person.

(7) The Registered Nurse may delegate a client specific task of nursing care to additional unlicensed persons provided the Registered Nurse limits the number of unlicensed persons to the number who will remain proficient in performing the task and can be safely supervised by the Registered Nurse.

(8) The Registered Nurse shall use the following process to delegate a special task of nursing care:

(a) Assess the client's condition;

(b) Evaluate the skills and ability of the unlicensed person;

(c) Teach the task of nursing care including:

(A) The proper procedure/technique;

(B) The risks associated with performing the task;

(C) Anticipated side effects; and

(D) The appropriate response to untoward or side effects.

(d) Observe the unlicensed person performing the task to ensure that the unlicensed person performs the task safely and accurately;

(e) Leave written instructions for performance of the task for the unlicensed person to use as a reference;

(f) 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

(g) Assess the client and supervise the unlicensed person, at least every 60 days.

Exceptions shall be based on the registered nurse's assessment of the predictability and stability of the client's condition, the stability of the care plan and the competence of the unlicensed person. Any exception shall not exceed 120 days and its rationale shall be thoroughly documented.

(h) Document the following:

(A) The rationale used to determine that the skill of the unlicensed person is appropriate to the client's condition;

(B) The teaching process;

(C) The teaching outcome;

(D) The written instructions left for the unlicensed person, including risks, side effects and the appropriate response;

(E) Evidence that the unlicensed person was instructed that the task is client specific and not transferable to other clients or providers;

(F) How frequently the client should be reassessed by the registered nurse regarding continued delegation of the task to the unlicensed person; and

(G) How frequently the unlicensed person should be supervised.

(i) 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.

(9) 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.

(10) The responsibility, accountability and authority for teaching and delegation of special tasks of nursing care to unlicensed persons shall remain with the Registered Nurse.

(11) It is expected that the Registered Nurse who delegates tasks of nursing care to unlicensed persons will also supervise the unlicensed person(s). 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 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 the task.

(12) The Registered Nurse may transfer delegation and supervision to another Registered Nurse by using the following process:

(a) Review the client's condition, teaching plan, competence of the unlicensed person, the written instructions and the plan for supervision;

(b) Redo any parts of the delegation process which need to be changed as a result of the transfer;

(c) Document the transfer and acceptance of the delegation/supervision responsibility, the reason for the transfer and the effective date of the transfer, signed by both Registered Nurses; and

(d) Communicate the transfer to the persons who need to know of the transfer.

(13) The Registered Nurse may convert a delegated task to an assigned task under the following conditions:

(a) The condition of the client is predictable;

- (b) The Registered Nurse determines that the risks are minimal because of the level of competency and length of service to the client by the provider;
- (c) The task to be performed no longer requires that the Registered Nurse regularly assess the client;
- (d) There are minimal risks to the client if the unlicensed person performs the task without regular supervision;
- (e) The task may require periodic review but not at the frequency required for delegation. The frequency of review is at the discretion of the Registered Nurse;
- (f) The Registered Nurse follows all the requirements for assignment under OAR 851-047-0020.

(14) The Registered Nurse has the authority to rescind delegation. The decision to rescind delegation is the responsibility of the Registered Nurse who originally delegated the task of nursing care. The following are examples of, but not limited to, situations where rescinding delegation is appropriate:

- (a) The unlicensed person demonstrates an inability to perform the task of nursing care safely;
- (b) The condition of the client has changed to a level where delegation to an unlicensed person is no longer safe;
- (c) The delegated task of care has been converted to an assigned task of care;
- (d) The Registered Nurse determines that delegation and periodic supervision of the task and the unlicensed person is no longer necessary due to a change in client condition or because the task has been discontinued;
- (e) The Registered Nurse is no longer able to provide periodic supervision of the unlicensed person, in which case the registered nurse has the responsibility to pursue obtaining supervision with the appropriate person or agency;
- (f) The skill of the unlicensed person, the longevity of the relationship and the client's condition in combination make delegation no longer necessary.

Stat. Auth.: ORS 678.150

Stats. Implemented: 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 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98

### **851-047-0040**

#### **Teaching the Performance of Tasks for an Anticipated Emergency**

The Registered Nurse may teach tasks to an unlicensed person which prepare the person to deal with an anticipated emergency under the following conditions:

- (1) The Registered Nurse assesses the probability that the unlicensed person will encounter an emergency situation.
- (2) The Registered Nurse teaches the emergency procedure.

(3) The Registered Nurse leaves detailed step by step instructions how to respond to the anticipated emergency. This does not include the administration of injectable medications by the intramuscular route except as provided in ORS 433.800 - 433.830, Programs to Treat Allergens and Hypoglycemia.

(4) The Registered Nurse periodically evaluates the unlicensed person's competence regarding the anticipated emergency situation.

(5) The responsibility, accountability and authority to teach for an anticipated emergency remains with the Registered Nurse.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98

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