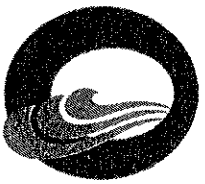

OREGON COAST
COMMUNITY COLLEGE

Nursing Program

Student Handbook

2019-2020

Section II

Appendices

OREGON COAST
COMMUNITY COLLEGE

ACADEMIC INTEGRITY

"Academic integrity is vital for nurses to possess in their everyday life. Honesty and integrity are important for all scholastic careers, especially nursing. I plan to uphold my academic integrity by adequately citing all sources I use and by doing my own work throughout the program. I believe that cheating is not acceptable in any aspect of life and I will live up to my commitment to never do so.

I will never plagiarize and will pursue everything I do with honesty and integrity. I will work hard for everything I attempt. Also, I will not cheat and/or copy another students' work. I will also do my best to learn the most possible and complete scholarly work."

_____ _____

SIGNATURE **DATE**

PERMISSION TO SHARE INFORMATION

As indicated on the program application I submitted, I understand the OCCC Nursing Program may from time to time gather individual and aggregate data for the purpose of program evaluation and improvement. I also understand that at times the Oregon State Board of Nursing (OSBN), the Oregon Center for Nursing (OCN), and Oregon Coast Community College (OCCC) may need to gather data for obtaining accurate and important recruitment and admissions statistics. As I did when I applied to the OCCC Nursing Program, I again give my permission for information regarding my name, gender, ethnicity, age, prior degrees, and other requested information to be shared among the OSBN, OCN, and OCCC for the above purposes.

_____ _____

SIGNATURE **DATE**

Please sign, date, and return this form to the Administrative Assistant, Health & Human Services, no later than September 26, 2019

OREGON COAST
COMMUNITY COLLEGE

Oregon Community College Nursing Program

_____ _____

PRINT NAME **DATE**

CONFIDENTIALITY OF INFORMATION

During your participation in courses at the OCCC Nursing Skills sessions and the Nursing Clinical Simulation Lab, you will likely be an observer of the performance of other individuals in managing healthcare events. It is also possible that you will be a participant in these activities. You are asked to maintain and hold confidential all information regarding the performance of specific individuals and the details of specific scenarios.

By signing below, you acknowledge having read and understood this statement and agree to maintain the strictest confidentiality about any observations you may make about the performance of individuals and the clinical simulation scenarios.

_____ _____

SIGNATURE **DATE**

RELEASE FOR STILL PHOTOGRAPHS AND VIDEOTAPES

I authorize instructors and administrators of the OCCC Nursing Program to photograph (slides or prints) and/or perform image recording of me during the course of training in the Nursing Skills and Nursing Clinical Simulation labs. I understand that the photographs will be shown only for educational, research or administration purposes. No public or commercial use of the photographs (slides or prints) and/or videotapes will be made without my additional written permission.

_____ _____

SIGNATURE **DATE**

Please sign, date, and return this form to the Administrative Assistant, Health & Human Services no later than September 26, 2019

OREGON COAST
COMMUNITY COLLEGE

Oregon Coast Community College

Student Reference Request Form

_____ _____

Student Name **ID Number**

I request that_____(Employee) serve as a reference for me.

I authorize release of any and all information from my educational records, as defined in the Family Educational Rights and Privacy Act (FERPA) relating to my education at Oregon Coast Community College to the following: _____

All prospective employers, and/or educational institutions to which I seek admission and all organizations considering me for an award or scholarship OR

_____ Other _____

I understand and agree that authorization for this reference will remain in effect until revoked by me, in writing, and delivered to Employee; however, such revocation will not affect previous disclosures. Further, I agree to hold harmless the Employee and Oregon Coast Community College, for any claim arising out of, or related to, any reference or information provided as a result of this request.

_____

Student Signature

_____

Date

Please sign, date, and return this form to the Administrative Assistant, Health & Human Services, no later than September 26, 2019

OREGON COAST
COMMUNITY COLLEGE

Nursing Student Handbook Agreement

I have read the material in the current 2019-2020 OCCC Nursing Student Handbook and understand it. As an Oregon Coast Community College nursing student, I understand that I must comply with the policies contained in this Nursing Student Handbook to continue in the program. I understand that this Handbook is reviewed/revised every year, and changes will be reviewed with me.

I consent/do not consent to having fellow students perform instructor selected and approved non-invasive and invasive nursing procedures (i.e. injections, capillary blood sugar sticks, and IV starts) on me after appropriate instruction and under instructor supervision.

I understand that all information regarding clients is strictly confidential, whether written in the hospital record or coming to my knowledge from being in the health care facility and I will comply with the Confidentiality of Information Policy contained within this Handbook and HIPAA guidelines for the clinical facilities. I understand that if I violate the policies I may be subjected to civil penalties and/or disciplinary action.

I understand that if I request a recommendation for transfer or employment purposes from a nursing instructor, a written request must be provided, and the recommendation will be in writing and may include information from other nursing instructors. Classroom and clinical absences may be noted on any recommendation letter.

I understand that for purposes of continuity of education and safety of clients, nursing instructors will discuss my clinical performance from term to term in faculty meetings and with me.

I understand that clinical schedules may change during any given term and that my work schedule must be adjusted to fit around my class, skills lab session and clinical schedule.

I agree that for purposes of public safety and health, if I have or develop any type of psychological, medical, drug or alcohol problem that could or does impair my clinical performance the program may report it to and/or consult with the Oregon State Board of Nursing (OSBN) and/or require an examination by a licensed primary health care provider.

I understand that when I am in the clinical setting, if my clinical instructor believes that my ability to perform client care safely is impaired, my instructor will remove me from client care responsibilities and follow the guidelines outlined in the Nursing Student Handbook.

If I am in a drug rehab program the OCCC Nursing Program has the right to monitor my compliance and report to the OSBN. Monitoring may include body fluid collection and testing performed by a designated laboratory in a manner which preserves the integrity of the specimen.

I understand that if I engage in falsifying client records or other dishonesty in client care, the program will report this to the OSBN. The OSBN, if/when I apply for licensure or certification, will then investigate.

I am aware of the inherent problems present in the clinical settings regarding lifting clients, communicable diseases that clients may have, the potential for needle sticks, exposure to latex, exposure to hazardous materials and radiation, etc. I am also aware that these hazards are always present and proper precautions must be taken at all times. I am also aware that I must use "standard precautions" in caring for all clients.

Name (Print): _____

Signed: _____

Date: _____

Please sign, date, and return this form to the Administrative Assistant, Health & Human Services, no later than September 26, 2019

OREGON COAST
COMMUNITY COLLEGE

Oregon Coast Community College
Incident Reports

An incident report (or Quality Assurance report) is required under any circumstance when real or potential injury or loss has occurred to a student or patient. The incident reporting process is part of a quality improvement process as well as a formal tracking mechanism when untoward outcomes may have occurred. Situations involving a nursing student, or a patient being cared for by a nursing student, will likely require completion of two sets of reporting documents, one for the college and one for the facility.

	Facility Incident Report submitted to Dept. manager	OCCC Incident Report Form
Student's patient involved	X	
Student only involved		
Student injured	X	X
Potential for injury due to violation of standards	X	

Incidents involving a patient assigned to a nursing student:

- The first action must be attending to the well-being of the patient and reporting to the appropriate person(s) (Clinical Faculty, Charge RN, Physician,)
- The student with staff or instructor supervision should then complete a facility Incident Reporting form. Students may enter content on the form, but signature must belong to staff person
- The student or staff person will need to notify the clinical instructor who will complete and submit an Incident Report form for Oregon Coast Community College

Note: For any accidents and/or medical occurrences involving a student

- Notify the OCCC Clinical Faculty who is responsible for completion of an OCCC College Incident Report Form.
- The student is to be seen in the facility ER (or Occupational Health if at SPCH)
- Complete the correct facility incident report form.

This form is to be submitted by the Clinical Faculty to the Director of** CTE Programs: Health & Human Services **within 24 hours:

OREGON COAST
COMMUNITY COLLEGE

INCIDENT FORM

Location: _____ Time of incident: _____ Date Reported: _____

Person's Name: _____ Age: _____ Sex: ☐ Male ☐ Female

Address: _____

Home Phone: _____ Work Phone: _____

Parent's Name (if under 18): _____

Date of Incident: _____ Day of Week: _____

Where did the incident happen? _____

Who was supervising? _____

Description of incident: _____

_____

Procedure followed and first aid performed: _____

_____

Who administered first aid? (Name and title): _____

_____

Were others involved? ☐ Yes ☐ No Names: _____

What action is being taken to prevent a reoccurrence (if applicable)? _____

_____

Were others notified? ☐ **Yes** ☐ No Name of person notified: _____

_____ _____

Signature of Person Completing Report **Title**

OREGON COAST COMMUNITY COLLEGE	Alert Progress Record
	Student Name:
	Faculty Member:
	Course Number/Term/Year: _____ Date(s) of Occurrence: _____
Purpose	The Alert Progress Record is utilized when faculty identifies a student-related problem or behavior that is not consistent with meeting clinical competencies or minimal academic progress and requires a plan of action for correction. • Alert Progress Record documentation will become part of the student's file • If the problem is resolved in a timely manner no further action will be taken. • If the problem persists or reoccurs, the instructor will inform the Director of Nursing & Health Occupations and discuss further actions that may need to be taken, which may include a remastery plan, a problem-solving record and/or a probation record.
Related program outcomes in jeopardy.	☐As Provider of Care ☐As Communicator ☐As Manager of Care ☐As Member within the Discipline of Nursing ☐Academic Progression

Related clinical policy in violation, and/or inappropriate student behavior.	☐Client's physical safety ☐Client's psychological safety ☐Client's microbiological safety ☐Client's chemical (medication) safety ☐Utilization of the nursing process ☐Previously learned principles/objectives ☐Dependence or independence in action or decisions ☐Professionalism ☐Clinical Absence ☐Clinical Assignments ☐ Journals ☐ Written assignments
Related clinical outcome in jeopardy or description of academic progression concern	☐Role as a Provider of Care ☐Role as a Manager of Care ☐Role as a Member within the Discipline of nursing ☐Theory grade less than 75%
Description of faculty observation (include "who, what, where and when")	
Pattern of problem occurrence	☐New ☐ Recurrent
Desired outcome from student plan	

Student's plan of action (include measurable actions with time frames)	
Further action indicated	

Student's Signature: _____ Date: _____

Faculty Signature: _____

OREGON COAST COMMUNITY COLLEGE	Nursing Program Probation Contract
	Student Name:
	Faculty Members:
	Course Number/Term/Year: Date:
Purpose	Probation Contract is notice to a student that immediate changes are needed in some behavior(s) to prevent either failure or dismissal from the Program. Subsequent occurrences of problem behavior during a probationary period will result in disciplinary action, which will result in dismissal from the program. The probation contract documents the problem and a plan to remedy the problem, specifies the conditions for retention and progression in the Nursing Program, and documents the conference.
Description of Academic/Clinical Progression concern	
Related Program Outcomes in jeopardy	☐As Provider of Care ☐As Communicator ☐As Manager of Care ☐As Member within the Discipline of Nursing

Related Clinical Policy in violation, and/or Unsafe Clinical Behavior.	
Probation Contract	
Student's Plan of Action (include measurable actions with time frames)	
Further Action Indicated	

Student's Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Director of CTE:

Health and Human Services: _____ Date: _____

OREGON COAST
COMMUNITY COLLEGE

OCCC Nursing Program Policy: for Occupational Injury or Bloodborne Pathogen Exposure during Clinical Experiences

PURPOSE

To establish a standardized procedure to protect students and faculty members from exposure to blood borne pathogens (BBP) or occupational injury and to manage any unanticipated or inadvertent exposure to blood borne pathogens or occupational injury during assigned educational clinical experiences. The protocol includes the standards established by the Center for Disease Control (CDC) and the Occupation Safety and Health Administration (OSHA).

RATIONALE

Students enrolling in academic nursing programs participate in invasive or exposure prone procedures, such as the provision of clinical care to patients in health care facilities.

The educational program prepares students to practice in the safest possible manner to prevent exposure and injury. However, in the event of an unanticipated or inadvertent exposure or occupational injury the procedures outlined here will provide the most current approach to the protection of student health.

Blood borne pathogens are potentially infectious materials, including Hepatitis B virus (HBV), Human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Such infectious materials may be found in all human body fluids, secretions, and excretions, except sweat. Exposure to blood borne pathogens may be unanticipated or inadvertent exposure via eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (such as a needle stick) with blood or other potentially infectious materials.

Occupational injury includes direct patient/client care in the clinical environment or by the nature of being exposed to occupational hazards as noted by the Center for Disease Control (CDC) Occupational Safety and Health Administration (OSHA).

PROCEDURES

1. All clinical faculty and students that are enrolled in Oregon Coast Community College nursing program with a clinical component are required to be immunized against Hepatitis B Virus (HBV).

2. All students and faculty members are required to practice standard precautions when caring for patients and take reasonable precautions to prevent exposure to blood borne pathogens using standard precautions and personal protective equipment, such as gloves, masks, gowns, etc.

3. Health care facilities are expected to supply students and faculty members with the personal protective equipment, safety guidelines and equipment needed to protect against exposure to Bloodborne pathogens (BBP) and injury in their settings.

4. Health care facilities are expected to advise the College about any site-specific training needs for students and faculty members related to protection against exposures to BBP and occupational injury prevention.

5. The College will provide students and faculty members with the required annual training regarding protection against exposure to BBP, and occupational injury according to OSHA and CDC guidelines. In addition, the college will ensure that students and instructors have at least started the hepatitis B vaccination series before clinical assignments begin, and provide for any post-exposure follow-up evaluations and care of students and faculty.

6. Faculty members will advise students to report to them immediately any injury or BBP exposure incident that occurs during required clinical experience.

7. In the event of a BBP exposure the student or faculty member needs to cleanse the wound/site immediately with disinfectant soap. The faculty member will take the responsibility to contact Samaritan Occupational Health Services (SOHS) at 775 SW 9th Street, Suite E, Newport, OR 97365, phone 541-574-4675. SOHS is to be notified that an individual need to be seen for a potential occupational exposure to BBP. Treatment needs to be within two hours of exposure. If the Occupational Health Department is closed, then the faculty member or student is to seek treatment in the closest emergency room department.

8. If a student or faculty member experiences an exposure incident for BBP or injury in a health care facility during required clinical placements, complete the form titled "Oregon Coast Community College Incident Report," and the Oregon Coast Community College Nursing Department incident report form and any site-specific documentation that is required.

9. If any other non-BBP-occupational related injury or exposure incident requires treatment, it cannot be assumed that the College will pay the cost of any care or services provided to students or instructors for injuries. For this reason, the Safety Officer requests that we refrain from making statements like "The College will pay for care." However, the same protocol as noted in # 7 and 8 must be followed.

10. Notify Linda Mollino, Director of CTE Programs: Health & Human Services @ 541-867-8513 or 541-961-7670 after the injury or exposure incident has been attended to.
Unless there is a problem handling the incident and you need the Director's help, this notification can be done at your first opportunity during regular college office hours.

In addition, the Safety Officer at OCCC, will need to be contacted regarding BBP exposure or any injury to faculty or students in the clinical skills lab or classroom environment @ 541-867-8549 or the HR Specialist @ 541-867-8515.

OREGON COAST
COMMUNITY COLLEGE

OCCC Nursing Program Policy: for Occupational Injury or Bloodborne Pathogen Exposure during Clinical Experiences: Acknowledgement Statement Form

Oregon Coast Community College Nursing Program requires that each student and nursing faculty must sign and return this form prior to any clinical placement affiliated with their experiences at Oregon Coast Community College Nursing Program. The policy has been developed for your safety and that of the clients for whom you and your students care for.

I. of transmission I understand that prior to beginning of an assignment through Oregon Coast Community College in a clinical agency I must review the following content related to blood borne pathogens:

- Epidemiology & symptoms of blood borne diseases

Models

- Methods to control exposure
- Information on protective clothing and equipment
- Emergency information Policy Related to Injury or Bloodborne Pathogens Exposure
- Bloodborne Pathogen Exposure Policy at assigned facility
- OSHA Safety Guidelines for healthcare facilities; fire safety, electrical safety and hazard communication guidelines
- Explanation of the college's exposure control plan (contained in the *Policy Related to Injury or Bloodborne Pathogens Exposure*

II. I acknowledge having reviewed the following on an annual basis related to my assignment with the Oregon Coast Community College Nursing Program

___ Reviewed the policy and procedures related to standard transmission-based precautions @ the assigned facility

___ Completed the online training through Samaritan Health Services @ http://www.samhealth.org/health-professionals/students/Pages/undergraduatenursingstudents.aspx

____**Reviewed CDC and OSHA Guidelines and Documents related to:**

____ Workplace Safety and Health Topics: Bloodborne Infectious Diseases: HIV/AIDS, HEPATITIS B, HEPATITIS C @ http://www.cdc.gov/niosh/topics/bbp/#prevent

____ Healthcare-associated Infections (HAIs): Tools for Protecting Healthcare Personnel @ http://www.cdc.gov/HAI/prevent/ppe.html

____ Protecting Healthcare Personnel@ http://www.cdc.gov/HAI/prevent/ppe_train.html

____ OSHA Recommended Safety Guidelines @ Occupational Safety & Health Administration https://www.osha.gov/SLTC/healthcarefacilities/index.html

____ Hazard Communication @ https://www.osha.gov/dsg/hazcom/index.html

____ Healthcare Wide Hazards: Fire @ https://www.osha.gov/SLTC/etools/hospital/hazards/fire/fire.html

____ Electrical Safety @

https://www.osha.gov/SLTC/etools/hospital/hazards/electrical/electrical.html

III. I have been provided a copy of the Oregon Coast Community College Nursing Program Policy for OCCC Nursing Program Policy: for Occupational Injury or Bloodborne Pathogen Exposure during Clinical Experiences for my current and future reference. I have read the policy, agree to abide by the contents and shall retain it for future reference:

Faculty/Student Signature _____ **Date** _____

Adapted from Policies and procedures from Chemeketa Community College, University of Washington and Villanova University College of Nursing

Please sign, date, and return this form to the Administrative Assistant, Health & Human Services, no later than September 26, 2019

OREGON COAST COMMUNITY COLLEGE	Nursing and Health Occupation Programs Physical Contact and Invasive Procedure Policy
Purpose	It is the intent of this policy is to establish guidelines for students within the Nursing Program at Oregon Coast Community College (OCCC) to practice nursing skills on each other. These skills include: basic care; mobility: vital signs: physical assessment; Intradermal injections; subcutaneous injections; deltoid intramuscular injections: finger-stick blood glucose and venipuncture. These guidelines are intended to safeguard both nursing students and Oregon Coast Community College
Policy	In preparation for working with patients in a clinical setting, every student will learn and perform a variety of clinical skills in a group setting with fellow students and faculty. The skills will translate to the quarterly clinical/skills competencies required for each student to successfully complete prior to advancing to the next quarter of the Nursing program. In the clinical setting, close physical contact between the instructor and student, student to student, and student to patient may be required in the delivery of care, or during direct supervision. During the skills lab component of clinical instruction appropriate touching and physical contact as well as the performance of certain invasive procedures will be required between students under the supervision of the Nursing faculty.
Practice Guidelines	1. Students within the Nursing program at OCCC who participate in practicing Nursing skills upon other students are protected against liability as long as all Nursing skills are practiced according to established protocols. Under no circumstances, however, will a student be protected

	under the College's insurance policy when the students act outside the scope and course of the Nursing student, commits intentional wrongful acts, intentionally hurts other students or willfully disregards the instructions of Nursing Faculty. 2. Students who wish to practice nursing skills on other students must sign a consent form and be informed of the risks/discomforts and benefits of participating in the Nursing skills are practiced on other students. 3. A student may not practice a nursing skill on another student unless the student has first practiced the skill on a mannequin. 4. An instructor will supervise students when practicing nursing skills on other students. 5. Universal and Bloodborne pathogen precautions and procedures will be followed when nursing sills are practiced on other students. 6. Student participation is voluntary. A student may revoke his/her consent to participate in the nursing skills by giving notice to an instructor within the Nursing Program. 7. Students will not be penalized if they choose not to participate in the nursing skills. Instructors within the Nursing Program will develop alternative learning activities or skills for students that do not wish to participate in the nursing skills. 8. Medication will not be injected into students participating in nursing skills. For intramuscular, intradermal and subcutaneous injections, sterile saline or water may be injected at the direct supervision of the instructor.
Benefits	The experiences listed below have been selected because they are skills essential to the learning process and the Nursing Faculty at OCCC believe that realistic practice is essential for optimum learning. Participation will enhance the learning process and the acquisition of technical skills. An alternative experience may not provide as realistic an opportunity to practice and therefore may result in less effective learning. Specific benefits are listed.

Guidelines	Students are asked to sign the **Physical Contact and Invasive Procedure Consent Form** which gives permission for fellow students in the Nursing program at Oregon Coast Community College to perform the procedures on them under the supervision of Nursing faculty. Approved Non-Invasive Procedures include: • Basic care, mobility, vital signs, Approved Invasive Procedures include: • Intradermal, subcutaneous, and deltoid intramuscular injections. • Finger stick blood glucose. • Performing venipuncture. Students **do not** have approval for the following procedures: • Insertion of nasogastric tubes • Insertion of urinary catheters • Administration of oral medications

OREGON COAST
COMMUNITY COLLEGE

Nursing and Health Occupation Programs

Physical Contact and Invasive Procedure Consent

Risks/Discomforts	Participation in the Nursing skills may create some anxiety or embarrassment for you. Some of the procedures may create minor physical or psychological discomfort. Specific risks and discomfort are listed below.
Your Rights	You have the right to withhold consent for participation and to withdraw consent after it had been given. If you withhold consent, you will be required to participate in an alternative learning experience. If you do not participate in either the Nursing skills or the alternative activity, you may not be able to successfully complete the course. You may ask questions and expect explanations of any point that is unclear. Where possible the subject's identity will remain confidential.
Consent	By signing this consent, I acknowledge and agree that I understand the above information and agree to follow the policy
	As a student in the Nursing Program at Oregon Coast Community College, I give my consent to participate in and allow Nursing skills to be practiced upon me by other Nursing students. I have read the above policy and understand the contents. I understand that these invasive procedures will be performed using Universal Precautions and that I will participate in assuring use of these precautions.
	I understand the consent is voluntary and I can revoke it anytime by providing written notice to the Director of CTE Programs: Health & Human Services.
	I am not a minor and ample time was provided to ask questions and discuss the information with the Nursing faculty.
	I understand the risks and/or discomforts as detailed in the Physical Contact and Invasive Procedure Policy well as the benefits of participating in the Nursing skill practice

Printed Student Name_____

Student Signature_____ Date: _____

Please sign, date, and return this form to the Administrative Assistant, Health & Human Services, no later than September 26, 2019

Oregon Coast Community College Nursing Program Course Content and Outcome Guide

First Year	NUR141	NUR142	NUR143	NUR145
Course Name	**Fundamentals of Nursing**	**Care of Acutely Ill Patients and Developing Families I**	**Care of Acutely Ill Patients and Developing Families II**	**Introduction to Pharmacology & Pathophysiology**
Credit and Contact Hours	**Credits: 12** **Contact Hours: 60/180**	**Credits: 12** **Contact Hours: 60/180**	**Credits: 12** **Contact Hours: 60/180**	**Credits: 1** **Contact Hours: 10**
Course Description	Presents concepts and skills that lay a foundation for entry into the nursing profession. Provides opportunities to attain the knowledge and skills that are necessary to promote health, prevent disease, and deliver basic nursing care to individual patients across the lifespan. The skills laboratory section is the first of five in the Nursing sequence. **Prerequisite**: admission to the nursing program. **Prerequisite or Concurrent Enrollment**: BI233	Focuses on the care of individual patients with health problems related to the respiratory, cardiovascular, fluid & electrolytes, endocrine, musculoskeletal, and neurological systems. Incorporates the nursing role in providing care to patients across the lifespan. Includes the second skills laboratory section in the Nursing sequence. **Prerequisite**: NUR 141, BI 234 and FN 225	Focuses on the care of patients with health problems related to neurological, hematological, gastrointestinal, and genitourinary systems, as well as conditions related to cancer, mental health, infectious diseases, and complications of obstetrics. Incorporates the role of the nurse in providing care to patients across the lifespan who are acutely ill. Includes the third skills laboratory section in the Nursing sequence **Prerequisite**: NUR 142	Introduces connections between pathophysiology of selected disease processes, associated pharmacological treatments and nursing responsibilities. **Prerequisite**: NUR 142 **Concurrent Enrollment**: NUR 143
Intended Outcomes for the Course	1. Utilize an understanding of conceptual foundations of nursing; nursing process, critical thinking and holistic care, as they apply to the nursing role in care of patients with common health disturbances. 2. Recognize how facts and principles from physical,	1. Utilize critical thinking skills and understanding of nursing process to develop holistic, individualized plans of care for patients with pain, endocrine, respiratory, cardiovascular, musculoskeletal, integumentary disorders, and women's health needs across the life span. 2. Identify health-related community-based resources	1. Develop holistic individualized plans of care for patients with altered immunity, hematological/oncologic, urinary, neurological/cognitive, gastrointestinal, and reproductive, disorders. 2. Show evidence of an emerging understanding of psychobiological	1. Use knowledge of pharmacodynamics and pathophysiology to identify nursing implications associated with administration of medications from select drug classifications. 2. Relate the pathophysiology of select disorders to the actions

	biological, social, and behavioral sciences are applied to planning care for individuals across the life span. 3. Apply selected health promotion concepts in care of patients from diverse backgrounds in various health care settings 4. Use therapeutic and professional communication techniques in the clinical setting. 5. Provide basic nursing care for patients using facts and principles from physical, biological, social, and behavioral sciences. 6. Distinguish between personal and professional values, and legal/ethical responsibilities in practice 7. Follow standard safety and infection control measures to perform nursing skills correctly in the skills practice laboratory.	supporting individuals across the lifespan. 3 Utilize therapeutic communication skills with individual patients and families, while providing health education and health promotion. 4. Collaborate with members of the health care team during planning, implementation and evaluation of the plan of care for assigned patients. 5. Distinguish personal ethics that might conflict with professional ethics as delineated by the American Nurses Association in the Code of Ethics for Nurses 6. Evaluate and apply strategies and communication techniques that promote effective delegation.	disorders, psychosocial trauma, and the obstetrical experience including antepartum, postpartum, and newborn adaptation. 3. Implement individual and group, evidenced-based health education plans incorporating culture, learning needs/readiness, and ability to learn. 4. Communicate effectively with patients and healthcare team members with emerging leadership and management skills. 5. Recognize situations requiring revision to the plan of care for assigned patients; report and initiate plan of care changes 6. Make decisions regarding patient care based on professional values and complying with legal/ethical standards. 7. Utilize assessment skills and communication techniques that promote effective and appropriate delegation.	and nursing implications associated with caring for patients receiving medications for those disorders. 3. Monitor and evaluate the effectiveness of drug therapy, focusing on interpretation of nursing assessments to detect therapeutic effects, side effects and adverse reactions, and drug-drug, drug-food, and drug-natural product interactions for specific classes of drugs. 4. Use knowledge of select drug classifications, uses, general drug actions, adverse reactions, contraindications, precautions and interactions to outline a patient plan of care. 5. Teach patients and family members regarding safe and effective use of drugs.
Course Activities and Design	1. Lecture 2. Skills practice lab with patient scenario simulation	1. Lecture 2. Skills practice lab with patient scenario simulation 3. Clinical	1. Lecture 2. Skills practice lab with patient scenario simulation 3. Clinical	1. Lecture 2. Class discussions 3. Assignments

	3. Clinical 4. Reflective journaling 5. Assignments	4. Reflective journaling 5. Assignments 6. Community Based Project	4. Reflective journaling 5. Assignments 6. Community Based Teaching Project	
Outcome Assessment Strategies	1. Satisfactory completion of electronic patient care planning tool (75% or above complete in all categories) 2. Multiple choice, short answer, and essay questions that require integration, application, and critical examination of material covered in class 3. Weekly and final clinical performance evaluation 4. Written assignments designed to stimulate critical thinking related to clinical experiences 5. Written assignments designed to stimulate critical thinking related to theory content 6. Written journals designed to promote integration of clinical outcomes *with* personal reflection and clinical experience 7. Skills practice lab formative and summative performance evaluation 8. Completion of drug dose math exam at 90% or above. 9. Completion of Kaplan	1. Satisfactory completion of electronic patient care planning tool (75% or above complete in all categories) 2. Multiple choice, short answer, and essay questions that require integration, application, and critical examination of material covered in class 3. Weekly and final clinical performance evaluation 4. Written assignments designed to stimulate critical thinking related to clinical experiences. 5. Oral presentation resulting from group research, analysis, and critical evaluation. 6. Written journals designed to promote integration of clinical outcomes *with* personal reflection and clinical experience. 7. Skills practice lab formative and summative performance evaluation 8. Completion of drug dose math exam at 90% or above. 9. Completion of Kaplan comprehensive student assessment program (Skill modules; practice and proctored exams).	1. Satisfactory completion of electronic patient care planning tool (75% or above complete in all categories) 2. Multiple choice, short answer, and essay questions that require integration, application, and critical examination of material covered in class 3. Weekly and final clinical performance evaluation 4. Written assignments designed to stimulate critical thinking related to clinical experiences. 5. Oral presentation resulting from group research, analysis, and critical evaluation. 6. Written journals designed to promote integration of clinical outcomes *with* personal reflection and clinical experience. 7. Skills practice lab formative and summative performance evaluation 8. Completion of drug dose math exam at 90% or above. 9. Completion KAPLAN comprehensive student assessment program (Skill modules; practice and proctored exams).	1. Multiple choice, short answer, and essay questions that require integration, application, and critical examination of material covered in class 2. Written assignments designed to stimulate critical thinking related to clinical decision-making and pharmacology.

	comprehensive student assessment program (Skill modules: practice and proctored exams).			
Course Content (Themes, Concepts, Issues and Skills)	**1. Conceptual Foundations of Nursing:** a. Historical evolution of professional nursing, socialization to professional nursing, issues and trends in current nursing, program philosophy and conceptual framework b. Professional nursing practice, expanded nursing roles, nursing competencies and scope of practice (Intro Division 45 OSBN) c. Values, ethics and legal issues d. Caring for the older adult e. Health care in the community and home f. Communication in the nurse-patient relationship g. Culture & diversity h Health, wellness and complementary medicine **2. Clinical Nursing Care:** a. Safety b. Infection prevention and management c. Mobility d. Sleep and rest e. Pain management f. Nutrition	**1. Nursing care of patients having surgery.** **2. Pathophysiology and Patterns of Health:** a. Nursing care of patients in pain b. Palliative Care; end of life care b. Nursing: care of patients with altered fluid, electrolyte and acid-base balance **3. Conceptual Foundations of Nursing:** a. Nursing research and evidenced-based care b. Patient education and health promotion **4. Psychosocial Nursing Tools:** Communication and the clinical interview **5. Foundations of Practice—Legal & ethical guidelines for safe practice** **6. Response to Altered Endocrine Function:** a. Nursing care of patients with Diabetes Mellitus-Part I b. Nursing care of patients with Endocrine disorders: thyroid & parathyroid disorders **7. Response to Altered Respiratory**	**1.Labor and Birth:** Labor and birth process; Nursing management during labor and birth; Nursing management of labor and birth at risk **2. Postpartum**: Post-partum adaptation; Nursing management during the postpartum period **3. The Newborn:** Newborn adaptation and nursing management of the newborn **4. The Newborn at Risk:** Nursing care of the newborn with special needs; Nursing management of the newborn at risk; Acquired and congenital newborn conditions **5. Pathophysiology and Patterns of Health:** a. Nursing care of patients with altered immunity-Part I b. Nursing care of patients with cancer **6. Response to Altered Cardiovascular Function:** Nursing care of patients with hematological disorders **7. Responses to Altered Integumentary Structure and Function:** Nursing care of patients with integumentary disorders: Skin	**1. Pharmacology Principles and Safe Administration of Medications** **2. Medications Affecting the Endocrine System** a. Pathophysiology of diabetes b. Anti-diabetic medications c. Pathophysiology of thyroid disease d. Anti-thyroid medications & thyroid preparations **3. Medications Affecting the Respiratory System** a. Bronchodilators b. Mucolytics & antitussives c. Antihistamines & decongestants **4. Medications Affecting the Cardiovascular System** a. Anti-hyperlipidemics b. Cardiac glycosides c. Anti-hypertensives 5. Medications affecting the gastrointestinal system

	g. Cardiac and respiratory Function h. Urinary and Bowel Elimination i. Life span development j. Cognitive processes k. Families and their relationships l. Loss and grieving m. Spiritual health n. Stress, coping and adaptation; o. Human sexuality **3. Clinical Nursing Therapies** a. Health assessment b. Physical Examination **4. Nursing Process:** a. Understanding the application of nursing process in developing individualized plans for patient care. b. Foundation for practice; documentation & communication in the health care team: pt. medical record **5. Introduction to Pharmacology and drug dose calculations.**	**Function:** a. Nursing care of patients with gas exchange disorders- Part I: The patient with chronic obstructive disease. **8. Pulmonary Diseases** a. Nursing care of patients with ventilation disorders-Part I: Infectious pulmonary disease; Tuberculosis **9. Response to Altered Cardiovascular Function:** a. Nursing care of patients with coronary disease b. Nursing care of patients with vascular & lymphatic disorders: hypertension & peripheral vascular disease **10. Response to Altered Musculoskeletal Function:** a. Nursing care of patients with musculoskeletal trauma: fractures & surgical stabilization; b. Nursing care of patients with musculoskeletal disorders: arthritis **11. Response to Altered Integumentary Structure and Function:** a. Nursing care of patients with integumentary disorders **12.Pregnancy:** a. Fetal development and genetics b. Maternal adaptation and nursing management during pregnancy **13. Childbearing at Risk:**	cancer **8. Responses to Altered Reproductive Function:** a. Nursing care of women with reproductive system and breast disorders: cervical, endometrial, ovarian, and breast cancer **b.** Nursing care of men with reproductive system and breast disorders: Prostate and Testicular Cancer **c.** Nursing care of patients with sexually transmitted infections **9. Psychosocial Nursing Tools:** Understanding responses to stress-coping with acute and chronic illness **10. Responses to Altered Gastrointestinal Function:** a. Nursing care of patients with gastrointestinal and bowel disorders: Part I b. Nursing care of patients with gastrointestinal and bowel disorders: Part 2 **11. Responses to Altered Urinary Elimination:** Nursing care of patients with urinary tract disorders **12. Responses to Altered Neurological Function:** a. Nursing care of patients with intracranial disorders: Stoke and seizures b. Nursing care of patients with neurological disorders: Part 1	

		a. Nursing management of pregnancy at risk; pregnancy related complications	c. Nursing care of patients with neurological disorders: Dementia & Alzheimer's: Part 2 **13. Cognitive Disorders:** Delirium **14. Foundations in Theory:** Mental health and mental illness; Relevant theories and therapies for nursing practice **15. Psychobiological Disorders:** Eating disorders **16. Trauma Interventions:** Child, older adult and intimidate partner abuse **17. Psychobiological Disorders:** Addictive Disorders **18. Practice of Nursing:** Scope of practice/entrance into practice; Member of the health care team; Delegation	
	Skills 1. Hygiene skills 2. Transmission based and standard precautions 3. Safe patient handling and body mechanics 4. Moving, positioning, and transferring patients 5. Conduct and document adult health assessment with vital signs 6. Oxygen therapy	**Skills** 1. Enteral feedings via nasogastric, gastrostomy, and nasoduodenal tubes 2. Sterile gowning, gloving and field preparation. 3. Assessment of acute and chronic wounds and pressure ulcers 4. Clean and sterile dressing changes	**Skills** 1. Basic obstetrical and neonatal assessment 2. Nasogastric tube insertion and removal 3. Nasopharyngeal, oropharyngeal, and nasotracheal suctioning 4. Tracheostomy care 5. Organization and prioritization of multiple skills when providing care in a simulated	

	7. Medication administration and drug dose calculation. Parenteral (IM, Sub-Q, ID) and non-parenteral 8. Specimen collection: urine, stool, sputum and finger stick blood glucose 9. Electronic Health Record documentation	5. Preparation and changing of intravenous bags and tubing 6. Administration of primary and secondary intravenous infusions 7. Conversion of peripheral intravenous infusions to intermittent device 8. Saline flush via a peripheral intermittent venous access devices 9. Urinary catheterization 10. Electronic Health Record documentation	clinical experience 6. Electronic Health Record documentation	

Oregon Coast Community College Nursing Program Course Content and Outcome Guide

Second Year	NUR241	NUR242	NUR243	NUR244
Course Name	Care of Patients with Complex Health Problems	Care of Patients in Situations of Crisis and in the Community	Preparation for Entry into Practice	NCLEX-RN Preparation
Credits and Contact Hours	**Credits: 12** **Contact Hours: 60/180**	**Credits: 12** **Contact Hours: 60/180**	**Credits: 8** **Contact Hours: 30/150**	**Credits: 2** **Contact Hours: 20**
Course Description	Provides opportunities to learn and apply knowledge and skills necessary for clinical decision-making when providing care to patients with complex physical and mental health problems. Emphasizes increased independence, judgment and critical thinking in the nursing role. Includes the fourth skills laboratory section in the Nursing sequence. Fine Arts elective needs to be completed prior to NUR 142, department permission required. **Prerequisite**: NUR 143	Provides opportunities to learn and apply knowledge and skills necessary for clinical decision-making when providing care to patients with complex physical needs. Focuses on patients experiencing acute and chronic high acuity illness; palliative and end of life care and disaster preparedness. Includes the fifth skills laboratory section in the Nursing sequence **Prerequisite**: NUR 241	Presents concepts in nursing management and professional nursing issues. The culmination of the Nursing clinical sequences incorporates a clinical preceptorship to demonstrate achievement of program outcomes. **Prerequisite**: NUR 242	Provides a comprehensive review and preparation for the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Includes test taking strategies and critical analysis of NCLEX type questions through guided learning. Explores content areas in nursing care management; maternal, child and pediatric nursing; psychiatric and mental health nursing; adult and geriatric health; and pharmacology. **Prerequisite:** NUR 242 & **Co-enrollment:** NUR 243
Intended Outcomes for the Course	1. Develop comprehensive, holistic, individualized plans of care for patients with acute and chronic psychiatric disorders, infectious disease, gastrointestinal problems, acute and chronic pain, endocrine problems and fluid/ electrolyte/acid-base problems. 2. Function with increased independence in clinical decision-	1. Develop comprehensive, holistic, individualized plans of care for patients with community-based health care needs, and in planning care for patients with oncologic, cardiovascular, renal, respiratory, and neurologic problems. 2. Function with increased independence in clinical decision-	1. Use clinical decision-making; critical thinking skills and evidence-based practice in the application of nursing process for assigned patients. 2. Communicate effectively and collaboratively with	1. Develop an individual plan for preparing for the NCLEX-RN exam 2. Recognize and apply test-taking strategies to improve performance in taking multi-format style questions 3. Employ an increased recognition of nursing concepts in nursing

	making and the application of nursing process to patients with complex physical and/or mental health problems. 3. Evaluate the effectiveness of health teaching plans that are culturally sensitive, and revise plans appropriately. 4. Communicate therapeutically with patients experiencing difficulty coping across the mental health continuum. 5. Organize and prioritize components of care requiring complex assessments and interventions for assigned patients; consistently reports pertinent information to the health care team. 6. Differentiate the scope of practice and legal responsibilities of the registered nurse and licensed practical nurse in Oregon.	making, and the application of nursing processes to patients with complex and acute problems. 3. Develop discharge plans that reflect understanding of community resources and individual patient/family needs. 4. Communicate therapeutically with patients experiencing complex and acute health care needs. 5. Assume responsibility for the "Manager of Care" role including the process of effective delegation 6. Identify nursing responsibilities related to local/national disaster response. 7. Utilize professional values and responsibilities inherent in the registered nurse role in providing nursing care.	patients, families, their Preceptor, and other members of the healthcare team. 3. Assume responsibility for the "Manager of Care" role; overseeing the patient plan of care for an assigned patients. 4. Compare and contrast aspects of healthcare systems and their impact on patient outcomes. 5 Improve quality of care with evidence-based practice within the scope of nursing 6. Use sound judgment and decision-making based upon professional values and established nursing standards of care. 7. Show readiness for seeking employment as a registered nurse.	management, maternal, child and pediatric nursing; psychiatric and mental health nursing; adult and geriatric health; and pharmacology. 4. Evaluate client situations and determine the best nursing response in a multiple-choice computerized environment that is based upon on established nursing standards and principles.
Course Activities and Strategies	1. Lecture 2. Skills practice lab with simulation 3. Clinical practice 4. Clinical post-conference 5. Reflective journaling 6. Written Assignments 7. Community Based Project	1. Lecture 2. Skills practice lab with simulation 3. Clinical practice 4. Clinical post-conference 5. Reflective journaling 6. Written Assignments 7. Community Health Promotion Project	1. Lecture 2. Skills practice lab with simulation 3. Clinical practice preceptorship 4. Clinical post-conference 5. Reflective journaling 6. Written Assignments 7. Professional Issues Project	1. Lecture 2. Standardized computerized practice exams.

Oregon Coast Community College Nursing Program Course Content and Outcome Guide

Assessment of Outcomes	1. Satisfactory completion of three electronic patient care planning tools (75% or above complete in all categories) 2. Multiple choice, short answer, and essay questions that require integration, application, and critical examination of material covered in class 3. Weekly and final clinical performance evaluation 4. Written assignments designed to stimulate critical thinking related to clinical experiences. 5. Oral presentation resulting from group research, analysis, and critical evaluation. 6. Written journals designed to promote integration of clinical outcomes *with* personal reflection on clinical experience. 7. Skill practice laboratory formative and summative performance evaluation 8. Completion of drug dose math exam at 90% or above. 9. Kaplan comprehensive student assessment program (Skill modules: practice and proctored exams).	1. Satisfactory completion of three electronic patient care planning tools (75% or above complete in all categories) 2. Multiple choice, short answer, and essay questions that require integration, application, and critical examination of material covered in class 3. Weekly and final clinical performance evaluation 4. Written assignments designed to stimulate critical thinking related to clinical experiences. 5. Oral presentation resulting from group research, analysis, and critical evaluation. 6. Written journals designed to promote integration of clinical outcomes *with* personal reflection on clinical experience. 7. Skill practice laboratory formative and summative performance evaluation 8. Completion of drug dose math exam at 90% or above. 9. Kaplan comprehensive student assessment program (Skill modules; practice and proctored exams).	1. Multiple choice, short answer, and essay questions that require integration, application, and critical examination of material covered in class 2. Formative and summative clinical performance evaluations by RN Preceptor and Instructor 3. Written assignments designed to stimulate critical thinking related to clinical experiences and readiness for entry into the nursing profession. 4. Oral presentation resulting from group research, analysis, and critical evaluation. 5. Written journals designed to promote integration of clinical outcomes with personal reflection on clinical experience. 6. Completion of drug dose math exam at 90% or above. 7. Kaplan comprehensive student assessment program (Practice and proctored exams)	1. Pre and post class NCLEX style computerized exams.
Course Content: Themes, Concepts,	**1. Nursing Care of Clients with Psychiatric Problems** a. Overview of mental health & illness	**1. Concepts of Critical and Emergent Care** a. Disaster planning & emergency response	***1.* Understanding Health Care Delivery Systems** a. Healthcare economics; organizational theory &	**I. General Exam Preparation** a. The NCLEX-RN Blueprint. b. Test-taking strategies c. Pathways to success

Issues and Skills	b. Clinical Safety Practice c. Schizophrenia disorder d. Bipolar disorders e. Depression and suicide f. Personality disorders g. Anxiety disorders h. Mental Health Across the Lifespan i. Post Traumatic Stress Disorder (PTSD)/Trauma Informed Care **2. Psychopharmacology** **3. Foundations of Nursing Practice for the Registered Nurse** a. Delegation, education and the nursing process **4. Nursing Care of Patients with Gastrointestinal Problems** a. Nursing care of patients with gallbladder, liver, and pancreatic disorders Part I **5. Nursing Care of patients with Pain** a. Acute & chronic pain **6. Nursing Care of Clients with Infectious Disease** a. HIV & AIDs **7. Nursing Care of Patients with Gastrointestinal Problems~** a. Nursing care of patients with gallbladder, liver, and pancreatic Disorders Part 2. b. malnutrition	**2. Community Based Nursing** a. Community and home care of adults (environmental health) **3. Community Based Nursing** a. Nursing care of patients experiencing loss, grief, and death (hospice/palliative care). **4. Nursing Care of Patients with Oncological Problems** a. Physiologic and psychological effects of cancer **5. Nursing Care of Patients with Oncological Problems** a. Nursing care of patients with white blood cell disorders **6. Nursing Care of Patients with Cardiovascular Problems** a. Cardiac pharmacology b. Assessing patients with cardiovascular problems c. Infectious & inflammatory cardiac disease d. Cardiovascular rhythms: normal & abnormal; pacemakers e. Vascular & structural abnormalities f. Myocardial infarction & heart failure g. Nursing care of the child with congenital heart disease **7. Nursing Care of Patients with Renal Problems** a. Acute & chronic renal failure **8. Nursing Care of Patients**	structure; b. Methods of nursing care delivery **2. Managing Human Resources:** a. Power; Collective bargaining b. Managing stress & conflict resolution; c. Communication styles with groups & individuals d. Workplace violence e. Styles of leadership & management f. Motivation & performance appraisal. g. Change, power and politics **5. Knowing Your Practice** a. Delegation in the clinical setting; Legal implications of managing orders b. Decision making and critical thinking c. Quality improvement ***6.* Improving Care Through Quality** Evidence based practice Prioritizing patient care **7. OSBN Licensure and new graduate process**	**2. Leadership in Nursing** a. Cultural diversity b. Ethical & legal concerns c. Delegating & prioritizing care **4. Fundamental Skills** a. Safe environment b. Medications & IV solutions c. Perioperative nursing d. Positioning clients e. Care of a patient with tubes or drains f. Nutrition g. Laboratory values **4. Maternity Nursing** a. Female reproductive system b. Obstetrical assessment c. Labor & delivery d. Postpartum period e. Care of the newborn f. Maternity & newborn medications **5. Growth & Development** a. Theories of growth & development b. Developmental stages c. Care of the older adult **6. Pediatric Nursing** a. Medication administration and calculations b. Systems review **7. Disorders of the adult client** a. Systems review: disorders and

	8. Nursing Care of Clients with Infectious Disease a. Altered immune response b. Current trends in infectious diseases **9. Physiologic Concepts for the Registered Nurse** **10. Nursing Care of Patients with Altered Fluid, Electrolyte, and Acid-Base Balance Part 2** **11. Foundations of Nursing Practice for the Registered Nurse** a. Ethical & legal Dilemmas b. bioethics in healthcare **12. Nursing Care of the Patient with Endocrine Problems** a. Pituitary & adrenal emergencies b. Acute complications of diabetes	**Experiencing Trauma & Shock** **8. Nursing Care of Patients with Respiratory Problems~** a. Respiratory disorders part 2a b. Respiratory disorders part 2b **9. Nursing Care of Patients with Neurological Problems** a. Nursing care of patients with intracranial disorders b. Nursing care of patients with spinal cord disorders and CNS infection **10. Nursing Care of Patients with Integumentary Problems** a. Nursing care of patients with burns		medications. 1. Integumentary 2. Endocrine 3. Gastrointestinal 4. Respiratory 5. Cardiovascular 6. Eye/Ear 7. Neurological 8. Musculoskeletal 9. Immune 10 Acid/base and Fluid & Electrolyte disorders b. Oncological disorders and medications c. Mental Health Disorders and medications
	Skills 1. Central venous access devices 2. Caring for patients with chest tubes 3. Peripheral IV insertion 4. Administering intravenous push medications. 5. Caring for patients receiving	**Skills** 1. Organize and prioritize multiple skills for complex patients with changing health care needs. 2. Organize and prioritize medication administration orders for a team of patients.	**Skills (in selected situations)** 1. Organize and prioritize multiple skills for complex patients with changing health care needs.	

	patient-controlled analgesia 6. Assisting with procedures. 7. Administration, nursing considerations, and complications of blood transfusions 8. **Basic code management Skills**			

Division 45

Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse

851-045-0030
Purpose of Standards and Scope of Practice

(1) To establish acceptable levels of safe practice for the Licensed Practical Nurse (LPN) and Registered Nurse (RN);
(2) To serve as a guide for the Board to evaluate safe and effective nursing care;
(3) To serve as a guide for the Board to determine when nursing practice is below the expected standard of care; and
(4) To provide a framework for evaluation of continued competency in nursing practice.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.010
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 5-2012, f. 5-7-12, cert. ef. 6-1-12; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0035
Definitions

(1) "Assign" means directing and distributing, within a given work period, the work that each staff member is already authorized to perform.
(2) "Board" means the Oregon State Board of Nursing.
(3) "Client" means an individual, person, family, group, community, organization, population, or a student cohort who is engaged in a professional relationship with a licensee.
(4) "Clinical Supervision" means the RN's provision of guidance, direction, oversight and evaluation of another RN, LPN, certified nursing assistant (CNA), certified medication aide (CMA), or unlicensed assistive person (UAP) in their implementation of the plan of care.
(5) "Community-Based Setting" means a setting where federal law or state law does not require the presence of licensed nursing personnel 24-hours a day. These settings include private homes, congregate housing, home-like settings, schools, and those settings identified in ORS 678.150(8).
(6) "Competency" or competence means demonstrating specified levels of knowledge, technical skill, ability, ethical principle, and clinical reasoning which are relevant to the practice role, prevailing standards, and client safety.
(7) "Comprehensive Assessment" means the collection, in-depth analysis and synthesis of client data performed by the RN.
(8) "Context of Care" means the variables that guide a licensee's nursing service delivery and include, but are not limited to, the practice setting, the licensee's role within the setting, the regulations governing the setting, the policies and procedures of the setting, specialty nursing practice standards applicable to the nursing activity, and the ability of the client to engage in their own care.

(9) "Delegation Process" means the process an RN uses to authorize an unlicensed assistive person to perform a nursing procedure for a client while retaining accountability for the outcome.

(10) "Ethical Practice" means nursing practice consistent with the ethics of the profession of nursing.

(11) "Focused Assessment" means for the purpose of these rules, the collection and appraisal of data related to the client's health status performed by the LPN that occurs as assigned to the LPN by the RN or by the licensed independent practitioner who is providing clinical direction and supervision of the LPN.

(12) "Focused Plan of Care" means the outline authored by the LPN, at the direction of the RN or licensed independent practitioner, that identifies a client problem or risk, identifies a measurable client outcome, and identifies nursing interventions designed to mitigate the problem or risk.

(13) "Health Care Team" means those working with the client to achieve the client's identified outcomes. The composition of the health care team is appropriate to the context of care, includes the client, can be multidisciplinary, and is not limited to licensed health professionals.

(14) "Impaired Function" means the inability to practice nursing with professional skill and safety.

(15) "Individual Scope of Practice" means an individual licensee's demonstrated competency developed and maintained through practice experience and through engagement in independent and formal learning experiences, which occurs within the boundaries of nursing practice allowed by statute.

(16) "Licensed Independent Practitioner (LIP)" means a health care professional who is authorized by Oregon statute to independently diagnose and treat.

(17) "Licensee" means the RN, RN emeritus, LPN, LPN emeritus, nurse practitioner (NP), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA) as licensed pursuant to ORS Chapter 678.

(18) "Noninjectable Medication" means a medication that is not administered by injection.

(19) "Nursing Intervention" means an action deliberately designed, selected and performed to implement the plan of care.

(20) "Nursing Judgment" means the intellectual process the nurse exercises in forming an opinion and reaching a clinical decision based on analysis of evidence or data.

(21) "Nursing Procedure" means a health-related procedure that is commonly taught in nursing education programs and normally performed by an RN or LPN when implementing the nursing plan of care.

(22) "Nursing Process" means the critical thinking model used at the RN level of practice that integrates the singular and concurrent actions of assessment, identification of client problems or risks, identification of expected outcomes, planning, implementation, and evaluation.

(23) "Plan of Care" means the comprehensive outline authored by the RN that communicates the client's identified problems or risks, identifies measurable client outcomes, and identifies nursing interventions chosen to mitigate the identified problems or risks.

(24) "Professional Boundaries" means nurse and client therapeutic relationship limitations that guide appropriate and professional interactions. Professional boundaries are established under the scope of one's license to practice nursing, are applicable in and outside of the practice setting, and protect the space between the licensee's power, the client, and the client's vulnerability.

(25) "Reasoned Conclusion" means the RN's identification of client problems or risks through the application of scientific evidence, clinical experience, and nursing knowledge to comprehensive assessment data. Reasoned conclusions are also known as nursing diagnostic statements.

(26) "Self-Regulate" means the licensee's personal responsibility and accountability for adhering to legal, ethical, and professional practice standards, and professional performance standards.

(27) "Teaching" means the development and provision of instruction and learning experiences for the purpose of promoting wellness, preventing illness or disability, maintaining or restoring health, or assisting a client to adapt to the effects of illness or disability.

(28) "Unlicensed Assistive Person (UAP)" means a person who holds a job, position, or role within the client health care team where the individual is not required to be licensed or certified by a state of Oregon health-related licensing body. This may include, but is not limited to, the lay care provider, direct care staff, traditional health worker, medical assistant, volunteer, or technician.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.010
Hist.: BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0040
Scope of Practice Standards for All Licensed Nurses

(1) Standards related to the licensee's responsibility for safe nursing practice. The licensee shall:
  (a) Practice within the laws and rules governing the practice of nursing at the level the nurse is licensed;
  (b) Ensure competency in the cognitive and technical aspects of a nursing intervention or a nursing procedure prior to its performance; and
  (c) Self-regulate one's professional practice by:
    (A) Adhering to professional practice and performance standards;
    (B) Practicing within the context of care; and
    (C) Removing one's self from practice when unable to practice with professional skill and safety.
  (d) Establish, communicate, and maintain professional boundaries.

(2) Standards related to the licensee's responsibility for licensure and practice role disclosure. The licensee shall disclose licensure type and practice role to the client unless the disclosure creates a safety or health risk for either the licensee or the client.

(3) Standards related to the licensee's responsibility regarding technology. The licensee shall:
  (a) Acquire and maintain the competency necessary to properly use the informatics and technologies of the practice setting; and
  (b) Advocate for the use of informatics and technologies that are compatible with the safety, dignity, and rights of the client.

(4) Standards related to the licensee's responsibility for documentation of nursing practice. The licensee shall document nursing practice in a timely, accurate, thorough, and clear manner.

(5) Standards related to the licensee's responsibility to accept and implement orders for client care and treatment.
  (a) The licensee may accept and implement orders from a licensed independent practitioner (LIP) authorized by Oregon statute to independently diagnose and treat:
    (A) Clinical nurse specialist licensed under ORS Chapter 678;
    (B) Certified registered nurse anesthetist licensed under ORS Chapter 678;
    (C) Nurse practitioner licensed under ORS Chapter 678;
    (D) Medical doctor (MD) licensed under ORS Chapter 677;
    (E) Doctor of osteopathic medicine (DO) licensed under ORS Chapter 677;
    (F) Doctor of podiatric medicine licensed under ORS Chapter 677;
    (G) Dentist licensed under chapter ORS 679;
    (H) Naturopathic physician licensed under ORS Chapter 685;
    (I) Optometrist licensed under ORS Chapter 683;
    (J) Chiropractor physician licensed under ORS Chapter 684;

(K) MD volunteer emeritus license licensed under ORS Chapter 677; and
(L) DO volunteer emeritus license licensed under ORS Chapter 677.

(b) May accept and implement orders for client care and treatment from a Physician Assistant (PA) licensed under ORS Chapter 677, provided that the name of the supervising or agent physician is recorded with the order, in the narrative notes, or by a method specified by the health care facility. At all times the supervising or agent physician must be available to the licensed nurse for direct communication.

(c) Prior to implementation of an order, the licensee:
(A) Must have knowledge that the order is within the LIP's or PA's scope of practice and determine that the order is consistent with the overall plan for the client's care; and
(B) Shall question any order that is not clear, determined to be unsafe, contraindicated for the client, or is inconsistent with the overall plan for the client's care.

(d) The licensee may accept and implement recommendations for care from the following health care professionals licensed in Oregon:
(A) Acupuncturist licensed under ORS Chapter 677;
(B) Dietitian licensed under ORS Chapter 691;
(C) Occupational therapist licensed under ORS Chapter 675;
(D) Physical therapist licensed under ORS Chapter 688;
(E) Pharmacist licensed under ORS Chapter 689;
(F) Psychologist licensed under ORS Chapter 675;
(G) Registered nurse licensed under ORS Chapter 678;
(H) Respiratory therapist licensed under ORS Chapter 688;
(I) Social worker licensed under ORS Chapter 675; and
(J) Speech therapist licensed under ORS Chapter 681.

(e) Prior to implementation of a recommendation, the licensee must have knowledge that the recommendation is within the health care professional's scope of practice and determine that the recommendation is consistent with the overall plan for the client's care.

(f) When the licensee has determined that an order or a recommendation is not clear, unsafe, contraindicated for the client, or inconsistent with the overall plan for the client's care, the licensee has the responsibility to decline implementation and contact the health care professional making the order or recommendation.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.010
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0050
Scope of Practice Standards for Licensed Practical Nurses

(1) The Board recognizes that the LPN has a supervised practice that occurs at the clinical direction and under the clinical supervision of the RN or LIP who have authority to make changes in the plan of care, and 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) Participation in the development and implementation of health care policy;
(d) Participation in nursing research; and
(e) Teaching health care providers and prospective health care providers.

(2) Standards related to the LPN's responsibility for ethical practice, accountability for services provided, and competency. The LPN shall:
  (a) Base LPN practice on current nursing science, other sciences, and the humanities;
  (b) Be knowledgeable of the statutes and regulations governing LPN practice and practice within those legal boundaries;
  (c) Be knowledgeable of the professional nursing practice standards applicable to LPN practice and adhere to those standards;
  (d) Demonstrate honesty, integrity and professionalism in the practice of licensed practical nursing;
  (e) Be accountable for individual LPN actions;
  (f) Maintain competency in one's LPN practice role;
  (g) Maintain documentation of the method that competency was acquired and maintained;
  (h) Accept only LPN assignments that are within one's individual scope of practice;
  (i) Recognize and respect a client's autonomy, dignity and choice;
  (j) Accept responsibility for notifying employer of an ethical objection to the provision of a specific nursing intervention;
  (k) Ensure unsafe nursing practice is addressed immediately;
  (l) Ensure unsafe practice and unsafe practice conditions are reported to the appropriate regulatory agency; and
  (m) Protect confidential client information and only share information in a manner that is consistent with current law.

(3) Standards related to the LPN's responsibility for nursing practice. Applying practical nursing knowledge, at the clinical direction and under the clinical supervision of the RN or LIP, the LPN shall:
  (a) Conduct focused assessments by:
    (A) Collecting data through observations, examinations, interviews, and records in an accurate and timely manner as appropriate to the client's health care needs and context of care;
    (B) Validating data by utilizing available resources, including interactions with the client and health care team members;
    (C) Distinguishing abnormal from normal data, sorting, selecting, recording, and reporting the data discrepancies to the supervising RN or supervising LIP;
    (D) Identifying potentially inaccurate, incomplete or missing data and reporting as needed;
    (E) Recognizing signs and symptoms of deviation from current health status; and
    (F) Evaluating data to identify problems or risks presented by the client.
  (b) Select reasoned conclusions that communicate client problems or risks;
  (c) Contribute to the development of a comprehensive plan of care or develop a focused plan of care. This includes:
    (A) Identifying priorities in the plan of care;
    (B) Setting measurable outcomes in collaboration with the client; and
    (C) Selecting appropriate nursing interventions as established by the RN or consistent with the LIP's plan of care.
  (d) Implement the plan of care; and
  (e) Evaluate client responses to nursing interventions, progress toward measurable outcomes, and communicate such to appropriate members of the health care team.

(4) Standards related to the LPN's responsibility to assign and supervise care. At the clinical direction and under the clinical supervision of the RN or LIP, the LPN:
  (a) May assign to an LPN, nursing interventions that fall within LPN scope of practice and that the licensee receiving the assignment possesses the competency to perform safely;

(b) May assign to the CNA and CMA the duties identified within Chapter 851 Division 63 that the certificate holder possesses the competency to perform safely;
(c) May assign to the UAP work the UAP is authorized to perform within the practice setting and that the UAP possesses the competency to perform safely;
(d) Shall ensure the assignment matches client service need;
(e) Shall provide clinical supervision of the LPN, CNA, CMA, and UAP to whom an assignment possesses been made:
(A) Provides supervision per the context of care;
(B) Ensures documentation of supervision activities occurs per the context of the assignment;
(C) Evaluates the effectiveness of the assignment; and
(D) Reports effectiveness of assignment to the supervising RN or supervising LIP.
(f) Shall revise the assignment as directed by the supervising RN or supervising LIP; and
(g) Prior to making an assignment, the LPN is responsible to know the duties, activities or procedures the recipient of the assignment is authorized to perform within the setting.

(5) Standards related to the LPN's responsibility for client advocacy. The LPN shall:
(a) Advocate for the client's right to receive appropriate care, including client-centered care and end-of-life care, that is respectful of the client's needs, choices and dignity;
(b) Intervene on behalf of the client to identify changes in health status, to protect, promote and optimize health, and to alleviate suffering;
(c) Advocate for the client's right to receive appropriate and accurate information;
(d) Communicate client's choices, concerns and special needs to the supervising RN or supervising LIP and to other members of the health care team; and
(e) Protect the client's right to participate or decline to participate in research.

(6) Standards related to the LPN's responsibility for collaboration with the health care team. The LPN shall:
(a) Function as a member of the health care team;
(b) Collaborate in the development, implementation and evaluation of an integrated plan of care appropriate to the context of care;
(c) Demonstrate a knowledge of health care team members' roles;
(d) Communicate with the supervising RN or supervising LIP and other relevant health care team members regarding the plan of care; and
(e) Make referrals as directed in a timely manner and follow up on referrals made.

(7) Standards related to the LPN's responsibility for the environment of care. The LPN shall:
(a) Promote and advocate for an environment conducive to safety; and
(b) Identify safety and environmental concerns, take action to address those concerns, and report to the supervising RN or supervising LIP.

(8) Standards related to the LPN's responsibility for leadership and quality of care. The LPN shall:
(a) Identify factors that affect the quality of nursing service delivery and report to the supervising RN or LIP;
(b) Implement policies, protocols, and guidelines that are pertinent to nursing service delivery;
(c) Contribute to development and implementation of policies, protocols, and guidelines that are pertinent to the practice of nursing and to health services delivery;
(d) Participate in quality improvement initiatives and activities within the practice setting; and
(e) Participate in the development and mentoring of new licensees, nursing colleagues, students, and members of the health care team.

(9) Standards related to the LPN's responsibility for health promotion and teaching. At the clinical direction and under the clinical supervision of the RN or LIP, the LPN may participate in the

development, implementation and evaluation of teaching plans appropriate to the context of care, that address the learner's learning needs, readiness to learn, and ability to learn.

(10) Standards related to the LPN's responsibility for cultural responsiveness. The LPN shall:
  (a) Apply a basic knowledge of cultural diversity; and
  (b) Recognize and respect the cultural values, beliefs, and customs of the client.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.010
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0060
Scope of Practice Standards for Registered Nurses

(1) The Board recognizes that the scope of practice for the RN encompasses a variety of roles, including, but not limited to:
  (a) Provision of client care;
  (b) Clinical direction and clinical 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) Nursing Informatics; and
  (k) Specialization as an NP, CRNA, or CNS.

(2) Standards related to the RN's responsibility for ethical practice, accountability for services provided, and competency. The RN shall:
  (a) Base RN practice on current and evolving nursing science, other sciences, and the humanities;
  (b) Be knowledgeable of the professional nursing practice and performance standards and adhere to those standards;
  (c) Be knowledgeable of the Oregon statutes and regulations governing RN practice and practice within those legal boundaries;
  (d) Demonstrate honesty, integrity and professionalism in the practice of registered nursing;
  (e) Be accountable for individual RN actions;
  (f) Maintain competency in one's RN practice role;
  (g) Maintain documentation of the method that competency was acquired and maintained;
  (h) Accept only RN assignments that are within one's individual scope of practice;
  (i) Recognize and respect a client's autonomy, dignity and choice;
  (j) Accept responsibility for notifying employer of an ethical objection to the provision of a specific nursing intervention;
  (k) Ensure unsafe nursing practices are addressed immediately;
  (l) Ensure unsafe practice and practice conditions are reported to the appropriate regulatory agency; and
  (m) Protect confidential client information and only share information in a manner that is consistent with current law.

(3) Standards related to the RN's responsibility for nursing practice. Through the application of scientific evidence, practice experience, and nursing judgment, the RN shall:
  (a) Conduct comprehensive assessments by:

(A) Collecting data from observations, examinations, interviews, and records in an accurate and timely manner as appropriate to the client's needs and context of care;
(B) Validating data by utilizing available resources, including interactions with the client, with health care team members, and by accessing scientific literature;
(C) Distinguishing abnormal from normal data, sorting, selecting, recording, evaluating, synthesizing and communicating the data;
(D) Identifying potentially inaccurate, incomplete or missing data and reporting data discrepancies as appropriate for the context of care;
(E) Identifying signs and symptoms of deviation from current health status;
(F) Anticipating changes in client status; and
(G) Evaluating the data to identify problems or risks presented by the client.

(b) Develop reasoned conclusions that identify client problems or risks;
(c) Develop a client-centered plan of care based on analysis of the client's problems or risks that:
(A) Establishes priorities in the plan of care;
(B) Identifies measurable outcomes; and
(C) Includes nursing interventions to address prioritized diagnostic statements or reasoned conclusions.
(d) Implement the plan of care;
(e) Evaluate client responses to nursing interventions and progress toward identified outcomes; and
(f) Update and modify the plan of care based on ongoing client assessment and evaluation of data.

(4) Standards related to the RN's responsibility to assign and supervise care.
(a) The RN may assign to the RN, nursing interventions that fall within RN scope of practice and that the licensee receiving the assignment possesses the competency to perform safely.
(b) The RN may assign to the LPN nursing interventions that fall within LPN scope of practice and that the licensee receiving the assignment possesses the competency to perform safely.
(c) The RN may assign to the CNA and CMA authorized duties identified within Chapter 851 Division 63 that the certificate holder possesses the competency to perform safely.
(d) The RN may assign to the UAP work the UAP is authorized to perform within the setting and that the UAP possesses the competency to perform safely.
(e) The RN shall ensure the assignment matches the client's service needs with qualified personnel and available resources.
(f) The RN shall provide clinical supervision of the RN, LPN, CNA, CMA, and UAP to whom an assignment has been made:
(A) Provide clinical supervision per the context of care;
(B) Ensure documentation of supervision activities per the context of the assignment; and
(C) Evaluate the effectiveness of the assignment.
(g) The RN shall revise the assignment as indicated by client outcome data, availability of qualified personnel and available resources.
(h) Prior to making an assignment, the RN is responsible to know the duties, activities or procedures the recipient of the assignment is authorized to perform within the setting.

(5) Standards related to the RN's responsibility for client advocacy. The RN shall:
(a) Advocate for the client's right to receive appropriate care, including client-centered care and end-of-life care, that is respectful of the client's needs, choices and dignity;

(b) Intervene on behalf of the client to identify changes in health status, to protect, promote and optimize health, and to alleviate suffering;
(c) Advocate for the client's right to receive appropriate and accurate information;
(d) Communicate client's choices, concerns and special needs to other members of the health care team; and
(e) Protect the client's right to participate or decline to participate in research.

(6) Standards related to the RN's responsibility for collaboration with the health care team. The RN shall:
(a) Function as a member of the health care team;
(b) Collaborate in the development, implementation and evaluation of integrated plans of care as appropriate to the context of care;
(c) Demonstrate a knowledge of health care team members' roles;
(d) Communicate with health care team members regarding the plan of care; and
(e) Make referrals in a timely manner and ensure follow-up on referrals.

(7) Standards related to the RN's responsibility for the environment of care. The RN shall:
(a) Promote and advocate for an environment conducive to safety; and
(b) Identify safety and environmental concerns, take action to address those concerns and report as needed.

(8) Standards related to the RN's responsibility for leadership and quality of care. The RN shall:
(a) Identify factors that affect quality of nursing service, health services delivery, and client care, and develop quality improvement standards and processes;
(b) Interpret and evaluate policies, protocols, and guidelines that are pertinent to nursing practice and to health services delivery;
(c) Develop and implement policies, protocols, and guidelines that are pertinent to the practice of nursing and to health services delivery;
(d) Participate in quality improvement initiatives and activities within the practice setting; and
(e) Participate in the development and mentoring of new licensees, nursing colleagues, students and members of the health care team.

(9) Standards related to the RN's responsibility for health promotion and teaching. The RN shall develop, implement and evaluate evidence-based teaching plans that address the client's learning needs, readiness to learn and ability to learn. This includes:
(a) Client health promotion and health education;
(b) Teaching a UAP how to administer injectable emergency medications as provided in ORS 433.800 to 433.830;
(c) Teaching a UAP how to administer naloxone as authorized by ORS 689.681;
(d) Teaching school personnel how to administer premeasured doses of epinephrine as provided in ORS 339.869; and
(e) Teaching a UAP how to administer noninjectable medications to a client in a community-based setting as codified in chapter 851 division 47.

(10) Standards related to the RN's responsibility for cultural responsiveness. The RN shall:
(a) Apply a broad knowledge and awareness of cultural diversity; and
(b) Recognize and respect the cultural values, beliefs, and customs of the client.

(11) Standards related to the RN who delegates the performance of a nursing procedure to a UAP.
(a) The RN may authorize a UAP to perform a nursing procedure through delegation process when polices of the setting, or policies supporting the RN's practice role, allow for RN delegation.
(b) The nursing process components of assessment, identification of reasoned conclusions, identification of outcomes, planning, and evaluation shall not be delegated.

(c) The RN maintains sole accountability for the decision to delegate, which includes the decision to decline to delegate, based on application of these rules and nursing judgment.

(d) The RN maintains sole accountability for the completion of all delegation process steps.

(e) The RN's authorization of a UAP to perform a nursing procedure shall only occur when the following delegation process steps are met:

(A) Based on nursing judgment, the RN determines that:

(i) The procedure does not require interpretation or independent decision making during its performance on the client;

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

(iii) The client's condition does not warrant assessment during performance of the procedure; and

(iv) The selected client and circumstances of the delegation are such that delegation of the procedure to the UAP poses minimal risk to the client and the consequences of performing the procedure are not life-threatening.

(B) The RN teaches the nursing procedure to the UAP and competency validates the UAP in the safe and accurate performance of the procedure on the client. The RN holds sole accountability for these actions;

(C) The RN provides clear, accurate, retrievable, and accessible directions detailing the performance of the procedure and verifies the UAP's adherence to those directions; and

(D) The RN retains accountability for nursing care as provided.

(f) The RN shall provide clinical supervision of the UAP to whom the procedure has been delegated. The clinical supervision shall include:

(A) Monitoring of the UAP's performance of the procedure to verify the UAP's adherence to written directions; and

(B) Engaging in ongoing evaluation of the client and associated data to determine the degree to which client outcomes related to performance of the procedure are being met.

(g) The RN shall only delegate the performance of the procedure to a UAP when standards 851-045-0060(11)(a) through (f) are met.

(h) The RN holds the responsibility and accountability to rescind the UAP's authorization to perform the procedure based upon the RN's nursing judgment concerning the client's situation. Causes for rescinding the UAP's authorization to perform the procedure include, but are not limited to, decreasing stability of the client's condition, increased potential for harm to the client, decreasing predictability of client outcomes, failure of the UAP to adhere to directions for performance of the procedure, or inability of the RN to provide clinical supervision of the UAP to whom a procedure has been delegated.

(i) The RN who accepts an assignment to delegate a nursing procedure to a UAP in a community-based care environment shall also adhere to Chapter 851 Division 47 standards on community-based RN delegation.

(12) Standards related to the RN in the role of registered nurse first assistant (RNFA) in surgery.

(a) The RN who accepts an assignment to practice in the role of RNFA shall have successfully completed an RNFA program that meets the Association of Perioperative Nurses standards for the RN first assistant programs;

(b) Intraoperatively, the RNFA shall practice at the direction of the surgeon and not concurrently function in any non-RNFA practice role; and

(c) The RNFA shall practice under the direct supervision of the surgeon who is on site in the unit of care and not otherwise engaged in any other uninterruptible procedure or activity.

(13) Standards related to the RN who is employed by a public or private school. Pursuant to ORS 678.038, an RN who is employed by a public or private school may accept orders from a physician or osteopath who is licensed to practice in another state or US territory if the order is related to the treatment of a student who has been enrolled at the school for not more than 90 days.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.010
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0070
Conduct Derogatory to the Standards of Nursing Defined

Conduct that adversely affects the health, safety, and welfare of the public, fails to conform to legal nursing standards, or fails to conform to accepted standards of the nursing profession, is conduct derogatory to the standards of nursing. Such conduct includes, but is not limited to:

(1) Conduct related to general fitness to practice nursing:
  (a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior; or
  (b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.

(2) Conduct related to achieving and maintaining clinical competency:
  (a) Failing to conform to the essential standards of acceptable and prevailing nursing practice. Actual injury need not be established;
  (b) Performing acts beyond the authorized scope or beyond the level of nursing for which the individual is licensed; or
  (c) Accepting an assignment when individual competency necessary to safely perform the assignment have not been established or maintained.

(3) Conduct related to the client's safety and integrity:
  (a) Developing, modifying, or implementing policies that jeopardize client safety;
  (b) Failing to take action to preserve or promote the client's safety based on nursing assessment and judgment;
  (c) Failing to develop, implement or modify the plan of care;
  (d) Assigning persons to perform functions for which they are not prepared to perform or that are beyond their scope of practice, authorized duties, or job functions;
  (e) Failing to clinically supervise persons to whom an assignment has been made;
  (f) Assuming duties and responsibilities within the practice of nursing when competency has not been established or maintained;
  (g) Improperly delegating the performance of a nursing procedure to a UAP;
  (h) Failing to clinically supervise a UAP to whom a nursing procedure has been delegated.
  (i) Leaving or failing to complete any nursing assignment, including a supervisory assignment, without notifying the appropriate personnel and confirming that nursing assignment responsibilities will be met;
  (j) 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;
  (k) Failing to respect the dignity and rights of clients, inclusive of social or economic status, age, race, religion, gender, gender identity, sexual orientation, national origin, nature of health needs, physical attributes, or disability;

(l) Failing to report actual or suspected incidents of abuse, neglect or mistreatment;
(m) Engaging in or attempting to engage in sexual contact with a client in any setting;
(n) Engaging in sexual misconduct with a client in the workplace;
(o) Failing to establish or maintain professional boundaries with a client; or
(p) Using social media to communicate, post, or otherwise distribute protected client data including client image and client identifiers.

(4) Conduct related to communication:
(a) Failure to accurately document nursing interventions and nursing practice implementation;
(b) Failure to document nursing interventions and nursing practice implementation 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 agency records. This includes but is not limited to:
(A) Documenting nursing practice implementation that did not occur;
(B) Documenting the provision of services that were not provided;
(C) Failing to document information pertinent to a client's care;
(D) Documenting someone else's charting omissions or signing someone else's name;
(E) Falsifying data;
(F) Altering or changing words or characters within an existing document to mislead the reader; or
(G) Entering late entry documentation into the record that does not demonstrate the date and time of the initial event documented, the date and time the late entry is being placed into the record, and the signature of the licensee entering the late entry to the record.
(d) Destroying a client or agency record to conceal a record of care;
(e) Directing another individual to falsify, alter or destroy an agency record, a client's health record, or any document to conceal a record of care;
(f) Failing to communicate information regarding the client's status to members of the health care team in an ongoing and timely manner as appropriate to the context of care; or
(g) Failing to communicate information regarding the client's status to other individuals who are authorized to receive information and have a need to know.

(5) Conduct related to the client's family:
(a) Failing to be respectful to the client's family and the client's relationship with their family.
(b) Using one's title or position as a nurse to exploit the client's family for personal gain or for any other reason;
(c) Stealing money, property, services or supplies from the client's family;
(d) Soliciting or borrowing money, materials or property from the client's family; or
(e) Engaging in unacceptable behavior towards, or in the presence of, the client's family. Such behavior includes, but is not limited to, using derogatory names, derogatory or threatening gestures, or profane language.

(6) Conduct related to 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 delivery of safe nursing services.

(7) Conduct related to impaired function:
(a) Practicing nursing when unable or unfit due to:

(A) Physical impairment as evidenced by documented deterioration of functioning in the practice setting or by the assessment of an LIP qualified to diagnose physical condition or status; or

(B) Psychological or mental impairment as evidenced by documented deterioration of functioning in the practice setting or by the assessment of an LIP qualified to diagnose mental conditions or status.

(b) Practicing nursing when physical or mental ability to practice is impaired by use of a prescription or non-prescription medication, alcohol, or a mind-altering substance; or

(c) The use of a prescription or non-prescription medication, alcohol, or a mind-altering substance, to an extent or in a manner dangerous or injurious to the licensee or others or to an extent that such use impairs the ability to conduct safely the practice of nursing.

(8) Conduct related to other federal or state statute 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 nurses or other health care providers;

(b) Violating the rights of privacy, confidentiality of information, or knowledge concerning the client, unless required by law to disclose such information;

(c) Discriminating against a client on the basis of age, race, religion, gender, gender identity, sexual preference, national origin or disability;

(d) Abusing a client;

(e) Neglecting a client;

(f) Failing to report actual or suspected incidents of client abuse to the appropriate state agencies;

(g) Failing to report actual or suspected incidents of client abuse or neglect through the proper channels in the workplace;

(h) Engaging in other unacceptable behavior towards or in the presence of a client. Such conduct includes but is not limited to using derogatory names, derogatory gestures 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, including self, except as directed by a person authorized by law to prescribe medications;

(l) Unauthorized removal or attempted removal of medications, supplies, property, or money from anyone in the work place;

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

(n) Using one's role as a nurse to defraud a person of their personal property or possessions;

(o) Violating a person's rights of privacy and confidentiality of information by accessing information without proper authorization or without a demonstrated need to know;

(p) Engaging in unsecured transmission of protected client data;

(q) Failing to dispense or administer medications in a manner consistent with state and federal law;

(r) Failure to release a client's health record within 60 days from receipt of written notice for release of records. This includes requests for records after closure of practice;

(s) Improper billing practices including the submission of false claims;

(t) Failing to properly maintain records after closure of practice or practice setting;

(u) Failure to notify client of closure of practice and of the location of their health records;

(v) Failure to report to the Board the licensee's arrest for a felony crime within 10 days of the arrest; or

(w) Failure to report to the Board the licensee's conviction of a misdemeanor or a felony crime within 10 days of the conviction.

(9) Conduct related to licensure or 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, obtaining initial licensure or certification, or renewal of licensure or certification;
- (b) Practicing nursing without a current Oregon license or certificate;
- (c) Practicing as an NP or CNS without a current Oregon certificate;
- (d) Practicing as a CRNA without a current Oregon CRNA license;
- (e) Allowing another person to use one's nursing license or certificate for any purpose;
- (f) Using another person's nursing license or certificate for any purpose;
- (g) Impersonating an applicant or acting as a proxy for the applicant in any nurse licensure or certification examination; or
- (h) Disclosing the contents of a nurse licensure or certification examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.

(10) Conduct related to the licensee's relationship with the Board:
- (a) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except client-attorney privilege;
- (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 provide the Board with any documents requested by the Board;
- (d) Violating the terms and conditions of a Board order; or
- (e) Failing to comply with the terms and conditions of Health Professionals' Services Program agreements.

(11) Conduct related to advanced practice nursing:
- (a) Ordering laboratory or other diagnostic tests or treatments or therapies for one's self;
- (b) Prescribing for or dispensing medications to one's self;
- (c) Using self-assessment and diagnosis as the basis for the provision of care which would otherwise be provided by a client's professional caregiver; or
- (d) Ordering unnecessary laboratory or other diagnostic test or treatments for the purpose of personal gain.

Stat. Auth: ORS 678.150
Stats. Implemented: ORS 678.150, 678.111 & 678.390
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 2-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 12-2010, f. & cert. ef. 9-30-10; BN 5-2012, f. 5-7-12, cert. ef. 6-1-12; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0090
Duty to Report

These standards provide further interpretation of reporting requirements pursuant to ORS 678.135 with application to all licensees, including one's own practice, when behavior or practice presents a potential for, or actual danger to, a client or to the public's health, safety and welfare.

(1) A licensee knowing of a licensed nurse whose 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.

(2) A licensee who has knowledge or concern that a nurse's behavior or practice presents a potential for, or actual danger to, a client or to the public's health, safety and welfare, shall initiate a report to be made to the Board.

(3) A licensee who is aware of a licensed nurse's arrest or conviction of a crime related to a client, or related to the public's health, safety, and welfare shall initiate a report to the Board.

(4) Any organization representing licensed nurses shall report a suspected violation of ORS chapter 678, or the rules adopted within, 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 within, 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; and
  (c) The magnitude of any single occurrence for actual or potential harm to the public's health, safety and welfare.

(6) The following shall always be reported to the Board:
  (a) Practicing nursing when the license has become void due to nonpayment of fees;
  (b) Practicing nursing as defined in ORS 678.010 unless licensed as an RN, LPN, or CRNA, or certified as a CNS or NP;
  (c) Dismissal from employment due to unsafe practice or conduct derogatory to the standards of nursing;
  (d) Client abuse or neglect;
  (e) A pattern of conduct derogatory to the standards of nursing as defined by the rules of the Board or a single serious occurrence;
  (f) Any violation of a disciplinary sanction imposed on the licensee by the Board;
  (g) 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;
  (h) Practicing nursing when physical or mental ability to practice is impaired;
  (i) An arrest for a felony crime which shall be reported to the Board within 10 days of the arrest; or
  (j) A conviction for a misdemeanor or felony crime which shall be reported to the Board within 10 days of the conviction.

(7) Failure of a licensee to comply with these reporting standards may in itself constitute a violation of nursing standards.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

851-045-0100
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) Civil penalties may be imposed according to the following schedule:
  (a) Practicing nursing as an LPN, RN, NP, CRNA or CNS without a current license or certificate or Board required concurrent national certification; or prescribing, dispensing, or distributing drugs without current prescription writing authority, due to failure to renew and continuing to practice $50 per day, up to $5,000.
  (b) Using a limited license to practice nursing for other than its intended purpose $100 per day.

(c) 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 $3,000.
(d) Practicing nursing prior to obtaining an Oregon license by examination or endorsement $100 per day.
(e) Unlicensed practice pursuant to ORS 678.021 up to $5,000.
(f) Conduct derogatory to the standards of nursing $1,000–$5,000. 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;
  (G) Duration of the incident; and
  (H) Economic impact on the person.
(g) Violation of any disciplinary sanction imposed by the Board $1,000–$5,000.
(h) Conviction of a crime which relates adversely to the practice of nursing or the ability to safely practice $1,000–$5000.
(i) Gross incompetence in the practice of nursing $2,500–$5000.
(j) Gross negligence in the practice of nursing $2,500–$5000.
(k) Employing any person without a current Oregon LPN, RN or CRNA license, NP or CNS certificate to function as an LPN, RN, CRNA, NP or CNS subject to the following conditions:
  (A) Knowingly hiring an individual in a position of an LPN, RN, NP, CRNA or CNS when the individual does not have a current, valid Oregon license or certificate for the position hired $5,000; or
  (B) Allowing an individual to continue practicing as an LPN, RN, NP, CRNA or CNS knowing that the individual does not have a current, valid Oregon license or certificate for the position hired $5,000.
(l) Employing an LPN, RN, NP, CRNA or CNS without a procedure in place for checking the current status of that nurse's license or certificate to ensure that only those nurses with a current, valid Oregon license or certificate be allowed to practice nursing $5,000;
(m) 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 re-licensure, or certification or recertification $5,000; and
(n) Precepting a nursing student at any level without verifying their appropriate licensure, registration, or certification $5,000.00

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.117
Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 2-2012(Temp), f. & cert. ef. 4-26-12 thru 10-1-12; BN 5-2012, f. 5-7-12, cert. ef. 6-1-12; BN 9-2012, f. & cert. ef. 6-5-12; BN 11-2012, f. 7-6-12, cert. ef. 8-1-12; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17

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