

## Division 47

# Standards for Community-Based Care Registered Nurse Delegation

### 851-047-0000

#### Rule Summary, Statement of Purpose and Intent

These rules provide standards and guidance for nurses to delegate specific tasks of nursing care and teach administration of noninjectable medications to unlicensed persons. Registered Nurses have a broad scope of practice in teaching and delegating tasks of nursing care to unlicensed persons and providing periodic supervision. Licensed Practical Nurses' scope of practice includes teaching and supervision of unlicensed persons at the discretion and under the direction of the Registered Nurse. It is the responsibility of the Registered Nurse to decide when, how and if it is appropriate for unlicensed persons to be delegated tasks of nursing care. The Registered Nurse, when delegating to an unlicensed person, is authorizing that person to perform a task of nursing care normally within the Registered Nurse's scope of practice. Prior to agreeing to delegate tasks of nursing care, the Registered Nurse has the responsibility to understand these rules for delegating tasks of nursing care and achieve the competence to delegate and supervise. This may be accomplished by attending a class on delegation, obtaining one to one instruction or using other methods to understand delegation. These rules describe the type of settings in which delegation may occur, define delegation of tasks of nursing care, who may delegate, describe the process for delegation and describe the process for teaching the administration of noninjectable medications.

- (1) These rules apply only in settings where a Registered Nurse is not regularly scheduled and not available to provide direct supervision. These are home and community-based settings as described in OAR 851-047-0010(6) and local corrections, lockups, juvenile detention, youth corrections, detoxification facilities, adult foster care and residential care, training and treatment facilities as described in ORS 678.150(9).
- (2) These rules have no application in acute care or long-term care facilities or any setting where the regularly scheduled presence of a registered nurse is required by statute or administrative rule.
- (3) The purpose of these rules is to govern nurses (Registered Nurses, Licensed Practical Nurses, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists and Nurse Practitioners) who practice in settings where delegation may occur. These rules are not intended to govern the setting itself. The Board recognizes that some settings do not provide nursing services. The Board believes that settings which provide nursing services or advertise that they provide nursing services should have consistent nursing practice standards in place that the public may rely on, including the delegation of nursing care tasks consistent with the provisions of these administrative rules.
- (4) Pursuant to ORS 678.036, a Registered Nurse who delegates tasks of nursing care to an unlicensed person shall not be held responsible for civil damages for the actions of the unlicensed person in performing a task of nursing care unless:
  - (a) The unlicensed person is acting on specific instructions from the nurse; or
  - (b) The nurse fails to leave instructions when the nurse should have done so.
- (5) The Registered Nurse is responsible for:
  - (a) Assessing a client situation to determine whether or not delegation of a task of nursing care could be safely done;
  - (b) Safely implementing the delegation process;

- (c) Following the Board's process for delegation as described in these rules; and
  - (d) Reporting unsafe practices to the facility owner, administrator and/or the appropriate state agency(ies).
- (6) Failure to follow the provisions of these rules may subject the nurse to disciplinary sanctions by the Board.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92; Renumbered from 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 2-1999, f. & cert. ef. 3-16-99; BN 5-2004, f. & cert. ef. 2-26-04

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

#### **Definitions**

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

- (1) "Activities of Daily Living" means those self-care activities which a person performs independently, when able, to sustain personal needs and/or to participate in society. Activities of daily living include activities such as bathing, dressing, eating, drinking, ambulating, and toileting.
- (2) "Administration of Medications" means removal of an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's or nurse practitioner's order, giving the individual dose to the proper client at the proper time by the proper route and promptly recording the time and dose given.
- (3) "Assisting with Administration of Medications" means helping the client with one or more steps in the process of taking medications, but does not mean "administration of medications" as defined in these rules. Examples of "assisting" include, but are not limited to, opening the medication container, reminding the client of the proper time to take the medication, helping the client to self-administer their own medication, assisting the client with one or more steps of medication administration at the client's direction and setting up medications for future administration by another person.
- (4) "Certified Nursing Assistant (CNA)" means a person who holds a current Oregon CNA certificate by meeting the requirements specified in division 61; whose name is listed on the CNA Registry; and who assists licensed nursing personnel in the provision of nursing care. The phrase Certified Nursing Assistant and the acronym CNA are generic and may refer to CNA 1, CNA 2 or all CNAs.
- (5) "Client-Directed Care" means that a person requiring care fully self-directs or manages his/her own care even though he/she is not physically able to perform the care. The care that may be client directed includes activities of daily living, administration of noninjectable medications and tasks of nursing care.
- (6) "Community Based Care" means a setting that does not exist primarily for the purpose of providing nursing/medical care, but where nursing care is incidental to the setting. These settings include adult foster homes, assisted living facilities, child foster homes, private homes, public schools and twenty-four hour residential care facilities.
- (7) "Delegation" means that a registered nurse authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed persons and re-evaluating the task at regular intervals. For the purpose of these rules, the unlicensed

- person, caregiver or certified nursing assistant performs tasks of nursing care under the Registered Nurse's delegated authority.
- (8) "Initial Direction for Administration of Noninjectable Medications" means giving explicit instructions regarding administration of noninjectable medications.
  - (9) "Initial Direction for a Task of Nursing Care" means that the Registered Nurse gives explicit instructions regarding the provision of the task of nursing care.
  - (10) "Injectable Medications," for the purpose of Division 47, means any medication administered by intravenous or subcutaneous routes.
  - (11) "Noninjectable Medication" means any medication, including controlled substances, which is not administered by the arterial, intradermal, subcutaneous, intramuscular, intraosseous, epidural, intrathecal or intravenous route.
  - (12) "Nursing Assessment" means the systematic collection of data about an individual client for the purpose of judging that person's health/illness status and actual or potential health care needs. Nursing assessment involves collecting information about the whole person including the physical, psychological, social, cultural and spiritual aspects of the person. Nursing assessment includes taking a nursing history and an appraisal of the person's health/illness through interview, physical examination and information from family/significant others and pertinent information from the person's past health/medical record. The data collected during the nursing assessment process provides the basis for a diagnosis(es), plan for intervention and evaluation.
  - (13) "Nursing Process" means a systematic problem-solving method licensed nurses use when they provide nursing care. The nursing process includes the steps of assessing, making a nursing diagnosis, establishing a plan of care, carrying out the plan of care by completing client/nursing care procedures and evaluating the effectiveness of the plan of care.
  - (14) "Periodic Inspection, Supervision and Evaluation of the Administration of Noninjectable Medications" means that either a physician or Registered Nurse determines the frequency at which review of medication administration practices should occur within a setting in accordance with the rules and policies of that setting.
  - (15) "Periodic Inspection, Supervision and Evaluation of a Task of Nursing Care" means that the Registered Nurse, at regular intervals, assesses and evaluates the condition of the client for whom a task of nursing care has been delegated, reviews the procedures and directions established for the provision of the nursing care and reviews the competence of the caregiver(s).
  - (16) "Rescind" means to cancel or take back.
  - (17) "P.R.N. (pro re nata) medications and treatments" means those medications and treatments which have been ordered to be given as needed.
  - (18) "Procedural Guidance" means written instructions that the Registered Nurse leaves as a specific outline of how the task of nursing care or administration of medications is to be performed.
  - (19) "Regularly Scheduled" means that the presence of a licensed nurse is required by statute and administrative rule 24 hours each day in a setting where client care is being continuously delivered.
  - (20) "Stable/Predictable Condition" means a situation where the client's clinical and behavioral state is known, not characterized by rapid changes, and does not require frequent reassessment and evaluation. This includes clients whose deteriorating condition is predictable.
  - (21) "Supervision of Unlicensed Persons" means that the Registered Nurse periodically monitors by direct observation on-site or by use of technology that enables the Registered Nurse to visualize the unlicensed person's skill and ability to perform a task, reassesses the client and assesses the need for continued supervision.

- (22) "Tasks of Nursing Care" means procedures that require nursing education and a license as a Registered Nurse or Licensed Practical Nurse to perform.
- (23) "Teaching," for the purpose of Division 47, means providing instructions for the proper way to administer noninjectable medications and/or perform a task of nursing care. Teaching may include presentation of information in a classroom setting or informally to a group, discussion of written material and/or demonstration of a technique/procedure.
- (24) "Unlicensed Person," for the purpose of Division 47, means an individual who is not licensed to practice nursing, medicine, or any other health occupation requiring a license in Oregon, but who provides tasks of nursing care or is taught to administer noninjectable medications. A certified nursing assistant, as defined by these rules, is an unlicensed person. For the purpose of these delegation rules, unlicensed persons do not include members of the client's immediate family. Family members may perform tasks of nursing care without specific delegation from a Registered Nurse. The terms "unlicensed person" and "caregiver" may be used interchangeably.
- (25) "Unstable Condition" means a situation where the client's clinical and behavioral status is of a serious nature, critical, fluctuating, expected to rapidly change, and in need of the continuous reassessment and evaluation of a licensed nurse.
- (26) "Written Parameters" means directions that are so specific that the unlicensed caregivers use no discretion in administering p.r.n. medications or treatments.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92; Renumbered from 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 5-2004, f. & cert. ef. 2-26-04

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

#### **Teaching Administration of Noninjectable Medications and Periodic Inspection**

These rules for teaching administration of noninjectable medications apply only when a Registered Nurse is designated by the facility or client to provide training and consultation. Unlicensed persons administer noninjectable medications in community-based care settings. Many of these settings are regulated and the unlicensed persons who function in them are regulated from the standpoint of training requirements for them to be caregivers. Training to administer noninjectable medications may or may not be part of the caregiver's orientation program and the training is not required to be done by a Registered Nurse. Community-based care settings may or may not require nurse consultation or the involvement of a licensed nurse. In these settings, the nurse is encouraged to review the facility license requirements that reference the duties of a licensed nurse.

- (1) A physician may provide the initial direction for administration of noninjectable medications.
- (2) A Registered Nurse, or Licensed Practical Nurse at the direction of a Registered Nurse, may provide the initial direction for administration of noninjectable medications. When a Registered Nurse provides initial direction for the administration of noninjectable medications, the Registered Nurse must ensure that procedural guidance for administration of noninjectable medications is available to caregivers who administer medications. Initial direction shall include the following:
  - (a) The proper methods for administration of noninjectable medications;
  - (b) The reasons for the medications;
  - (c) The potential side-effects of the medications;
  - (d) Observation of the client's response;
  - (e) Expected actions if side-effects are observed;
  - (f) Documentation of the administration of the medications; and

- (g) Verification of the physician's or nurse practitioner's order and accurately transcribing the order onto the medication administration record.
- (3) Administration of noninjectable medication may or may not be periodically inspected, at the discretion of the Registered Nurse, and must be in accordance with the regulations for the setting in which the medications are administered. Individual clients within the setting may require more frequent review as determined by the judgment of the Registered Nurse. Factors to consider in determining more frequent review include:
  - (a) The client's condition and medical diagnoses;
  - (b) The number of medications prescribed and their potential for interaction;
  - (c) The type and amount of medication administered;
  - (d) The potential side-effects of the medications; and
  - (e) The client's history of medication side-effects.
- (4) Assisting with the administration of medications does not include administration of noninjectable medications and is not subject to the requirements of OAR 851-047-0020.
- (5) Administration of noninjectable p.r.n. medications and treatments may be taught to unlicensed caregivers by a Registered Nurse or a Licensed Practical Nurse at the direction of a Registered Nurse and in accordance with the regulations of the setting in which medications are administered, provided:
  - (a) Initial direction for administration of noninjectable medications as described in OAR 851-047-0020(2) is provided for the p.r.n. medications;
  - (b) The Registered Nurse writes parameters to clarify the physician's or nurse practitioner's p.r.n. order;
  - (c) The Registered Nurse or Licensed Practical Nurse leaves written parameters for the unlicensed caregiver(s) who administer medications; and
  - (d) The Registered Nurse or Licensed Practical Nurse leaves information for the caregivers who administer medications about the medications/treatments to be administered, including the purpose of the medications/treatments, their side effects and instructions for action if side effects are observed.
- (6) The Registered Nurse and Licensed Practical Nurse have the responsibility to report unsafe practices that come to their attention related to administration of noninjectable medications to the proper person or agency even though the nurse may not have the primary responsibility for review of medication administration practices or supervision of the caregivers who administer noninjectable medications.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92; Renumbered from 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 5-2004, f. & cert. ef. 2-26-04

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

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

These rules for delegation of tasks of nursing care, in particular the process for initial direction described in OAR 851-047-0030(3)(g), the first supervisory visit within at least 60 days described in OAR 851-047-0030(4)(d) and the documentation requirements described in OAR 851-047-0030(3)(k), apply only to those tasks of nursing care delegated after the date these rules are adopted and in effect. Any new delegation of a task of nursing care undertaken after the effective date of these rules shall be in accordance with OAR 851-047-0030(2) and (3). After the effective date of these rules, the next scheduled periodic inspection, supervision and re-evaluation shall be in accordance with OAR 851-047-0030(4).

- (1) The Registered Nurse may delegate tasks of nursing care, including the administration of subcutaneous injectable medications.
  - (a) Under no circumstance may the Registered Nurse delegate the nursing process in its entirety to an unlicensed person.
  - (b) The responsibility, accountability and authority for teaching and delegation of tasks of nursing care to unlicensed persons shall remain with the Registered Nurse.
  - (c) The Registered Nurse may delegate a task of nursing care only to the number of unlicensed persons who will remain competent in performing the task and can be safely supervised by the Registered Nurse.
  - (d) The decision whether or not to delegate a task of nursing care, to transfer delegation and/or to rescind delegation is the sole responsibility of the Registered Nurse based on professional judgment.
  - (e) The Registered Nurse has the right to refuse to delegate tasks of nursing care to unlicensed person if the Registered Nurse believes it would be unsafe to delegate or is unable to provide adequate supervision.
- (2) The Registered Nurse may delegate a task of nursing care to unlicensed persons, specific to one client, under the following conditions:
  - (a) The client's condition is stable and predictable.
  - (b) The client's situation or living environment is such that delegation of a task of nursing care could be safely done.
  - (c) The selected caregiver(s) have been taught the task of nursing care and are capable of and willing to safely perform the task of nursing care.
- (3) The Registered Nurse shall use the following process to delegate a task of nursing care:
  - (a) Perform a nursing assessment of the client's condition;
  - (b) Determine that the client's condition is stable and predictable prior to deciding to delegate;
  - (c) Consider the nature of the task, its complexity, the risks involved and the skills necessary to safely perform the task;
  - (d) Determine whether or not an unlicensed person can perform the task safely without the direct supervision of a Registered Nurse;
  - (e) Determine how often the client's condition needs to be reassessed to determine the appropriateness of continued delegation of the task to the unlicensed persons; and
  - (f) Evaluate the skills, ability and willingness of the unlicensed persons.
  - (g) Provide initial direction by teaching the task of nursing care, including:
    - (A) The proper procedure/technique;
    - (B) Why the task of nursing care is necessary;
    - (C) The risks associated with;
    - (D) Anticipated side effects;
    - (E) The appropriate response to untoward or side effects;
    - (F) Observation of the client's response; and
    - (G) Documentation of the task of nursing care.
  - (h) Observe the unlicensed persons performing the task to ensure that they perform the task safely and accurately.
  - (i) Leave procedural guidance for performance of the task for the unlicensed persons to use as a reference. These written instructions shall be appropriate to the level of care, based on the previous training of the unlicensed persons and shall include:
    - (A) A specific outline of how the task of nursing care is to be performed, step by step;
    - (B) Signs and symptoms to be observed; and
    - (C) Guidelines for what to do if signs and symptoms occur.

- (j) Instruct the unlicensed persons that the task being taught and delegated is specific to this client only and is not transferable to other clients or taught to other care providers.
- (k) Document the following:
  - (A) The nursing assessment and condition of the client;
  - (B) Rationale for deciding that this task of nursing care can be safely delegated to unlicensed persons;
  - (C) The skills, ability and willingness of the unlicensed persons;
  - (D) That the task of nursing care was taught to the unlicensed persons and that they are competent to safely perform the task of nursing care;
  - (E) The written instructions left for the unlicensed persons, including risks, side effects, the appropriate response and that the unlicensed persons are knowledgeable of the risk factors/side effects and know to whom they are to report the same;
  - (F) Evidence that the unlicensed person(s) were instructed that the task is client specific and not transferable to other clients or providers;
  - (G) How frequently the client should be reassessed by the registered nurse regarding continued delegation of the task to the unlicensed persons, including rationale for the frequency based on the client's needs;
  - (H) How frequently the unlicensed persons should be supervised and reevaluated, including rationale for the frequency based on the competency of the caregiver(s); and
  - (I) That the Registered Nurse takes responsibility for delegating the task to the unlicensed persons, and ensures that supervision will occur for as long as the Registered Nurse is supervising the performance of the delegated task.
- (4) The Registered Nurse shall provide periodic inspection, supervision and re-evaluation of a delegated task of nursing care by using the following process and under the following conditions:
  - (a) Assess the condition of the client and determine that it remains stable and predictable; and
  - (b) Observe the competence of the caregiver(s) and determine that they remain capable and willing to safely perform the delegated task of nursing care.
  - (c) Assessment and observation may be on-site or by use of technology that enables the Registered Nurse to visualize both the client and the caregiver.
  - (d) Evaluate whether or not to continue delegation of the task of nursing care based on the Registered Nurse's assessment of the caregiver and the condition of the client within at least 60 days from the initial date of delegation.
  - (e) The Registered Nurse may elect to re-evaluate at a more frequent interval until satisfied with the skill of the caregiver and condition of the client.
  - (f) The subsequent intervals for assessing the client and observing the competence of the caregiver(s) shall be based on the following factors:
    - (A) The task of nursing care being performed;
    - (B) Whether the Registered Nurse has taught the same task to the caregiver for a previous client;
    - (C) The length of time the Registered Nurse has worked with each caregiver;
    - (D) The stability of the client's condition and assessment for potential to change;
    - (E) The skill of the caregiver(s) and their individual demonstration of competence in performing the task;
    - (F) The Registered Nurse's experience regarding the ability of the caregiver(s) to recognize and report change in client condition; and
    - (G) The presence of other health care professionals who can provide support and backup to the delegated caregiver(s).

- (g) The less likely the client's condition will change and/or the greater the skill of the caregiver(s), the greater the interval between assessment/supervisory visits may be. In any case, the interval between assessment/supervisory visits may be no greater than every 180 days.
- (5) It is expected that the Registered Nurse who delegates tasks of nursing care to unlicensed persons will also supervise the unlicensed person(s). However, supervision may also be provided by another Registered Nurse who was not the delegator provided the supervising nurse is familiar with the client, the skills of the unlicensed person and the plan of care. The acts of delegation and supervision are of equal importance for ensuring the safety of nursing care for clients. If the delegating and supervising nurses are two different individuals, the following shall occur:
  - (a) The reasons for separation of delegation and supervision shall be justified from the standpoint of delivering effective client care;
  - (b) The justification shall be documented in writing;
  - (c) The supervising nurse agrees, in writing, to perform the supervision; and
  - (d) The supervising nurse is either present during teaching and delegation or is fully informed of the instruction, approves of the plan for teaching and agrees that the unlicensed person who is taught the task of nursing care is competent to perform the task.
- (6) The Registered Nurse may transfer delegation and supervision to another Registered Nurse by using the following process. Transfer of delegation and supervision to another Registered Nurse, if it can be done safely, is preferable to rescinding delegation to ensure that the client continues to receive care:
  - (a) Review the client's condition, teaching plan, competence of the unlicensed person, the written instructions and the plan for supervision;
  - (b) Redo any parts of the delegation process which needs to be changed as a result of the transfer;
  - (c) Document the transfer and acceptance of the delegation/supervision responsibility, the reason for the transfer and the effective date of the transfer, signed by both Registered Nurses; and
  - (d) Communicate the transfer to the persons who need to know of the transfer.
- (7) The Registered Nurse has the authority to rescind delegation. The decision to rescind delegation is the responsibility of the Registered Nurse who originally delegated the task of nursing care. The following are examples of, but not limited to, situations where rescinding delegation is appropriate:
  - (a) The unlicensed person demonstrates an inability to perform the task of nursing care safely;
  - (b) The condition of the client has changed to a level where delegation to an unlicensed person is no longer safe;
  - (c) The Registered Nurse determines that delegation and periodic supervision of the task and the unlicensed person is no longer necessary due to a change in client condition or because the task has been discontinued;
  - (d) The Registered Nurse is no longer able to provide periodic supervision of the unlicensed person, in which case the registered nurse has the responsibility to pursue obtaining supervision with the appropriate person or agency;
  - (e) The skill of the unlicensed person, the longevity of the relationship and the client's condition in combination make delegation no longer necessary.
- (8) The Registered Nurse may delegate the administration of medications by the intravenous route to unlicensed person(s), specific to one client, provided the following conditions are met:
  - (a) The delegation is done by a Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider.

- (b) The tasks related to administration of medications which may be delegated are limited to flushing the line with routine, pre-measured flushing solutions, adding medications, and changing bags of fluid. Bags of fluid and doses of medications must be pre-measured and must be reviewed by a licensed health care professional whose scope of practice includes these functions.
  - (c) A Registered Nurse is designated and available on call for consultation, available for on-site intervention 24 hours each day and regularly monitors the intravenous site.
  - (d) The agency has clear written policies regarding the circumstances for and supervision of the delegated tasks.
  - (e) Delegation does not include initiating or discontinuing the intravenous line.
- (9) A Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider may delegate the administration of a bolus of medication by using a preprogrammed delivery device. This applies to any route of intravenous administration.
- (10) The Registered Nurse may not delegate medications by the intravenous route other than described in subsections (8) and (9) of this rule.
- (11) The Registered Nurse may not delegate the administration of medications by the intramuscular route, except as provided in ORS 433.800 - 433.830, Programs to Treat Allergens and Hypoglycemia.
- (12) The Registered Nurse has the right to refuse to delegate administration of medications by the intravenous route if the Registered Nurse believes it would be unsafe to delegate or is unable to provide the level and frequency of supervision required by these rules.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92; Renumbered from 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 5-2004, f. & cert. ef. 2-26-04

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

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

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

- (1) The Registered Nurse assesses the probability that the unlicensed persons will encounter an emergency situation. Teaching for an anticipated emergency should be limited to those who are likely to encounter such an emergency situation.
- (2) The Registered Nurse teaches the emergency procedure.
- (3) The Registered Nurse leaves detailed step-by-step instructions how to respond to the anticipated emergency.
- (4) Preparation for an anticipation of an emergency includes the administration of injectable medications by the intramuscular route as provided in ORS 433.800 - 433.830, Programs to Treat Allergens and Hypoglycemia.
- (5) The Registered Nurse periodically evaluates the unlicensed persons' competence regarding the anticipated emergency situation.
- (6) The responsibility, accountability and authority to teach for an anticipated emergency remains with the Registered Nurse.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 5-2004, f. & cert. ef. 2-26-04

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