

Or. Admin. R. 851-047-0030

OREGON ADMINISTRATIVE RULES
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CHAPTER 851 BOARD OF NURSING
DIVISION 47 STANDARDS FOR REGISTERED NURSE DELEGATION AND ASSIGNMENT OF
NURSING CARE TASKS TO UNLICENSED PERSONS

Or. Admin. R. 851-047-0030 (2009)

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.