

Division 63

Standards and Authorized Duties for Certified Nursing Assistants and Certified Medication Aides

851-063-0010

Purpose of Authorized Duties and Standards

- (1) To identify the range of tasks which may be performed by the nursing assistant/medication aide in the process of assisting a licensed nurse;
- (2) To serve as a guide to the Board to evaluate safe and effective assistance in nursing care; and
- (3) To establish standards and authorized duties for Certified Nursing Assistants (CNAs) and Certified Medication Aides (CMAs).

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS 678.440, 678.442 & 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0020

Definitions

- (1) "Activities of Daily Living" means self-care activities which a person performs independently, when able, to sustain personal needs and/or to participate in society.
- (2) "Assessment" means the systematic collection of data about an individual client for the purpose of judging that person's health/illness status and actual or potential health care needs.
- (3) "Certified Medication Aide (CMA)" means a Certified Nursing Assistant who has had additional training in administration of noninjectable medication and holds a current Oregon CMA Certificate.
- (4) "Certified Nursing Assistant (CNA)" means a person who holds a current Oregon CNA certificate by meeting the requirements specified in these rules; 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) "Certified Nursing Assistant 1 (CNA 1)" means a person who holds a current Oregon CNA certificate and who assists licensed nursing personnel in the provision of nursing care.
- (6) "Certified Nursing Assistant 2 (CNA 2)" means a CNA 1 who has met requirements specified in these rules for one or more of the CNA 2 categories.
- (7) "Client" means the individual who is provided care by the CNA or CMA including a person who may be referred to as "patient" or "resident" in some settings.
- (8) "CNA Registry" means the listing of Oregon Certified Nursing Assistants maintained by the Board.
- (9) "Hand Hygiene" means those measures recommended by the Centers for Disease Control (CDC) and used by the CNA or CMA to protect themselves and others from infection. Hand hygiene includes handwashing with soap and water, use of alcohol-based hand rubs and proper use of disposable gloves.

- (10) "Monitoring" means that a Registered Nurse assesses and plans for the care of the client, delegates duties to the nursing assistant according to OAR 851-047-0000 through 851-047-0040 and monitors client outcomes as an indicator of CNA/CMA competency.
- (11) "Nursing Assistant" means a person who assists licensed nursing personnel in the provision of nursing care. ORS 678.440(45)
- (12) "Periodic Assessment and Evaluation" means that the RN, at regular intervals, assesses and evaluates the condition of the client and reviews, and modifies if necessary, the procedures and directions established for the provision of care. The interval shall be determined by the RN based on the condition of the client and the nature of the nursing care task(s) being performed.
- (13) "PRN" means as necessary.
- (14) "Site" means the specific geographic location of the facility or institution.
- (15) "Site specific" means that the CNA may perform the additional task(s) of nursing care only at the site at which the task was learned or validated.
- (16) "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.
- (17) "Supervision" means that the licensed nurse periodically observes and evaluates the skills and abilities of the CNA/CMA to perform authorized duties.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS 678.440, 678.442 & 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04; BN 11-2010, f. & cert. ef. 6-25-10

851-063-0030

Authorized Duties and Standards for Certified Nursing Assistants

- (1) Under the supervision of a licensed nurse, the CNA may provide care and assist clients with the following tasks:
 - (a) Tasks associated with infection control and Standard or Transmission Based Precautions:
 - (A) Bedmaking and handling of linen;
 - (B) Caring for the client's environment;
 - (C) Handling and disposal of hazardous wastes;
 - (D) Handling of contaminated materials;
 - (E) Handwashing and hand hygiene;
 - (F) Maintaining client cleanliness and grooming; and
 - (G) Utilizing personal protective equipment.
 - (b) Tasks associated with safety and emergency procedures:
 - (A) Moving and transferring clients;
 - (B) Transporting clients in wheelchairs and specialized chairs;
 - (C) Turning and positioning clients;
 - (D) Using lifts and safe client handling devices;
 - (E) Turning oxygen on and off or transferring oxygen between wall and tank at pre-established flow rate for stable clients;
 - (F) Managing hazards in the workplace;
 - (G) Preventing burns;
 - (H) Preventing falls; and
 - (I) Performing cardiopulmonary resuscitation.
 - (c) Tasks associated with activities of daily living (ADL):

- (A) Assisting with nutrition and hydration:
 - (i) Assisting with feeding;
 - (ii) Measuring and recording height and weight;
 - (iii) Measuring and recording intake and output;
 - (iv) Positioning clients for nutritional and fluid intake;
 - (v) Preventing choking and aspiration; and
 - (vi) Preventing dehydration.
- (B) Assisting with elimination:
 - (i) Administering bowel evacuation suppositories that are available without a prescription;
 - (ii) Administering enemas;
 - (iii) Assisting with the use of bedpan and urinal;
 - (iv) Assisting with toileting;
 - (v) Collecting specimens; sputum, stool, and urine including clean catch urine specimens;
 - (vi) Providing catheter care including the application of and removal of external urinary catheters;
 - (vii) Providing ostomy care for established, healthy ostomy including cleaning the ostomy site and emptying the ostomy bag or changing the ostomy bag which does not adhere to the skin; and
 - (viii) Providing perineal and incontinence care.
- (C) Assisting with personal care:
 - (i) Bathing;
 - (ii) Providing comfort care;
 - (iii) Dressing and undressing;
 - (iv) Grooming to include: application and care of dentures, eye glasses, and hearing aides.
 - (v) Nail care;
 - (vi) Oral hygiene;
 - (vii) Shampooing and caring for hair;
 - (viii) Shaving; and
 - (ix) Skin Care to include: application of non-prescription pediculicides; application of topical, non-prescription barrier creams and ointments for prophylactic skin care; maintenance of skin integrity; prevention of pressure, friction, and shearing; and use of anti-pressure devices.
- (D) Assisting with positioning devices and restraints;
- (E) Assisting with restorative care:
 - (i) Ambulating;
 - (ii) Assisting with and encouraging the use of self-help devices for eating, grooming and other personal care tasks;
 - (iii) Assisting with bowel and bladder training;
 - (iv) Assisting with feeding and ADL programs;
 - (v) Assisting with the use of crutches, walkers, or wheelchairs;
 - (vi) Caring for, applying, and removing antiembolus stockings, braces, orthotic devices, and prosthetic devices.
 - (vii) Elevating extremities;
 - (viii) Maintaining alignment;
 - (ix) Performing range of motion exercises;
 - (x) Using footboards; and
 - (xi) Utilizing and assisting clients with devices for transferring, ambulation, and alignment.

- (d) Tasks associated with observation and reporting:
 - (A) Assisting with coughing and deep breathing;
 - (B) Observing and reporting changes of condition to licensed nurse; and
 - (C) Measuring and recording:
 - (i) Temperature, apical and radial pulse, respiration and blood pressure (manual and electronic-upper arm only and orthostatic blood pressure readings);
 - (ii) Emesis;
 - (iii) Liquid stool;
 - (iv) Pain level using a facility approved pain scale;
 - (v) Pulse oximetry; and
 - (vi) Urinary output, both voided and from urinary drainage systems.
- (e) Tasks associated with documentation.
- (f) Tasks associated with end of life care.
- (2) The CNA may, as an unlicensed person, provide care as delegated or assigned by a nurse pursuant to the terms and conditions in OAR 851-047-0000 through OAR 851-047-0040.
- (3) ORS 678.440(5) defines the term “nursing assistant” as a person who assists licensed nursing personnel in the provision of nursing care. Consistent with that definition, a CNA must either:
 - (a) Be regularly supervised by a licensed nurse; or
 - (b) Work in a community-based care setting or other setting where there is no regularly scheduled presence of a licensed nurse provided there is periodic supervision and evaluation of clients under the provisions of OAR 851-047-0000 through OAR 851-047-0040.
- (4) Under no circumstance shall a CNA work independently without supervision or monitoring by a licensed nurse who provides assessment of clients as described in OAR 851-063-0030(3)(a)(b).
- (5) A CNA may accept verbal or telephone orders for medication from a licensed health care professional who is authorized to independently diagnose and treat only when working in the following settings under the specified administrative rule:
 - (a) When working in Adult Foster Homes, as permitted under OAR Chapter 411, division 050;
 - (b) When working in Residential Care Facilities, as permitted under OAR Chapter 411, division 054; and
 - (c) When working in Assisted Living Facilities, as permitted under OAR Chapter 411, division 054.
- (6) Standards of Care for Certified Nursing Assistants. In the process of client care the CNA shall consistently:
 - (a) Apply standard precautions according to the Centers for Disease Control and Prevention guidelines;
 - (b) Use hand hygiene between episodes of care;
 - (c) Use appropriate body mechanics to prevent injury to self and client;
 - (d) Follow the care plan as directed by the licensed nurse;
 - (e) Use appropriate communication with client, client’s family and friends, and coworkers;
 - (f) Use alternatives to physical restraints, or apply physical restraints as directed by the licensed nurse;
 - (g) Determine absence of pulse and/or respiration, and initiate an emergency response;
 - (h) Report to the licensed nurse any recognized abnormality in client’s signs and symptoms;
 - (i) Record observations and measurements, tasks completed, and client statements about condition or care;
 - (j) Apply safety concepts in the workplace;

- (k) Report signs of abuse, neglect, mistreatment, misappropriation or exploitation;
- (l) Demonstrate respect for rights and property of clients and coworkers; and
- (m) Maintain client confidentiality.

Stat. Auth: ORS 678.440, ORS 678.442, 678.444

Stats. Implemented: ORS 678.440, ORS 678.442, 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04; BN 11-2009, f. & cert. ef. 12-17-09; BN 11-2010, f. & cert. ef. 6-25-10; BN 1-2011(Temp), f. 6-6-11, cert. ef. 6-23-11 thru 12-20-11; BN 4-2011, f. & cert. ef. 10-6-11

851-063-0035

Authorized Duties and Standards for CNA 2 Categories of Care

- (1) Under the supervision of a licensed nurse, a CNA 2 may provide care and assist clients with the following:
 - (a) Tasks associated with interpersonal skills and communication;
 - (b) Tasks associated with observation and reporting:
 - (A) Observing and collecting pain responses;
 - (B) Relieving pain:
 - (i) Assisting with complementary therapies such as using pre-recorded audio/visuals for guided imagery; deep relaxation.
 - (ii) Planning activities in relation to pain;
 - (iii) Providing comfort measures;
 - (iv) Reporting to the nurse;
 - (v) Repositioning; and
 - (vi) Using touch to massage non-diseased tissue.
 - (c) Tasks associated with technical skills:
 - (A) Adding fluid to established post pyloric, jejunostomy and gastrostomy tube feedings;
 - (B) Applying sequential compression devices;
 - (C) Assisting with warm and cold therapies;
 - (D) Bladder scanning;
 - (E) Changing established tube feeding bags;
 - (F) Fingerstick capillary blood testing;
 - (G) Interrupting and re-establishing nasogastric (NG) suction;
 - (H) Reinforcing use of an incentive spirometer;
 - (I) Suctioning oral pharynx;
 - (J) Taking vital signs:
 - (i) Pulse- electronic; and
 - (ii) Blood Pressure- manual and electronic: forearm, upper arm, thigh, and lower leg pressures;
 - (K) Testing stool for occult blood; and
 - (L) Urine dip stick testing.
 - (d) Tasks associated with infection control:
 - (A) Changing dressing or ostomy appliance or bag which adheres to the skin;
 - (B) Obtaining sterile urine specimen from port of catheter;
 - (C) Discontinuing Foley catheters;
 - (D) Measuring, recording and/or emptying output from drainage devices and closed drainage systems; and
 - (E) Performing clean intermittent straight urinary catheterization for chronic conditions.

- (2) In addition to 851-063-0035(1), under the supervision of a licensed nurse, the CNA 2- Acute Care may provide care and assist clients with the following:
 - (a) Tasks associated with observation and reporting;
 - (b) Tasks associated with technical skills:
 - (A) Assisting patients in and out of Continuous Passive Motion machines;
 - (B) Obtaining rectal swab;
 - (C) Placing electrodes/leads and running electrocardiogram (EKG);
 - (D) Placing electrodes/leads for telemetry;
 - (E) Removing cast in non-emergent situations;
 - (F) Screening newborn hearing;
 - (G) Setting up traction equipment; and
 - (H) Testing gastric contents for occult blood or pH.
 - (c) Tasks associated with documentation.
- (3) In addition to 851-063-0035(1), under the supervision of a licensed nurse, the CNA 2 — Dementia Care may provide care and assist clients with the following:
 - (a) Tasks associated with person-directed care;
 - (A) Adjust care to meet individual preferences and unique needs; and
 - (B) Gather information on specific strengths, abilities, and preferences of a person with dementia.
 - (b) Tasks associated with observation and reporting;
 - (A) Identify findings, patterns, habits, and behaviors that deviate from usual in a person with dementia;
 - (B) Recognize changes in persons with dementia that should be reported to the licensed nurse;
 - (C) Observe person's response to medications and notify licensed nurse when necessary;
 - (D) Observe and collect response to pain for the person with dementia; and
 - (E) Provide input to licensed nurse on person with dementia's response to interventions for problems and care plan approaches.
 - (c) Tasks associated with interpersonal skills/communication;
 - (A) Protect person with dementia and self in a crisis situation; and
 - (B) Use communication techniques to enhance the quality of life for a person with dementia.
 - (d) Tasks associated with activities of daily living (ADL);
 - (A) Utilize techniques to encourage self care for the person with dementia; and
 - (B) Coordinate ADL approaches with the person with dementia's own patterns/habits.
 - (e) Tasks associated with activities;
 - (A) Make meaningful moments for the person with dementia; and
 - (B) Support individual preferences and habits.
 - (f) Tasks associated with safety;
 - (A) Identify safety risks for a person with dementia; and
 - (B) Apply preventive/supportive/protective strategies or devices when working with a person with dementia.
 - (g) Tasks associated with environment including contributing to a safe, calm, stable, home-like environment for a person with dementia.
 - (h) Tasks associated with end of life care; and
 - (A) Recognize symptoms for a person reaching the end-of-life; and
 - (B) Provide compassionate end-of-life care.
 - (i) Tasks associated with documentation.

- (4) In addition to 851-063-0035(1), under the supervision of a licensed nurse, the CNA 2-Restorative Care may provide care and assist clients with the following:
 - (a) Tasks associated with activities of daily living:
 - (A) Promoting and maintaining optimal independence and function;
 - (B) Segmenting tasks; and
 - (C) Using adaptive, assistive, and therapeutic equipment.
 - (b) Tasks associated with promoting nutrition and hydration;
 - (c) Tasks associated with promoting mobility:
 - (A) Applying therapeutic positioning techniques;
 - (B) Assisting patients in and out of Continuous Passive Motion machines;
 - (C) Providing range of motion on clients with complex medical problems; and
 - (D) Using adaptive, assistive, and therapeutic equipment;
 - (d) Tasks associated with promoting functional abilities; and
 - (e) Tasks associated with documentation.
- (5) Standards of Care for CNA 2. In the process of client care the CNA 2 shall consistently apply standards set for CNA 1s and:
 - (a) Establish competency as a CNA 2;
 - (b) Maintain competency as a CNA 2;
 - (c) Perform within authorized duties of each CNA 2 category in which the CNA has established competency.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.440 & 678.442

Hist.: BN10-2007, f. & cert. ef. 10-1-07; BN 2-2009, f. & cert. ef. 5-15-09; BN 11-2009, f. & cert. ef. 12-17-09; BN 11-2010, f. & cert. ef. 6-25-10

851-063-0070

Authorized Duties and Standards for Certified Medication Aides

- (1) Under supervision by a licensed nurse, CMAs may administer:
 - (a) Oral, sublingual and buccal medications;
 - (b) Eye medications with the exception of eye medications to new post-operative eye clients;
 - (c) Ear medications;
 - (d) Nasal medications;
 - (e) Rectal medications;
 - (f) Vaginal medications;
 - (g) Skin ointments, topical medications including patches and transdermal medications;
 - (h) Medications by gastrostomy and jejunostomy tubes;
 - (i) Premeasured medication delivered by Aerosol/Nebulizer; and
 - (j) Medications delivered by metered hand-held inhalers.
- (2) Administration of PRN Medications. CMAs may administer PRN medications (including controlled substances) to stable clients according to physician's or nurse practitioner's orders in the following circumstances:
 - (a) In response to specific client requests:
 - (A) Client request must be reported to licensed nurse; and
 - (B) Client response must be reported to licensed nurse.
 - (b) At the direction of the licensed nurse, when:
 - (A) A licensed nurse assesses the patient prior to administration of the PRN medications; and

- (B) A licensed nurse assesses the patient following the administration of the PRN medication.
- (3) CMAs may:
- (a) Administer regularly scheduled controlled substances;
 - (b) Jointly witness wasted controlled substances with a licensed nurse;
 - (c) Count controlled substances with a licensed nurse or another CMA;
 - (d) Perform capillary blood glucose (CBG);
 - (e) Turn oxygen on and off at predetermined, established flow rate;
 - (f) Add fluid to established jejunostomy or gastrostomy tube feedings and change established tube feeding bags; and
 - (g) Accept verbal or telephone orders for medication from a licensed health care professional who is authorized to independently diagnose and treat. Such acceptance can occur only when the CMA is working in the following settings under the specified administrative rule(s):
 - (A) Adult Foster Homes, as permitted under OAR 411-050-0447(4)(b);
 - (B) Residential Care Facilities, as permitted under OAR 411-055-0210(f)(D); and
 - (C) Assisted Living Facilities, as permitted under OAR 411-056-0015(4).
- (4) CMAs may not administer medications by the following routes:
- (a) Central lines;
 - (b) Colostomy;
 - (c) Intramuscular;
 - (d) Intrathecal;
 - (e) Intravenous;
 - (f) Nasogastric;
 - (g) Nonmetered inhaler;
 - (h) Subcutaneous;
 - (i) Intra-dermal;
 - (j) Urethral;
 - (k) Epidural; or
 - (l) Endotracheal.
- (5) CMAs may not administer the following kinds of medications:
- (a) Barium and other diagnostic contrast media; or
 - (b) Chemotherapeutic agents except oral maintenance chemotherapy.
- (6) Certified Medication Aides may not administer medication by, nor assume responsibility for, medication pumps, including client controlled analgesia.
- (7) A CMA may not act as a preceptor to a student in a medication aide training program.
- (8) The CMA may, as an unlicensed person, provide care as delegated or assigned by a licensed nurse pursuant to the terms and conditions in OAR 851-047-0000 through 851-047-0040.
- (9) Standards of Care for Certified Medication Assistants. In the process of client care the CMA shall consistently apply standards set for CNAs and:
- (a) Establish competency as a CMA;
 - (b) Maintain competency as a CMA;
 - (c) Perform within Authorized Duties;
 - (d) Follow written instructions of a licensed health care professional authorized to independently diagnose and treat as transcribed in the Medication Administration Record (MAR); and
 - (e) Accurately record on the Medication Administration Record (MAR) medications administered, medications withheld or refused and the reason why a medication was withheld or refused.

Stat. Auth.: ORS 678.440, 678.442, 678.444 & 678.445

Stats. Implemented: ORS 678.440, 678.442 & 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0080

Causes for Denial, Reprimand, Suspension, Probation or Revocation of CNA Certificate

Under the contested case procedure in ORS 183.310 to 183.550 the Board may deny, reprimand, suspend, place on probation or revoke the certificate to perform duties as a CNA for the following causes:

- (1) Conviction of the nursing assistant of a crime where such crime bears demonstrable relationship to the duties of a nursing assistant; ORS 678.442(2)(a).
- (2) Any willful fraud or misrepresentation in applying for or procuring a certificate or renewal thereof; ORS 678.442(2)(b).
- (3) Use of any controlled substance or intoxicating liquor to an extent or in a manner injurious to the certificate holder or others or to an extent that such use impairs the ability to conduct safely the duties of a nursing assistant; ORS 678.442(2)(c).
- (4) Violation of any provision of ORS 678.010 to 678.445 or rules adopted thereunder; ORS 678.442(2)(d).
- (5) Physical or mental condition that makes the certificate holder unable to perform the duties of a nursing assistant; or ORS 678.442(2)(e).
- (6) Conduct unbecoming a nursing assistant in the performance of duties ORS 678.442(2)(f).

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0090

Conduct Unbecoming a Nursing Assistant

A CNA, regardless of job location, responsibilities, or use of the title "CNA," who, in the performance of nursing related duties, may adversely affect the health, safety or welfare of the public, may be found guilty of conduct unbecoming a nursing assistant. Conduct unbecoming a nursing assistant includes but is not limited to:

- (1) Conduct related to the client's safety and integrity:
 - (a) Leaving a nursing assistant assignment without properly notifying appropriate supervisory personnel;
 - (b) Failing to report to proper authorities information regarding incompetent, unethical or illegal practice of any health care provider;
 - (c) Failing to respect client rights and dignity regardless of social or economic status, personal attributes or nature of health problems or disability;
 - (d) Failing to report actual or suspected incidents of client abuse; or
 - (e) Engaging in sexual misconduct related to the client or to the workplace.
- (2) Conduct related to other federal or state statutes/rule violations:
 - (a) Knowingly aiding, abetting or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of 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, sex, sexual preference, national origin or disability;

- (d) Abusing a client. The definition of abuse includes but is not limited to intentionally causing physical harm or discomfort, striking a client, intimidating, threatening or harassing a client;
 - (e) Neglecting a client. The definition of neglect includes but is not limited to unreasonably allowing a client to be in physical discomfort or be injured;
 - (f) Engaging in other unacceptable behavior or verbal abuse towards or in the presence of a client such as using derogatory names or gestures or profane language;
 - (g) Using the client relationship to exploit the client by gaining property or other items of value from the client either for personal gain or sale, beyond the compensation for services;
 - (h) Possessing, obtaining, attempting to obtain, furnishing or administering prescription or controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; or
 - (i) Removing or attempting to remove drugs, supplies, property or money from the workplace without authorization.
- (3) Conduct related to communication:
- (a) Inaccurate recordkeeping in client or agency records;
 - (b) Incomplete recordkeeping regarding client care; including but not limited to failure to document care given or other information important to the client's care or documentation which is inconsistent with the care given;
 - (c) Falsifying a client or agency record; including but not limited to filling in someone else's omissions, signing someone else's name, recording care not given, fabricating data/values;
 - (d) Altering a client or agency record; including but not limited to changing words/letters/numbers from the original document to mislead the reader of the record, adding to the record after the original time/date without indicating a late entry;
 - (e) Destroying a client or agency record;
 - (f) Failing to maintain client records in a timely manner which accurately reflects management of client care, including failure to make a late entry within a reasonable time period; or
 - (g) Failing to communicate information regarding the client's status to the supervising nurse or other appropriate person in a timely manner.
- (4) Conduct related to the client's family:
- (a) Failing to respect the rights of the client's family regardless of social or economic status, race, religion or national origin;
 - (b) Using the CNA client relationship to exploit the family for the CNA's personal gain or for any other reason;
 - (c) Stealing money, property, services or supplies from the family; or
 - (d) Soliciting or borrowing money, materials or property from the family.
- (5) Conduct related to co-workers: violent, abusive, threatening, harassing or intimidating behavior towards a co-worker which either occurs in the presence of clients or otherwise relates to the delivery of safe care to clients.
- (6) Conduct related to achieving and maintaining clinical competency:
- (a) Failing to competently perform the duties of a nursing assistant;
 - (b) Performing acts beyond the authorized duties for which the individual is certified; or
 - (c) Assuming duties and responsibilities of a nursing assistant without nursing assistant training or when competency has not been established or maintained.
- (7) Conduct related to impaired function:
- (a) Use of drugs, alcohol or mind-altering substances to an extent or in a manner dangerous or injurious to the nursing assistant or others or to an extent that such use impairs the ability to conduct safely the duties of a nursing assistant; or

- (b) Having a physical or mental condition that makes the nursing assistant unable to perform safely the duties of a nursing assistant.
- (8) Conduct related to certificate violations:
 - (a) Providing, selling, applying for or attempting to procure a certificate by willful fraud or misrepresentation;
 - (b) Functioning as a medication assistant without current certification as a medication assistant;
 - (c) Altering a certificate of completion of training and/or nursing assistant certification issued by the Board;
 - (d) Disclosing contents of the competency examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration;
 - (e) Allowing another person to use one's nursing assistant certificate for any purpose;
 - (f) Using another's nursing assistant certificate for any purpose; or
 - (g) Representing oneself as a CNA without current, valid CNA certification.
- (9) Conduct related to the certificate holder's relationship with the Board:
 - (a) Failing to cooperate with the Board during the course of an investigation. The duty to cooperate does not include waiver of confidentiality privileges, except if a client is harmed. This waiver of confidentiality privileges does not apply to client-attorney privilege.
 - (b) Failing to answer truthfully and completely any question asked by the Board on an application for initial certification, renewal of certification or recertification;
 - (c) Failing to provide the Board with any documents requested by the Board; or
 - (d) Violating the terms and conditions of a Board order.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 9-2002(Temp), f. & cert. ef. 3-5-02 thru 8-1-02; BN 16-2002, f. & cert. ef. 7-17-02; BN 12-2009, f. & cert. ef. 12-17-09; BN 4-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 15-2010, f. & cert. ef. 9-30-10

851-063-0100

Conduct Unbecoming a Certified Medication Aide

Certified Medication Aides are subject to discipline as CNAs as described in these rules. In addition, CMAs are subject to discipline for conduct unbecoming a medication aide. Conduct unbecoming a medication aide includes but is not limited to:

- (1) Failing to administer medications as ordered by a health care professional authorized to independently diagnose and treat;
- (2) Failing to document medications as administered, medications withheld or refused and the reason a medication was withheld or refused.
- (3) Altering/falsifying medication administration record;
- (4) Altering/falsifying CNA or CMA certificate;
- (5) Diverting drugs for use by self or others;
- (6) Accepting a verbal order or telephone order for medication from a licensed health care professional who is authorized to independently diagnose and treat, except as allowed in authorized duties;
- (7) Performing acts beyond the authorized duties for which the individual is certified;
- (8) Working as a CMA without CMA Certification;
- (9) Performing client care tasks other than authorized in these rules;
- (10) Representing oneself as a CMA without current CMA certification; or

- (11) Failing to conform to the standards and authorized duties in these rules.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0110

Criminal Conviction History/Falsification of Application -- Denial of Certification

- (1) The Board has determined that the following crimes bear a demonstrable relationship to the role of a CNA and will issue a Notice to Deny Certification to an applicant for certification, renewal of certification or for reactivation of certification as a nursing assistant, following the provisions of the Administrative Procedure Act in contested case hearings, to persons who have been convicted as an adult, or found responsible except for mental illness, or adjudicated as a juvenile for the following crimes as set forth in Oregon law or comparable law in other jurisdictions:
- (a) Aggravated murder, as in ORS 163.095 and 115;
 - (b) First Degree Manslaughter, as in ORS 163.118;
 - (c) Second Degree Manslaughter, as in ORS 163.125;
 - (d) First Degree Assault, as in ORS 163.185;
 - (e) Second Degree Assault, as in ORS 163.175;
 - (f) First Degree Criminal Mistreatment, as in ORS 163.205;
 - (g) Second Degree Criminal Mistreatment, as in ORS 163.200;
 - (h) First Degree Kidnapping, as in ORS 163.235;
 - (i) First Degree Rape, as in ORS 163.375;
 - (j) Second Degree Rape, as in ORS 163.365;
 - (k) Third Degree Rape, as in ORS 163.355;
 - (l) First Degree Sodomy, as in ORS 163.405;
 - (m) Second Degree Sodomy, as in ORS 163.395;
 - (n) Third Degree Sodomy, as in ORS 163.385;
 - (o) First Degree Unlawful Sexual Penetration, as in ORS 163.411;
 - (p) Second Degree Unlawful Sexual Penetration, as in ORS 163.408;
 - (q) First Degree Sexual Abuse, as in ORS 163.427;
 - (r) Second Degree Sexual Abuse, as in ORS 163.425;
 - (s) Contributing to the Sexual Delinquency of a Minor, as in ORS 163.435;
 - (t) Sexual Misconduct, as in ORS 163.445;
 - (u) Child Abandonment, as in ORS 163.535.
- (2) Any individual who applies for certification as a nursing assistant, who has a history of arrests and convictions over an extended period of time, will be issued a Notice to Deny Certification following the provisions of the Administrative Procedure Act in contested case hearings.
- (3) All other applicants with conviction histories, other than those listed above, including crimes which are drug and alcohol related, will be considered on an individual basis. The following factors will be considered by the Board:
- (a) Evidence of rehabilitation;
 - (b) The length of time since the conviction to the time of application for certification as a nursing assistant;
 - (c) The circumstances surrounding the commission of the crime which demonstrate that a repeat offense is not likely; and
 - (d) Character references.
- (4) Any individual who applies for certification as a nursing assistant, and supplies false or incomplete information to the Board on an application for certification regarding the individual's criminal conviction record, may be issued a Notice to Deny Certification under the provisions of the Oregon Administrative Procedure Act in contested case hearings.

Stat. Auth.: ORS 678.442
Stats. Implemented: ORS 678.442
Hist.: BN 6-1999, f. & cert. ef. 7-8-99

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