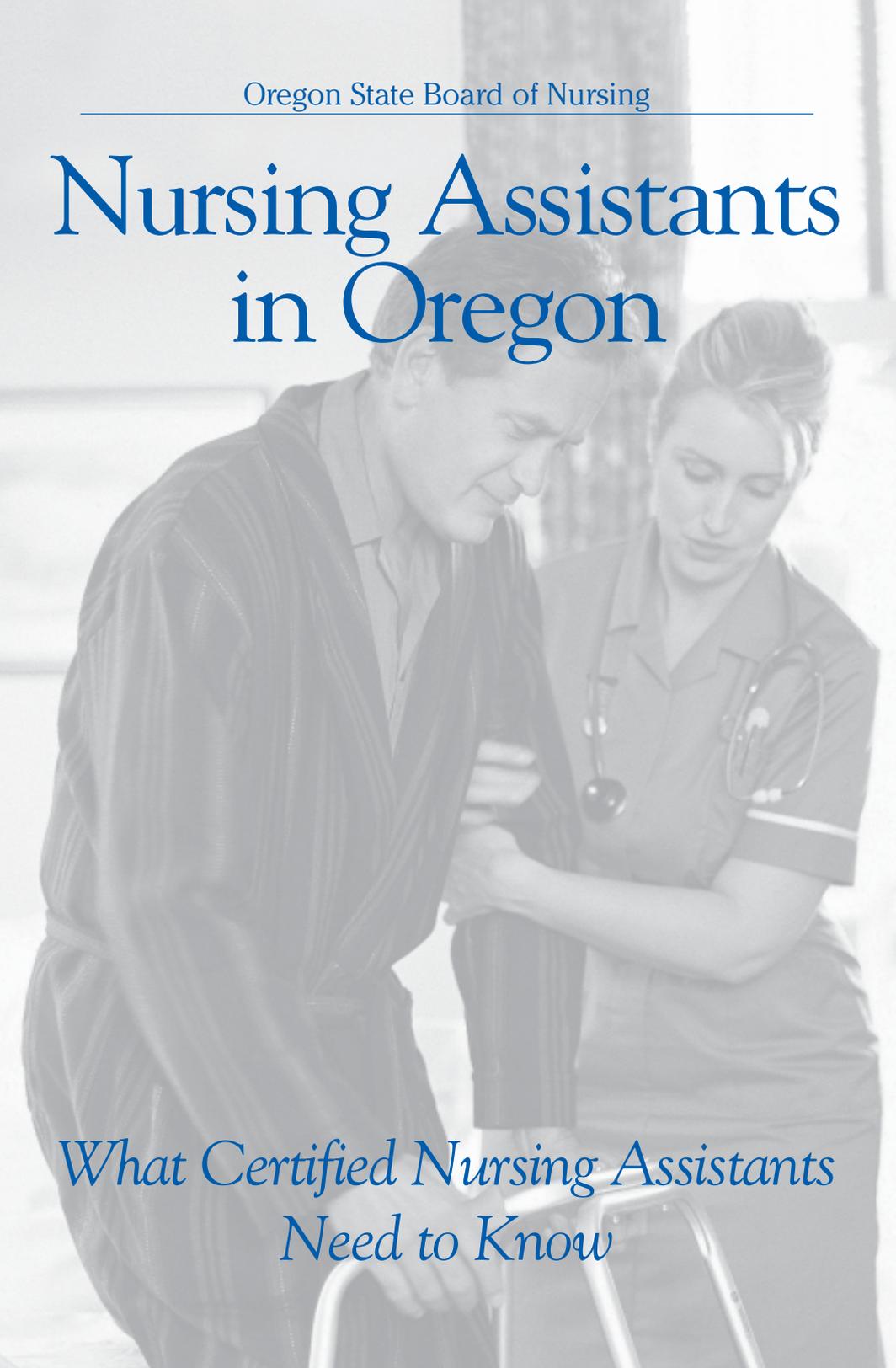


Oregon State Board of Nursing

Nursing Assistants in Oregon

*What Certified Nursing Assistants
Need to Know*



Updated 4-2011

This booklet will help you understand what it means to be a nursing assistant in Oregon and work lawfully in this state. It also explains why the Oregon State Board of Nursing exists, how it functions, and its importance to you as a Certified Nursing Assistant.

Oregon CNAs provide care to patients, residents and clients in a variety of settings. Each state regulates its own practice of nursing; therefore, the duties nursing assistants may perform vary from state to state. It is your responsibility to understand Oregon's CNA authorized duties. It also is your responsibility to be familiar with changes as they occur in the Oregon Nurse Practice Act.

You are invited to attend OSBN board meetings. Please visit our website at www.oregon.gov/OSBN, or call or write the OSBN office if we can be of assistance to you.

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About The Board of Nursing

The Oregon State Board of Nursing (OSBN) safeguards the public's health and wellbeing by providing guidance for, and regulation of, entry into the profession, nursing education and continuing safe practice.

The nine OSBN Board members are appointed by the Governor and include: four Registered Nurses, one Licensed Practical Nurse, one Nurse Practitioner, one Certified Nursing Assistant and two public members. They represent a variety of geographic locations and areas of nursing practice, and may serve a maximum of two three-year terms. The OSBN is an agency within Oregon state government that licenses and regulates Licensed Practical Nurses, Registered Nurses, Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, Certified Nursing Assistants and Certified Medication Aides.

The law that regulates nurses and nursing assistants is known as the Oregon Nurse Practice Act (Oregon Revised Statutes, Chapter 678.010-678.445). Any changes in the law must be made by the legislature. This law grants the OSBN authority to write administrative rules that further define the law (Oregon Administrative Rules, Chapter 851). These rules have the effect of law and help define safe and competent practice. There is an opportunity for public comment and input during the rulemaking process, in accordance with the Oregon Administrative Procedures Act.

The Board meets 11 times a year and may hold special meetings if necessary. Board meetings are open to the public. A schedule of meetings is available from the OSBN office or on its website at www.oregon.gov/OSBN. The Board employs a staff of more than 45 who assist Board members and provide customer service.

The Board, with the help of its staff:

- determines licensure and certification requirements;
- interprets the Oregon Nurse Practice Act, including scope-of-practice;
- evaluates and approves nursing education programs and nursing assistant training programs;
- issues licenses and renewals;
- investigates complaints and takes disciplinary action against licensees who violate the Oregon Nurse Practice Act;
- maintains the nursing assistant registry, approves competency evaluations and imposes disciplinary sanctions for nursing assistants;
- provides testimony to the legislature and other organizations as needed.

Who is a Certified Nursing Assistant?

Certified Nursing Assistants (CNA) are defined by law as people who assist licensed nursing personnel in the provision of nursing care. The authorized duties for CNAs include tasks associated with: personal care; maintaining mobility; nutrition; elimination; use of assistive devices; maintaining environment and client safety; and, data gathering, recording and reporting.

Certification is Required In Oregon

CNAs are required by law to have a current Oregon CNA 1 certificate prior to assuming CNA duties. *There is one exception to this:* If an individual works in a licensed nursing facility, he/she has four months from the date of hire to obtain initial certification.

The Certification Process for CNA I

CNA 1 certification may be obtained in one of the following ways:

1. Complete an OSBN-approved nursing assistant level-1 training program and pass the state competency examination within three attempts and within two years of completing the training. The required level-1 training program is a minimum of 75 hours of classroom and 75 hours of clinical training. The curriculum includes subjects mandated by the federal government and emphasizes care of the geriatric resident/patient. The OSBN has specified additional content relative to other age groups and settings.

Students who successfully finish the required classroom and clinical requirements and pass a final examination with a grade of at least 75 percent receive a training program certificate of completion. Community college and high school programs may choose to provide a transcript showing program completion. **Please note:** Completion of a nursing assistant training program *does not imply* state certification.

2. Complete a military corpsman or medic training with evidence of at least 400 hours of paid employment in a nursing-related capacity in the two years immediately preceding application date, and pass the competency examination within three attempts and within two years of application to the OSBN.

3. Provide verification of current, unencumbered RN or LPN licensure in any U.S. state or jurisdiction.
4. Verify current enrollment and successful completion of OSBN-required coursework in a U.S. nursing education program.
5. Graduation from an approved nursing education program in the U.S. within the last three years. Within one year of graduation, you will need to submit an official transcript verifying graduation. Between one and three years after graduation, you will need to also pass the competency examination within three attempts and two years of application date.
6. Graduation from a nursing program outside the U.S. You will need to submit a transcript or other documentation, in English, of nursing education that includes knowledge and skills necessary to perform CNA 1 authorized duties and pass the competency examination.



7. Endorsement. Provide the following:
 - documentation of successful completion of a nursing assistant training program that met federal OBRA standards;
 - evidence of at least 400 hours of paid employment within CNA 1 authorized duties under supervision of a nurse (this requirement is waived if you graduated from a nursing assistant training program within the last two years); and,
 - verification of current certification in the state where the paid employment was completed.

CNAs may **not** work in Oregon using a CNA certificate from another state. Findings of abuse, neglect or misappropriation and/or discipline against a CNA in another state may hinder a person's ability to obtain an Oregon CNA certificate or limit employment opportunities in Oregon.

CNA I Competency Examination Information

The Oregon State Board of Nursing contracts with Headmaster Testing Service to provide the nursing assistant competency exam. For information on exam procedures, obtain a copy of Headmaster's *Oregon Nursing Assistant Candidate Handbook* from a nursing assistant level-1 training program instructor, or from Headmaster's website. To access a copy of the handbook, navigate your web browser to www.hdmaster.com. Then simply select Oregon from the list of states under "Nurse Aide."

Background Checks

The OSBN conducts a criminal records check through the Law Enforcement Data System (LEDS) on **every application**. A national fingerprint-based criminal records check is required for all Exam, Endorsement, and Reactivation applicants, and for late Renewals that are 61 or more days past expiration date. You are required to work with an OSBN investigator if you have a criminal record. Providing details of your criminal history (if any) or previous disciplinary actions taken against your license or certificate by another state's Board of Nursing (if any) is part of the application process and must be completed before your license or certificate will be issued. Some individuals may be denied licensure/certification based on their criminal or disciplinary histories.

Verifying CNA Certification

Automated Verification

The OSBN maintains a registry of CNAs that can be accessed through the OSBN website at www.oregon.gov/OSBN. Under "Online Services," click on "License Verification" and follow the prompts.

OSBN disciplinary actions and complaints of abuse substantiated by state Seniors and People with Disabilities (SPD) are public record and are revealed to callers who access the verification system.

Interstate Verification

If you are moving from Oregon to another state, you may need written verification of your Oregon CNA certification. Send a verification form with the required fee to the Oregon State Board of Nursing. The Board will complete the verification form and mail it to the appropriate state's registry.

Fees Paid to the OSBN

Fees paid to the OSBN are nonrefundable and deposited when received. A canceled check is notification that an application has been received. Fees paid to the OSBN may be in the form of personal check, facility check, certified check or money order. Cash and credit card payment can be accepted in person at the OSBN office, by phone or online.

Who is a CNA 2?

Oregon has two levels of CNAs (CNA 1 and CNA 2), with distinct curriculum requirements, competency evaluation methods and authorized duties. To be recognized as a CNA 2, an individual is required to hold a current, unencumbered CNA 1 certificate and complete a nursing assistant level 2 training program. CNA 1s are not required to become CNA 2s. If you are a CNA 1, and are interested in becoming a CNA 2, you can find a list of level-2 training programs on the OSBN website (www.oregon.gov/OSBN) and click on “Educational Programs”).

Who is a Certified Medication Aide?

Certified Medication Aides (CMAs) are CNA 1s who have had additional training and are authorized to administer non-injectable medications. Oregon CMAs must complete an OSBN-approved medication aide training program, pass a competency examination approved by the OSBN and receive CMA certification before administering medications. For more information on becoming a CMA, contact the OSBN office at 971-673-0685, or visit the OSBN website at www.oregon.gov/OSBN and click on “Licensing Information.”

Responsibilities of a CNA

Provide Accurate Information

Providing complete and accurate information helps the Board process your application quickly. Please be aware that all certification and renewal requests are run through the Oregon Law Enforcement Data System (LEDS). Submitting false or misleading information on your application may result in denial of certification and/or disciplinary action.

Renew Your CNA/CMA Certificate on Time

Your CNA certificate expires biennially at midnight before your birthday, in odd years if you were born in an odd year or in even years if you were born in an even year. You may **not** work as a CNA with an expired certificate.

You should receive a courtesy renewal notice from the OSBN approximately six weeks before your current CNA certificate expires. *It is your responsibility to renew your CNA certificate on time, even if you do not receive the renewal notice.*

You are required to renew your certificate prior to the expiration date. To renew your certificate, you may use the OSBN internet renewal system. Navigate your web browser to: www.oregon.gov/OSBN and click on “License Renewal,” located under “Online Services.” Simply follow the on-screen instructions that will lead you through the secure renewal application process. If you do not want to use the internet renewal system, you may call the OSBN office at 971-673-0685 and request that a paper application form be mailed to you, or you can print an application from the OSBN website (click on “Forms”).

To renew CNA certification, a CNA must:

- **Work and be paid for at least 400 hours** (approximately three months, full-time) of CNA duties in the two years immediately preceding the expiration of the CNA certificate. Volunteer work **does not** count for renewal. Caring for a family member counts for renewal only when it is paid employment.
- **Perform authorized duties** as listed in the OSBN’s rules (*see page 12 for more information*) **under the supervision or monitoring of a licensed nurse.**

If you do not meet the practice requirements, you will be required to pass the state competency examination. If you wish to reactivate your certificate within two years after the expiration date, you will be subject to late fees. Individuals whose CNA certificate has been expired for more than two years are required to take a OSBN-approved nursing assistant training program and pass the state competency examination.

Call the OSBN office if you have questions about your eligibility to renew.

Notify the OSBN Office When You Change Your Name, Address or Employer

According to Oregon Administrative Rule, certificate-holders must keep their current name, home address and employer(s) on file with the OSBN at all times. If you change your name, complete a Name Change Form (found on the OSBN website—click on “Forms”), attach a copy of a legal document showing your name change with the appropriate fees, and send it to the OSBN. You can easily make an address or employer change, using our online services system. Go to www.oregon.gov/OSBN and click on “Online Services,” and follow the on-screen instructions. Or, you can send your old and new addresses or employer to the OSBN office via fax, e-mail, US mail or telephone (you must speak directly with a representative—voicemail messages are not accepted for address changes).

By keeping the Board informed, you can help to ensure you receive license renewal notifications, newsletters and other information in a timely manner.



Report Care Violations

Contact the OSBN if you have questions, or to report incompetent, unethical or illegal practice of any health care provider.

Understand the OSBN Complaint Investigation Process and Disciplinary Options

According to Oregon state law, all information about specific investigations is confidential, including who makes a complaint, when the complaint is made, the nature of the complaint and who the complaint is filed against. This encourages consumers and licensees to make valid complaints because they need not fear reprisal or other negative acts based on their complaint.

- 1. Complaints:** Complaints may be filed in writing, over the phone or in person. Anonymous complaints are accepted. Approximately 50-60 percent of complaints come from nursing employers; the remainder

come from state agencies, other professionals, coworkers or patients/families.

2. **Investigations:** Investigations into complaints are performed by OSBN staff investigators. Investigators first validate whether there is concern about the certificate-holder's conduct. The investigation may include:
- a review of pertinent documents, such as a summary of the incident;
 - interviews with the complainant(s), coworkers or employer; and,
 - a review of patient records, the nursing assistant's personnel record, police reports or court records.

If there is evidence of a practice or conduct problem, an investigator will meet with the licensee or applicant in person or by phone. Once the investigator has completed her/his investigation, she/he compiles all of the information gathered into a confidential report that is submitted to the Board.

Based upon the facts of each case, the Board decides whether a violation of the Nurse Practice Act occurred. If the Board determines a violation did not occur, it will close the case without disciplinary action. If the Board decides a violation did occur, then the Board must also decide what level of discipline to apply.

3. **Resolution:** Disciplinary cases may be resolved by:
- **Stipulated agreement**—The certificate-holder signs a document acknowledging the facts of the incident, violations of law and OSBN rules, the proposed disciplinary action and any terms and conditions to be imposed. The agreement goes to the Board for consideration and potential adoption and a Final Order is issued. Most disciplinary cases (98 percent) are resolved by stipulated agreement.
 - **Notice**—If agreement is not reached, a "Notice" document is sent to the CNA/CMA. The Notice is a public document and may be requested by the complainant. It is essentially a statement of charges against the licensee. The Notice contains a time frame within which a hearing can be requested, and specifies the level of sanction that has been proposed. The CNA/CMA is entitled to a hearing and is granted every opportunity to exercise that right. If the CNA/CMA does not request a hearing within the allotted timeframe, the case goes to the Board for a decision by default. If the CNA/CMA has a hearing and does not agree with the Board's final decision, she/he can appeal to the Oregon Court of Appeals. If there is disagreement

with the Court's decision, the CNA/CMA can appeal further to the Oregon Supreme Court.

4. Disciplinary Sanctions: The Board can impose a range of disciplinary sanctions:

- **Reprimand**—A formal notice to the CNA/CMA that OSBN standards have been violated.
- **Civil Penalty**—A fine of up to \$5,000.
- **Probation**—An imposition of restrictions or conditions under which a CNA/CMA must practice, including the type of employment setting or job role.
- **Suspension**—A period of time during which a person may not practice nursing.
- **Revocation**—A removal of certification for an unspecified period of time, perhaps permanently.
- **Voluntary Surrender**—An action on the part of the CNA/CMA to give up her/his certificate instead of facing potential suspension or revocation.
- **Denial of Licensure**—An action by the Board not to issue a certificate.

The OSBN is required to investigate every complaint it receives. If the Board takes disciplinary action against a CNA certificate, that action is noted on the registry on the OSBN website and is public record. The fact that a complaint has been made against a person or that a person has been investigated is not public record. Complaints, by law, are confidential until the investigation is complete. Complaints that do not result in disciplinary action remain confidential.

Please Note: If there has been a finding of abuse, neglect or misappropriation determined by the Oregon Department for Seniors and People with Disabilities, that information is noted on the registry on the OSBN website. According to federal regulations, when a CNA has a substantiated finding of abuse, neglect or misappropriation, the CNA may **not** work in any nursing facility anywhere in the United States.

If you have questions concerning the complaint investigation process and disciplinary options, please contact the OSBN office at 971-673-0685.

OSBN Staff Responsibilities and Limitations

The OSBN staff strives to process completed applications quickly and respond to your inquiries accurately. However, there are some things staff **cannot** do:

- Disclose the results of a Oregon State Police LEDS inquiry.
- Reveal information about an investigation.
- Give examination results over the telephone *to anyone*.

Criminal Conviction History or Falsification of Application

OAR 851-063-0110: A Notice to Deny Certification will be sent to an applicant for certification or for recertification for the following crimes:

- Aggravated murder;
- First and second degree manslaughter;
- First and second degree assault;
- First and second degree criminal mistreatment;
- First degree kidnapping;
- First, second and third degree rape;
- First, second and third degree sodomy;
- First and second degree unlawful sexual penetration;
- First and second degree sexual abuse;
- Contributing to the sexual delinquency of a minor;
- Sexual misconduct;
- Child abandonment.

All other crimes, including drug or alcohol-related crimes, will be evaluated individually. The evaluation will consider:

1. Evidence of rehabilitation;
2. Length of time since the conviction to the time of application for certification;
3. Circumstances surrounding commission of the crime which demonstrate that a repeat offense is not likely; and
4. Character references.

Authorized Duties for CNA I

(Excerpts from the Nurse Practice Act: Oregon Administrative Rule 851-063-0030. Check the OSBN website for most recent version.)

Under no circumstances shall CNAs work independently without the supervision of, or monitoring by, a licensed nurse who provides assessment of clients. CNAs may only provide care and assist clients with the following tasks related to activities of daily living:

1. Tasks associated with personal care:

- Bathing;
- Dressing;
- Grooming;
- Shaving;
- Shampooing and caring for hair;
- Providing and assisting with oral hygiene and denture care;
- Caring for the skin;
- Caring for the nails;
- Providing peri care;
- Bedmaking and handling linen; and,
- Maintaining environmental cleanliness.

2. Tasks associated with maintaining mobility:

- Ambulating, transferring, transporting, positioning, turning and lifting;
- Elevating extremities;
- Performing range of motion exercises; and
- Maintaining alignment.

3. Tasks associated with nutrition and hydration:

- Feeding and assisting client with eating; and
- Assisting client with drinking.

4. Tasks associated with elimination:

- Toileting;
- Assisting with use of bed pan and urinal;
- Providing catheter care, including the application of and removal of external urinary catheters;
- Administering enemas;
- Collecting specimens;

- Emptying ostomy bags or changing ostomy bags that do not adhere to the skin; and,
- Inserting bowel evacuation suppositories available without a prescription.

5. Tasks associated with use of assistive devices:

- Caring for dentures, eyeglasses and hearing aids;
- Caring for, applying and removing antiembolus stockings, prosthetic devices, orthotic devices and braces;
- Assisting with wheelchairs, walkers, or crutches;
- Using footboards;
- Assisting with and encouraging the use of self-help devices for eating, grooming and other personal care tasks; and
- Utilizing and assisting clients with devices for transferring, ambulation, and alignment.

6. Tasks associated with maintaining environment and client safety.

7. Tasks associated with data gathering, recording and reporting:

- Measuring temperature, pulse, respiration and blood pressure;
- Measuring height and weight;
- Measuring and recording oral intake;
- Measuring and recording urinary output, both voided and from urinary drainage systems;
- Measuring and recording emesis;
- Measuring and recording liquid stool;
- Measuring and recording pulse oximetry; and
- Collecting responses to pain using a facility-approved pain scale.



Standards of Care for CNA 1

(Excerpts from the Nurse Practice Act: Oregon Administrative Rule 851-063-0030(6). Check the OSBN website for most recent version.)

In the process of client care the CNA shall consistently:

- Apply standard precautions according to the Centers for Disease Control Prevention Guidelines;
- Use hand hygiene between episodes of care;
- Use appropriate body mechanics to prevent injury to self and client;
- Follow the care plan as directed by the licensed nurse;
- Use appropriate communication with client, client's family and friends, and coworkers;
- Use alternatives to physical restraints, or apply physical restraints as directed by the licensed nurse;
- Determine absence of pulse and/or respiration and initiate an emergency response;
- Report to the licensed nurse any recognized abnormality in client's signs and symptoms;
- Record observations and measurements, tasks completed, and client statements about condition or care;
- Apply safety concepts in the workplace;
- Report signs of abuse, neglect, mistreatment, misappropriation or exploitation;
- Demonstrate respect for rights and property of clients and coworkers; and
- Maintain client confidentiality.

Authorized Duties for CNA 2

(Excerpts from the Nurse Practice Act: Oregon Administrative Rule 851-063-0035. Check the OSBN website for most recent version.)

CNA 2-Restorative Care

Under the supervision of a licensed nurse, the CNA 2- Restorative Care may only provide care and assist clients with the following:

1. **Tasks associated with performing and reinforcing functional steps of activities of daily living:**
 - Use adaptive, assistive and therapeutic equipment;
 - Clean, change appliances/devices and dressings for established, non-acute ostomies;

- Apply non-prescription topical creams and ointments for prophylactic treatment for skin condition; and
 - Discontinue indwelling catheters.
- 2. Tasks associated with relieving pain:**
- Assist with complementary therapies (aromatherapy, art therapy, effleurage, light therapy, and music therapy) as ordered by a licensed nurse;
 - Apply warm and cold compresses;
 - Apply ice bag, ice collar, ice glove, or dry cold pack; and
 - Use of heated soaks, sitz and whirlpool baths.
- 3. Tasks associated with dysphagia:**
- Add fluid to established gastrostomy or jejunostomy tube feedings and change established tube-feeding bags.
- 4. Tasks associated with mobility:**
- Provide range of motion on clients with complex medical problems;
 - Use advanced transfer techniques;
 - Recognize ability and degree in which a client can ambulate and when functional loss has occurred;
 - Apply therapeutic positioning; and
 - Use adaptive, assistive, and therapeutic equipment.
- 5. Tasks associated with conditions that affect functional ability:**
- Turn oxygen on and off at predetermined, established flow rate;
 - Change simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;
 - Perform clean intermittent straight urinary catheterization for chronic conditions;
 - Collect clean-catch urine specimen;
 - Empty, measure, and record output from other drainage devices;
 - Perform urine specimen tests;
 - Perform hemocult test for occult blood;
 - Obtain capillary blood glucose (CBGs);
 - Assist with incentive spirometer;
 - Suction oral pharynx; and
 - Apply pediculicides.
- 6. Tasks associated with communication and documentation.**

CNA 2-Acute Care

Under the supervision of a licensed nurse, the CNA 2- Acute Care may only provide care and assist clients with the following:

1. **Tasks associated with responsive observations:**
 - Vital signs:
 - (i) Pulse—electronic;
 - (ii) Blood pressure—manual and electronic on upper arm, thigh, and lower leg, including orthostatic blood pressure readings;
 - Warm and cold therapies.
2. **Tasks associated with technical skills:**
 - Add fluid to established post pyloric, jejunostomy and gastrostomy tube feedings and change established tube feeding bags;
 - Apply sequential compression devices;
 - Assist patients in and out of Continuous Passive Motion machines;
 - Bladder scanning;
 - Capillary blood glucose (CBG) testing;
 - Interrupt and re-establish nasogastric (NG) suction;
 - Newborn hearing screening;
 - Placing electrodes/leads and running electrocardiogram (EKG);
 - Placing electrodes/leads for telemetry;
 - Remove cast in non-emergent situations;
 - Set up traction equipment;
 - Suction oral pharynx;
 - Testing gastric contents for occult blood or pH;
 - Testing stool for occult blood;
 - Urine dip stick testing; and
 - Reinforce use of an incentive spirometer.
3. **Tasks associated with interpersonal skills and communication.**
4. **Tasks associated with safety.**
5. **Tasks associated with infection control:**
 - Change dressing or ostomy appliance/bag that adheres to the skin;
 - Discontinue foley catheter;
 - Measure, record and/or empty output from drainage devices and closed drainage systems;
 - Obtain rectal swab;
 - Obtain sterile urine specimen from port of catheter; and
 - Perform clean intermittent straight catheterization for chronic conditions.
6. **Tasks associated with documentation.**

CNA 2-Dementia Care

Under the supervision of a licensed nurse, the CNA 2- **Dementia Care** may only provide care and assist clients with the following:

1. **Tasks associated with person-directed care;**
 - Adjust care to meet individual preferences and unique needs; and
 - Gather information on specific strengths, abilities, and preferences of a person with dementia.
2. **Tasks associated with responsive observation;**
 - Identify findings, patterns, habits, and behaviors that deviate from usual in a person with dementia;
 - Recognize changes in persons with dementia that should be reported to the licensed nurse;
 - Observe person's response to medications and notify licensed nurse when necessary;
 - Observe & collect response to pain for the person with dementia; and
 - Provide input to licensed nurse on person with dementia's response to interventions for problems and care plan approaches.
3. **Tasks associated with interpersonal skills/communication;**
 - Utilize de-escalation strategies;
 - Protect person with dementia and self in a crisis situation; and
 - Use communication techniques to enhance the quality of life for a person with dementia.
4. **Tasks associated with activities of daily living (ADL);**
 - Utilize techniques to encourage self care for the person with dementia; and
 - Coordinate ADL approaches with the person with dementia's own patterns/habits.
5. **Tasks associated with activities;**
 - Make meaningful moments for the person with dementia; and
 - Support individual preferences and habits.
6. **Tasks associated with safety;**
 - Identify safety risks for a person with dementia; and
 - Apply preventive/supportive/protective strategies or devices when working with a person with dementia.
7. **Tasks associated with environment including contributing to a safe, calm, stable, home-like environment for a person with dementia.**

8. Tasks associated with technical skills;

- Data gathering skills:
 - (i) Collect clean-catch urine specimen;
 - (ii) Perform tests on urine specimens;
 - (iii) Empty, measure, and record output from drainage devices;
 - (iv) Perform hemocult test for occult blood;
 - (v) Perform capillary blood glucose (CBGs); and
 - (vi) Bladder scanning.
- Designated tasks:
 - (i) Apply pediculicides;
 - (ii) Turn oxygen on and off at predetermined, established flow rate;
 - (iii) Change simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;
 - (iv) Clean ostomy sites and change dressings or appliances for established, non-acute ostomies;
 - (v) Apply topical over-the-counter creams and ointments for prophylactic treatment of skin conditions;
 - (vi) Discontinue foley catheters;
 - (vii) Perform clean intermittent straight urinary catheterization for chronic conditions;
 - (viii) Insert over-the-counter vaginal suppositories and vaginal creams;
 - (ix) Assist with incentive spirometer;
 - (x) Suction oral pharynx;
 - (xi) Interrupt and re-establish suction (with the exception of chest tubes); and
 - (xii) Add fluid to established jejunostomy and gastrostomy tube feedings and change established tube feeding bags.

9. Tasks associated with end of life care;

- Recognize symptoms for a person reaching the end-of-life; and
- Provide compassionate end-of-life care.

10. Tasks associated with documentation; and

11. Tasks associated with caregiver self care.

Standards of Care for CNA 2

In the process of client care the CNA 2 shall consistently apply standards set for CNA 1s and:

- Establish competency as a CNA 2;
- Maintain competency as a CNA 2;
- Perform within authorized duties of each CNA 2 category in which the CNA has established competency.

Causes for Discipline of Nursing Assistants

(Excerpts from the Nurse Practice Act: Oregon Administrative Rule 851-063-0080. Check the OSBN website for most recent version.)

Causes for denial, reprimand, suspension, probation or revocation of CNA certificate. Under the contested case procedure in ORS 183.310 to 183.550, the OSBN may deny, reprimand, suspend, place on probation or revoke the certificate to perform duties as a Certified Nursing Assistant 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;
2. Any willful fraud or misrepresentation in applying for or procuring a certificate or renewal thereof;
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;
4. Violation of any provision of ORS 678.010 to 678.445 or rules adopted thereunder;
5. Physical or mental condition that makes the certificate holder unable to perform the duties of a nursing assistant;
6. Conduct unbecoming a nursing assistant in the performance of duties.

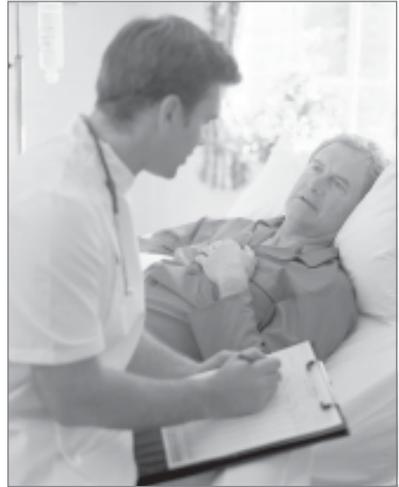
Conduct Unbecoming a Nursing Assistant

(Excerpts from the Nurse Practice Act: Oregon Administrative Rule 851-063-0090. Check the OSBN website for most recent version.)

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, gender, 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 that 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 that 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) Using intoxicants, prescription, over-the-counter or controlled drugs to an extent or in a manner injurious to the nursing assistant or others or to the 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 OSBN;
 - d) Disclosing content of the nursing assistant competency examination;
 - e) Allowing another person to use your 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 CNA certification.

9. Conduct related to the certificate holder's relationship with the OSBN:
- a) Failing to cooperate with the OSBN 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 complete any question asked by the OSBN on an application for initial certification, renewal or certification or recertification;
 - c) Failing to provide the OSBN with any documents requested by the OSBN; or
 - d.) Violating the terms and conditions of an OSBN disciplinary order.

*We hope this information has been useful to you
as you begin your duties as a Certified Nursing
Assistant in Oregon.*

*Please call the OSBN office at 971-673-0685
if we can be of assistance to you.*

For More Information

Please call us at 971-673-0685 between 7:30 a.m.–4 p.m.,
Monday–Friday, or write us at:

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland, OR 97224-7012

FAX: 971-673-0684 • E-Mail: oregon.bn.info@state.or.us

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