

DHS's Office of Licensing and Regulatory Oversight

# RN Delegation in Community Based Care Settings Self-study Test A

A continuing education course for RNs practicing in Oregon's community-based care (CBC) settings.



(3rd edition: December 2010)



**Department of Human Services  
Seniors and People with Disabilities  
RN Delegation for RNs in Community Based Setting**

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**Application for continuing education hours (CE)**

DHS's Office of Licensing and Regulatory Oversight is a continuing education provider approved by the California Board of Registered Nursing, Provider Number CEP 14432, for 4.0 CE contact hours.

Clearly print information for all fields. *Contact hours will not be granted for illegible and/or incomplete applications.* Illegible and/or incomplete applications cannot be returned. Keep a copy of this page and a copy of the test for your records.

Name as it appears on your nursing license: \_\_\_\_\_

Complete RN license number (include all letters, numbers and state of issue): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Primary Practice Setting: \_\_\_\_\_ Position: \_\_\_\_\_

Date course completed: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Continuing Education Unit application checklist:

- Completed application for CE hours (above)
- Completed test
- Completed course evaluation form
- A check for \$20 made out to "State of Oregon"
- Mail all documents and check to:

**OLRO – Self-study Program  
PO BOX 14530  
Salem OR 97309**

This is an open book test and must be completed without assistance from others.  
You must score 100 percent to receive a continuing education certificate.

*This test is for RNs only.*

**The completed test must be submitted along with the continuing education application and survey.**

**Name:** \_\_\_\_\_

This test has both Multiple Choice and True/False questions. Select the best answer.

1. Division 47 defines delegation as authorizing an unlicensed person to perform a task of nursing care in selected situations and documenting that authorization in writing.

True

False

2. In community-based care settings, a person who holds certification as a nursing assistant is considered an unlicensed person.

True

False

3. Community-based care settings include:

Schools

Foster homes

Private homes

All of the above

4. The RN may only delegate to the number of unlicensed persons who can be safely supervised by the RN.

True

False

5. The decision to delegate or not rests solely with the RN.

True

False

6. Which of the following are considered delegation process steps?

Nursing assessment

Initial direction

Evaluation of the unlicensed person's skills, ability and willingness to perform the task

All of the above

7. The task of nursing care being considered for delegation can affect the RN's periodic inspection, supervision and evaluation frequency.

True

False

8. While each client care situation will be unique due to the client, the unlicensed person, the nursing task, the RN must apply and follow the same 11 step delegation process each time the RN exercises his/her authority to delegate.

True

False

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**9.** Written procedural guidance for performance of the task must be appropriate to the level of care being provided and to the knowledge base of the unlicensed person performing the task.

- True
- False

**10.** Which Division 047 statement is true when the delegating RN and the supervising RN are two different individuals?

The delegating RN must document the justification for the separation of delegation and supervision from the standpoint of RN availability.

The supervising RN must be fully informed of the delegation instructions and approve the plan for teaching.

The supervising RN need not agree to the supervision in writing.

The determination of the unlicensed person's competency is left to the delegating RN.

**11.** Transferring delegation from one RN to another, both RNs must document:

The transfer and acceptance of the delegation and supervision responsibility.

The reason for the transfer.

The effective date of the transfer.

All of the above.

**12.** It is not necessary for the incoming RN to repeat any parts of the delegation process when transferring an existing delegation.

- True
- False

**13.** The decision to rescind a delegation is the sole responsibility of the RN who delegated the task of nursing care.

- True
- False

**14.** A RN can make the decision to rescind a delegation for what reason(s) ; if:

The unlicensed person no longer works for or with the client.

The nursing task is no longer needed by the client.

The unlicensed person demonstrates an inability to perform the task safely.

For any one of the three reasons identified above.

**15.** It is never necessary to rescind a delegation of a nursing task to an unlicensed person no longer working with the client.

- True
- False

**16.** The RN does not need to delegate a nursing task if the unlicensed person has a nursing assistant or medication aide certificate.

- True
- False

**17.** The RN cannot delegate a nursing task if the client must be assessed before or after each time the nursing task is performed.

- True
- False

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**18.** When fulfilling the requirements for periodic inspection, supervision and re-evaluation, a RN shall base his/her determination of the frequency of client reassessment and the frequency of observation of the caregiver on specific factors that are listed in Division 47. Identify three of these factors:

A.

B.

C.

**Course Evaluation for RN Delegation in CBC Settings**

Please rate the extent to which each outcome was met using the following scale:

1 = No    3 = Neutral    5 = Yes

**The course met the objectives.**

1                    2                    3                    4                    5

**The information applies to my work.**

1                    2                    3                    4                    5

**The format was easy to use.**

1                    2                    3                    4                    5

**If available I would access other self-study courses.**

1                    2                    3                    4                    5

**Describe two concepts that you learned through this self-study course you will be able to apply immediately to your community-based practice.**

1.

2.

**Describe one thing that surprised you?**

Questions or inquires?

Send questions or inquires to: [spd.hsu@state.or.us](mailto:spd.hsu@state.or.us)

Check our our new Safe Medication Administration webpage at:  
[www.tinyurl.com/p86ep2g](http://www.tinyurl.com/p86ep2g). Like us on Facebook at: [OregonDhs.SafeMeds](https://www.facebook.com/OregonDhs.SafeMeds).



OLRO - Self-study Program, PO Box 14530, Salem OR 97309

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