

Arizona Board of Nursing Scope of Practice Questions & Answers
SCOPE OF PRACTICE
Certified Nursing Assistant (CNA) & Licensed Nursing Assistant (LNA)

1. What is the definition of a Certified Nursing Assistant (CNA)?

As defined in [A.R.S. § 32-1601 \(6\)](#)

(<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm>)

a "Certified nursing assistant" is a person who is registered on the registry of nursing assistants who provides or assists in the delivery of nursing or nursing-related services under the supervision and direction of a licensed nursing staff member.

Certified nursing assistant does **NOT** include a person who:

- (a) Is a licensed health care professional.
- (b) Volunteers to provide nursing assistant services without monetary compensation.
- (c) Is a licensed nursing assistant.

2. What is the definition of a Licensed Nursing Assistant (LNA)?

As defined in [A.R.S. § 32-1601 \(14\)](#)

(<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm>)

a "Licensed Nursing Assistant" is a person who is licensed to provide or assist in the delivery of nursing or nursing-related services under the supervision and direction of a licensed nursing staff member.

A Licensed nursing assistant does **NOT** include a person who:

- (a) Is a licensed health care professional.
- (b) Volunteers to provide nursing assistant services without monetary compensation.
- (c) Is a certified nursing assistant.

3. Can a Licensed Nursing Assistant (LNA) administer medication?

According to [A.R.S. § 32-1650](#),

(<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01650.htm>)

a Registered Nurse (RN) or Licensed Practical Nurse (LPN) who is licensed may delegate medication administration to a licensed nursing assistant who is also certified as a medication assistant or to a student in an approved medication assistant program under the following conditions:

1. The recipient of the medication is a resident of a licensed nursing care institution

2. Delegated medications are limited to:

(a) Regularly scheduled medications, including controlled substances, by oral, topical, nasal, otic, optic and rectal routes.

(b) Following the nurse's assessment of the resident's need for the medication and at the direction of the nurse, as-needed medications for bowel care or over-the-counter analgesics. The nurse shall evaluate the effect of the medication and document findings in the resident's record.

3. The delegating nurse maintains accountability for the delegation and management of the resident's medications.

4. **When should a Licensed Nursing Assistant who is also certified as a medication assistant NOT administer medication?**

According to [A.R.S. § 32-1650](http://www.azleg.gov/ars/32-1650), (<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01650.htm>), a Registered Nurse (RN) or Licensed Practical Nurse (LPN) may **NOT** delegate the following to a medication assistant:

1. If, in the professional judgment of the nurse after evaluating the condition of and the level of services required for the resident and the conduct and skills of the certified medication assistant or medication assistant student, the delegation would pose an unacceptable risk of harm or jeopardize the health or welfare of the resident or if safe delegation cannot be accomplished.

2. The first dose of a new medication or of a previously prescribed medication if the dosage is changed.

3. Any new medication that arrives from the pharmacy without ensuring that it reflects the original prescription.

4. As-needed medications except as provided in this section.

5. The counting of controlled substances at the beginning and end of a shift and any act associated with obtaining multiple doses of controlled substances.

6. Any medication delivered by a needle or by intradermal, subcutaneous, intramuscular, intravenous, intrathecal and intraosseous routes.

7. The administration of any medication that must be inserted into a nasogastric tube or gastric tube.

8. Changing oxygen settings or turning oxygen on or off.

9. The administration of inhalant medications.
10. The regulation of intravenous fluids or the programming of insulin pumps.
11. The administration of topical patches or topical medications that require a sterile dressing or assessment of skin condition.
12. The administration of sublingual medications.
13. The administration of any medication that requires a mathematical conversion between units of measurement to determine the correct dose.

5. **What tasks can a Certified Nursing Assistant (CNA) and Licensed Nursing Assistant (LNA) perform?**

According to rule R4-19-813 (A. 1.-2.) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), a CNA or LNA may perform the following tasks as delegated by a licensed nurse:

1. Tasks for which the nursing assistant has been trained through the curriculum identified in R4-19-802 (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) and
2. Tasks learned through inservice or educational training if the task meets the following criteria and the nursing assistant has demonstrated competence performing the task:
 - a. The task can be safely performed according to clear, exact, and unchanging directions;
 - b. The task poses minimal risk to the patient or resident and the consequences of performing the task improperly are not life-threatening or irreversible;
 - c. The results of the task are reasonably predictable; and
 - d. Assessment, interpretation, or decision-making is not required during the performance or at the completion of the task.

6. **As a Licensed Nursing Assistant (LNA), what should I consider prior to completing a delegated nursing task?**

According to rule R4-19-813 (C. 1.-9.) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), a licensed nursing assistant shall:

1. Recognize the limits of the licensee's personal knowledge, skills, and abilities;
2. Comply with laws relevant to nursing assistant and medication assistant practice;
3. Inform the registered nurse, licensed practical nurse, or another person authorized to delegate the task about the licensee's ability to perform the task before accepting the assignment;
4. Accept delegation, instruction, and supervision from a licensed nurse or another person authorized to delegate a task;

5. Not perform any task that requires a judgment based on nursing knowledge;
6. Acknowledge responsibility for personal actions necessary to complete an accepted assigned task;
7. Follow the plan of care, if available;
8. Observe, report, and record signs, symptoms, and changes in the patient or resident's condition in an ongoing and timely manner; and
9. Retain responsibility for all assigned tasks without delegating any tasks to another person.

7. What constitutes a basis for disciplinary action on a **Licensed Nursing Assistant (LNA) license** and a **Certified Medication Assistant certificate**?

According to rule [R4-19-814 \(1.-33.\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), a practice or conduct that is or might be harmful or dangerous to the health of a patient or the public and constitutes a basis for disciplinary action on a LNA license and a CMA certificate includes the following:

1. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any member of the patient's or resident's family;
2. Engaging in sexual conduct with a patient, resident, or any member of the patient's or resident's family who does not have a pre-existing relationship with the licensee or any conduct while on duty or in the presence of a patient or resident that a reasonable person would interpret as sexual;
3. Leaving an assignment or abandoning a patient or resident who requires care without properly notifying the immediate supervisor;
4. Failing to accurately and timely document care and treatment provided to a patient or resident, including, for a CMA, medications administered or not administered;
5. Falsifying or making a materially incorrect entry in a health care record;
6. Failing to follow an employer's policies and procedures, designed to safeguard the patient or resident;
7. Failing to take action to protect a patient or resident whose safety or welfare is at risk from potential or actual incompetent health care practice, or to report the practice to the immediate supervisor or a facility administrator;
8. Failing to report signs, symptoms, and changes in patient or resident conditions to the immediate supervisor in an ongoing and timely manner;
9. Violating the rights or dignity of a patient or resident;
10. Violating a patient or resident's right of privacy by disclosing confidential information or knowledge concerning the patient or resident, unless disclosure is otherwise required by law;
11. Neglecting or abusing a patient or resident physically, verbally, emotionally, or financially;
12. Failing to immediately report to a supervisor and the Board any observed or suspected abuse or neglect, including a resident or patient's report of abuse or neglect;
13. Soliciting, or borrowing, property or money from a patient or resident, or any member of the patient's or resident's family, or the patient's or resident's guardian;

14. Soliciting or engaging in the sale of goods or services unrelated to the licensee's health care assignment with a patient or resident, or any member of the patient or resident's immediate family, or guardians;
15. Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, resident, employer, co-worker, or member of the public.
16. Repeated use or being under the influence of alcohol, medication, or any other substance to the extent that judgment may be impaired and practice detrimentally affected or while on duty in any work setting;
17. Accepting or performing patient or resident care tasks that the licensee lacks the education, competence or legal authority to perform;
18. Removing, without authorization, narcotics, drugs, supplies, equipment, or medical records from any work setting;
19. Obtaining, possessing, using, or selling any narcotic, controlled substance, or illegal drug in violation of any employer policy or any federal or state law;
20. Permitting or assisting another person to use the licensee's license or CMA certificate holder's certificate or identity for any purpose;
21. Making untruthful or misleading statements in advertisements of the individual's practice as a licensed nursing assistant or certified medication assistant;
22. Offering or providing licensed nursing assistant or certified medication assistant services for compensation without a designated registered nurse supervisor;
23. Threatening, harassing, or exploiting an individual;
24. Using violent or abusive behavior in any work setting;
25. Failing to cooperate with the Board
26. Cheating on the competency exam or providing false information on an initial or renewal application for license or certification;
27. Making a false or inaccurate statement to the Board or the Board's designee during the course of an investigation;
28. Making a false or misleading statement on a nursing assistant, medication assistant or health care related employment or credential application;
29. If an applicant, licensee or CMA certificate holder is charged with a felony or a misdemeanor, involving conduct that may affect patient safety, failing to notify the Board, in writing, within 10 working days of being charged.
30. Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction.
31. For a medication assistant, performance of any acts associated with medication administration not specifically authorized by A.R.S. § 32-1650 et. seq; and
32. Practicing in any other manner that gives the Board reasonable cause to believe that the health of a patient, resident, or the public may be harmed.
33. Violation of any other state or federal laws, rules or regulations.

8. **Can a Licensed Nursing Assistant (LNA) or Certified Medication Assistant be disciplined for patient abandonment? What about Certified Nursing Assistants (CNA)?**

Yes, according to rule [R4-19-814 \(1.-3.\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), a practice or conduct that is or might be harmful or

dangerous to the health of a patient or the public and constitutes a basis for disciplinary action on a LNA license and a CMA certificate includes leaving an assignment or abandoning a patient or resident who requires care without properly notifying the immediate supervisor.

Registry Certified Nursing Assistants (CNA) is a nursing assistant who chose or selected a certificate after the change in law effective 7/1/2016. After the law change, the Arizona State Board of Nursing follows specific federal requirements to investigate complaints including patient neglect, patient abuse, and misappropriation of property (including theft) by the CNA.

9. Can a Certified Nursing Assistant (CNA) administer medications?

No, According to [A.R.S. § 32-1650](http://www.azleg.gov/ars/32-1650), (<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01650.htm>), a Registered Nurse (RN) or Licensed Practical Nurse (LPN) who is licensed may only delegate medication administration to a licensed nursing assistant (LNA) who is also certified as a medication assistant or to a student in an approved medication assistant program. Certified nursing assistants are **NOT** licensed nursing assistants (LNA).

10. What nursing skills are a Licensed Nursing Assistant (LNA) or Certified Nursing Assistant (CNA) allowed to perform?

According to rule [R4-19-802 \(F. 7. a-i\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), basic nursing assistant skills that an LNA and CNA may perform includes:

- a. Taking vital signs, height, and weight using standing, wheelchair and bed scales;
- b. Maintaining a patient's or resident's environment;
- c. Observing and reporting pain;
- d. Assisting with diagnostic tests including obtaining specimens;
- e. Providing care for patients or residents with drains and tubes including catheters and feeding tubes;
- f. Recognizing and reporting abnormal patient or resident physical, psychological, or mental changes to a supervisor;
- g. Applying clean bandages;
- h. Providing peri-operative care; and
- i. Assisting in admitting, transferring, or discharging patients or residents.

11. What personal care for a patient may a **Licensed Nursing Assistant (LNA)** or **Certified Nursing Assistant (CNA)** perform?

According to rule R4-19-802 (F. 8. a-f) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), personal care skills that an LNA and CNA may perform includes:

- a. Bathing, skin care, and dressing;
- b. Oral and denture care;
- c. Shampoo and hair care;
- d. Fingernail care;
- e. Toileting, perineal, and ostomy care;
- f. Feeding and hydration, including proper feeding techniques and use of assistive devices in feeding

12. Can a **Licensed Nursing Assistant (LNA)** or **Certified Nursing Assistant (CNA)** assist cognitively impaired patients?

Yes, according to rule R4-19-802 (F. 10. a-d) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), the LNA and CNA's care of cognitively impaired patients includes:

- a. Understanding and addressing the unique needs and behaviors of patients or residents with dementia or other cognitive impairment,
- b. Communicating with cognitively impaired patients or residents,
- c. Reducing the effects of cognitive impairment, and
- d. Appropriate responses to the behavior of cognitively impaired individuals.

13. Can a Registered Nurse (RN) delegate tasks to a **Licensed Nursing Assistant (LNA)** or **Certified Nursing Assistant (CNA)**?

Yes, according to rule R4-19-402 (D. 4. a-h) and R4-19-401 (E. 2. A-h) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), the RN can delegate nursing tasks to unlicensed assistive personnel (UAP). In maintaining accountability for the delegation, the nurse shall ensure that the:

- a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;

- b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
- c. Results of the task are reasonably predictable;
- d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
- e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
- f. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
- g. RN provides supervision and feedback to the UAP; and
- h. RN observes and communicates the outcomes of the delegated task.

14. Can a Licensed Nursing Assistant (LNA) or Certified Nursing Assistant (CNA) act as a certified school nurse?

No, according to rule [R4-19-309 \(https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), school nurse certification requires the applicant to be a Registered Nurse.

15. Can a Licensed Nursing Assistant (LNA) or Certified Nursing Assistant (CNA) provide discharge instructions?

No, according to rule [R4-19-802 \(F. 7. i\) \(https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), LNA and CNA's cannot provide discharge instructions. However, **assisting** in admitting, transferring, or discharging patients or residents is part of basic nursing assistant skills that an LNA and CNA may perform.

16. Does a Licensed Nursing Assistant (LNA) or Certified Nursing Assistant (CNA) require Registered Nursing Supervision?

As defined in [A.R.S. § 32-1601 \(6\) \(14\) \(https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm\)](https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm), a LNA and CNA provides or assists in the delivery of nursing or nursing-related services under the supervision and direction of a licensed nursing staff member. A licensed nursing staff member may be a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

17. Can a **Licensed Nursing Assistant (LNA)** or **Certified Nursing Assistant (CNA)** remove or apply oxygen?

The LNA or CNA may remove or apply oxygen devices during transfers but may not change oxygen settings or oxygen tanks. The nursing assistant is responsible for identifying oxygen sources, and methods of delivery, incorporates safety measures in care for residents with oxygen, and utilizes principles of safe oxygen handling with removal and application of oxygen delivery devices.

18. Can a **Licensed Nursing Assistant (LNA)** or **Certified Nursing Assistant (CNA)** perform Blood Glucose Testing?

Blood Glucose Testing may be performed by experienced CNA's and LNA's providing there is a policy related to this skill in the agency and proof of competency by the CNA/LNA. This skill is not included in the basic curriculum for nursing assistants. After documented teaching of this skill, the information collected by the nursing assistant must be reported to a licensed nurse.

19. Can a **Licensed Nursing Assistant (LNA)** or **Certified Nursing Assistant (CNA)** perform routine bowel care?

CNAs and LNAs may perform routine bowel care under the following circumstances:

1. The CNA/LNA demonstrates proof of competence in the skills.
2. The client is in a home or group-home.
3. The client is medically stable without evidence of cardiac, renal/adrenal, or any other conditions that could put the client at additional risk.
4. There is a policy related to these skills on file at the employing agency.
5. There is a written order by a medical provider with prescribing authority for the specific type of bowel care, the route, the amount (dose), and the times to be given in the client's file.

Routine bowel care includes: non-medicated or commercially prepared enemas, and non-prescription, oral and suppository laxatives. **NOT INCLUDED: REMOVAL OF FECAL IMPACTION, PRESCRIPTION LAXATIVES, MEDICATED ENEMAS.**

CNAs and LNAs may also assist with personal care skills, including toileting, perineal, and ostomy care needs.

20. What tasks are taught in the **Certified Nursing Assistant (CNA)** state-approved curriculum?

According to rule [R4-19-802 \(F. 1.-14.\)](https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf) (https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_.2019.pdf), a nursing assistant program shall provide the following teaching:

1. Communication, interpersonal skills, and documentation;

2. Infection control;
3. Safety and emergency procedures, including abdominal thrusts for foreign body airway obstruction and cardiopulmonary resuscitation;
4. Patient or resident independence;
5. Patient or resident rights, including the right to:
 - a. Confidentiality;
 - b. Privacy;
 - c. Be free from abuse, mistreatment, and neglect;
 - d. Make personal choices;
 - e. Obtain assistance in resolving grievances and disputes;
 - f. Security of a patient's or resident's personal property; and
 - g. Be free from restraints;
6. Recognizing and reporting abuse, mistreatment or neglect to a supervisor;
7. Basic nursing assistant skills, including:
 - a. Taking vital signs, height, and weight using standing, wheelchair and bed scales;
 - b. Maintaining a patient's or resident's environment;
 - c. Observing and reporting pain;
 - d. Assisting with diagnostic tests including obtaining specimens;
 - e. Providing care for patients or residents with drains and tubes including catheters and feeding tubes;
 - f. Recognizing and reporting abnormal patient or resident physical, psychological, or mental changes to a supervisor;
 - g. Applying clean bandages;
 - h. Providing peri-operative care; and
 - i. Assisting in admitting, transferring, or discharging patients or residents.
8. Personal care skills, including:
 - a. Bathing, skin care, and dressing;
 - b. Oral and denture care;
 - c. Shampoo and hair care;
 - d. Fingernail care;
 - e. Toileting, perineal, and ostomy care needs;
 - f. Feeding and hydration, including proper feeding techniques and use of assistive devices in feeding; and
9. Age specific, mental health, and social service needs, including:
 - a. Modifying the nursing assistant's behavior in response to patient or resident behavior,
 - b. Demonstrating an awareness of the developmental tasks and physiologic changes associated with the aging process,
 - c. Responding to patient or resident behavior,
 - d. Allowing the resident or patient to make personal choices and providing and reinforcing other behavior consistent with the individual's dignity,
 - e. Providing culturally sensitive care,
 - f. Caring for the dying patient or resident, and
 - g. Using the patient's or resident's family as a source of emotional support for the resident or patient;
10. Care of the cognitively impaired patient or resident including;

- a. Understanding and addressing the unique needs and behaviors of patients or residents with dementia or other cognitive impairment,
 - b. Communicating with cognitively impaired patients or residents,
 - c. Reducing the effects of cognitive impairment, and
 - d. Appropriate responses to the behavior of cognitively impaired individuals.
11. Skills for basic restorative services, including:
- a. Body mechanics;
 - b. Resident self-care;
 - c. Assistive devices used in transferring, ambulating and dressing;
 - d. Range of motion exercises;
 - e. Bowel and bladder training;
 - f. Care and use of prosthetic and orthotic devices; and
 - g. Turning and positioning a resident in bed, transferring a resident between bed and chair and positioning a resident in a chair.
12. Health care team member skills including the role of the nursing assistant and others on the health care team, time management and prioritizing work; and
13. Legal aspects of nursing assistant practice, including:
- a. Requirements for licensure and registry placement and renewal.
 - b. Delegation of nursing tasks,
 - c. Ethics,
 - d. Advance directives and do-not-resuscitate orders, and
 - e. Standards of conduct under R4-19-814.
14. Body structure and function, together with common diseases and conditions

21. What are the types of nursing assistants licensed by the Arizona State Board of Nursing?

According to the Arizona State Board of Nursing Webpage [Nursing Assistant Types](https://www.azbn.gov/licenses-and-certifications/nursing-assistant-types) (<https://www.azbn.gov/licenses-and-certifications/nursing-assistant-types>). As of July 1st, 2016, Arizona offers two types of nursing assistant credentials:

1. **Certified Nursing Assistant (CNA) or “Registry CNA”:** A registry CNA is a nursing assistant who chose or selected a certificate after the change in law effective July 1st, 2016. Registry CNAs have fewer requirements for certification and less oversight by the Board. Registry CNA applicants need only meet the minimum federal requirements for CNA certification, and will be issued a certificate after completing an approved CNA program and passing the CNA tests. Registry CNAs are required to practice 8 hours every two years to renew their license/certificate. A criminal background check is **NOT** required, and certification is free.
2. **Licensed Nursing Assistant (LNA):** The current LNA has requirements that are almost identical to the “old” or “undeclared” CNA. The LNA must complete a criminal background check, has a higher level of oversight by the Board prior to and after issuance of the LNA license. LNAs are required to practice a minimum of 160 hours within the past two years to renew their license.

The board also recognizes “**Undeclared CNAs.**” During the transition period from the “old CNA” to the new, “Registry CNA” and LNA, some nursing assistants who hold an “old”

CNA certificate, issued prior to July 1, 2016, have not “declared” whether they wish to convert to either an LNA or Registry CNA (individuals cannot hold both credential simultaneously). These “old” CNA certificates are called “Undeclared CNAs”, or “UCNAs”. Upon renewal, holders of the UCNAs will be required to declare If they want to convert to a Registry CNA or LNA. In the meantime, they are treated as LNA-equivalents, because the requirements that were in place for the UCNA certificates at the time they were issued, were equivalent to the current LNA requirements.