

Responses to a Quick Survey Regarding Nonlicensed Allied Health Care Workers and the Duties Delegated or Assigned by Licensed Health Care Professionals to that Allied Health Care Worker.

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| Licensing Board | <p>1. Titles of Non Licensed or state regulated allied healthcare workers that provide clinical support to the professionals licensed by the board you represent; and</p> <p>2. A description of the duties they perform, including any clinical tasks that may be delegated or assigned to that allied healthcare worker.</p> |
| <p>Nevada State Board of Dental Examiners</p> <p><i>Response received from: Kathleen Kelly, Executive Director</i></p> | <p>In dentistry, the typical 'titles' for auxiliary professionals and personnel are: dental hygienists-licensed; dental assistants—unlicensed. Dental hygienists and dental assistants must be supervised and authorized (and according to our law, employed by a licensed dentist) to perform the duties delegable under regulation by a licensed dentist. Dentists may transfer supervision between dentists but all duties delegable must be authorized or supervised depending on the duty and how defined in regulation. Duties that may be delegated to a dental hygienist (NAC 631.210) and the link is provided here: http://www.leg.state.nv.us/NAC/NAC-631.html#NAC631Sec210</p> <p>Duties that may be delegated to a dental assistant (they are not licensed) (NAC 631.220) and the link is provided here: http://www.leg.state.nv.us/NAC/NAC-631.html#NAC631Sec220</p> <p>The board requires the names, dates of hire, and position title, for any person assisting with taking of radiographs (x-rays) and certification (dentists' certification) that the individual delegated such duty has had proper training on safe taking of radiographs and operation of equipment. The dentists must list these names on their biennial or annual renewal application form (2 year or 1 year renewal depends on the type of dental license held).</p> <p>A dental assistant must always be supervised (this is defined in NRS 631.105) by a dentist or by authorization to a hygienist. Supervision in our chapter requires the physical presence of the dentist in the office. The regulation (NAC 631.220 sub 2) for duties delegable to an assistant does allow for a hygienist to supervise an assistant with specific duties IF so authorized by the dentist. Otherwise, a hygienist with a public health dental hygiene endorsement (NRS 631.287) for public health hygiene may also supervise a dental assistant with only those duties specified in NAC 631.220 sub 3 being delegated.</p> <p>While some 'practices' branch into lab technicians, treatment coordinators, dental advocates, etc., the board regulations define those duties that may be delegated to any <u>person directly or indirectly involved in dental care</u>. So, whatever 'title' they may have, the duties are specific that can be delegated to a person and who must supervise. The statute authority comes in NRS 631.215, 631.313, and 631.395 for defining dentistry, assignments, and what is illegal dentistry.</p> <p>I hope this is what you needed and helpful. Not all 'locations' for dental care is the same. While most care is provided in a static office of a practioner(s), we are now seeing other locations including mobile dental offices, other ownership arrangements or managed arrangements that will need oversight changes to accommodate. This does not change the regulations for duties delegable currently.</p> |

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| <p>Nevada State Board of Homeopathic</p> <p>Response received from: Nancy Elko Executive Director</p> | <p>...Our certified healthcare professionals are Advanced Practitioners of Homeopathy and Homeopathic Assistants. I have requested their job responsibilities from some of our Doctor's and to date have not received the info. NRS630A.035 describes Homeopathic Assistants duties and NRS630A.015 describes Advanced Practitioners of Homeopathy. In addition these practitioners do not work with dangerous drugs, vaccines of any type/kind. The statutes are posted on the board's website: nbhme.com. I will forward the info as soon as possible.</p> |
| <p>Nevada State Board of Medical Examiners</p> <p>Response received from: Douglas C. Cooper, CMBI Interim Executive Director</p> | <p>There was insufficient time to survey the licensees of this Board in order to get a more comprehensive list. I know you understand that since we do not license the type of assistants you are inquiring about, we do not have a data base on them. The responsibility for clinical medicine rests with the physician, period. I hope this is of assistance to you.</p> <p><u>Clinical Practice:</u> (Regardless of the title, all clinical assistants may be considered medical assistants).</p> <p>Clinical Medical Assistants: Any non-invasive task as part of a treatment of a patient, where independent clinical judgment is not required, and under the supervision of the physician. Includes taking medical histories, measuring vital signs, administering medicine, explaining consent and other required forms, patient pre-exam prep, collect and prepare specimens for laboratory testing, assist in sterilizing medical instruments, preparing medical equipment and devices for the physician to use in treatment, and general hygiene and sterilization of all areas in the clinic. Clinical medical assistants perform completely different tasks that do <u>administrative medical assistants</u>.</p> <p>Administrative Medical Assistant: Performs all types of clerical and administrative tasks associated with a doctor's office.</p> <p>There are specialties where medical assistants are more apt to be found, <u>as in the ophthalmic example provided below</u>, and where the duties correspond generally to what medical assistant do overall, but with emphasis on assisting for treatments and procedures associated with or belonging specifically to that medical specialty, as in:</p> <p>Ophthalmic Assistants: Certified ophthalmic assistant; certified ophthalmic technician; and certified ophthalmic medical technologists. (These personnel are certified by JCAHPO). Take photographs, tomograms of the retina, visual field with automatic machines, corneal topography, custom vue analysis of the corneal for Lasik, place drops in patient's eyes, check patient's intraocular pressure, place dilating drops in patient's eyes, measure pulse, check O2 sat.</p> |

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| | <p>We do not know of one comprehensive list of types of medical assistants, as the field is dependant on the needs of the physician and his area of expertise. However, some additional specialties and areas where medical assistants appear to be generally active, not necessarily in Nevada, but nationally, according to literature. Their duties correspond to the needs of the specialty/area:</p> <p>Diagnostic medical sonography Medical Dosimetry (Dosimetrist) Orthotics and prosthetics assistant Medical/cardiac sonographers Radiographer assistant (x-ray, MR, CT, Nuclear Medicine) Radiation therapists Medical Physics Assistant Medical Lab Assistant Ultrasound Respiratory Medical Assistant Ophthalmology Orthopedics Pediatrics Dermatology Rheumatology Family/General Practice Internal Medicine Allergist Plastic Surgery</p> <p><u>Non-Clinical Practice:</u> There are medical assistants that function with even more specific roles in the <u>Medical Facility</u> setting. This includes ambulatory surgical centers and hospitals. Here are two examples for you:</p> |

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| | <p>1. Surgical Technician, Certified Surgical Technician (CST), Certified First Assistant (CFA), Certified Orthopedic Technician (COT)</p> <p>Duties: A Certified Surgical Technician, First Assistant or Orthopedic Technician performs surgical procedures relative to assisting operating surgeons with the instrumentation of surgical intervention. Works under direction and supervision of their sponsoring physician at all times. Does not exercise any degree of judgment in the management of patients.</p> <p>No license or certification required.</p> <p>More Specific Duties</p> <ol style="list-style-type: none"> 1. Assist in surgery (not to replace a physician as first assistant when required) 2. Preparation of instrumentation for all surgical procedures 3. Handles tissue and specimens 4. Helping to provide hemostases 5. Provide exposure 6. Wound Closure - Suture and staple subcutaneous and skin 7. Provides Retraction 8. Cast splint application and removal with M.D. 9. Change dressings and casts with M.D. 10. Application/removal of traction with M.D. written order <p>2. RADIOLOGY PRACTITIONER ASSISTANT</p> <p>Duties: A Radiology Practitioner Assistant is a professional who provides patient care and is effectively involved with maintaining the standard of care for assigned patients through assessment, planning, implementation and evaluation. The Radiology Practitioner Assistant works under direction and supervision of their supervising physician or designee at all times.</p> <p>No licensee required.</p> |

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| | To be eligible to apply for core privileges(hospital)as a Radiology Practitioner Assistant, the initial applicant must meet the following criteria: Graduate of a Radiology Practitioner Assistant Program recognized by the Certification board for Radiology Practitioner Assistants (CBRPA).Must be sponsored by a Supervising Practitioner that is currently on staff in good standing at the hospital where the radiology practitioner assistant is applying and have established an employer-employee relationship with the Radiology Practitioner Assistant | | |
| Nevada State Board of Nursing Response received from: Debra Scott, MSN, RN, FRE Executive Director | Attached please find the information that you requested. In our work at the Board, we don't really hear about too many unlicensed assistive personnel (UAPs) except related to renewal of certification as a CNA. In order for a CNA to renew a certificate, he must complete 24 hours of continuing education and work 40 hours for compensation as a CNA in the previous 24 months. Sometimes the CNAs are working in another role, such as a telemetry technician or an operating room technician, and they want to use those hours to renew. We are unable to count those hours as meeting the requirement for CNA renewal due to federal laws that apply to CNAs. That's when we see job descriptions for some of the UAP positions that I've identified. The Nurse Practice Act only allows RNs to delegate nursing duties to LPNs and to supervise other individuals in the performance of nursing activities that are within their own scope of practice. In other words, RNs cannot delegate their scope of practice; they can only assign to and supervise UAPs in performing those tasks. RNs are responsible for both the delegation process and the ongoing supervision of others to whom they delegate or assign tasks. RNs maintain accountability for the overall care of the patient, which includes the tasks that they delegate and assign. | | |
| | UAP JOB TITLE | PRACTICE SITE | DESCRIPTION OF THE DUTIES, INCLUDING ANY CLINICAL TASKS THAT MAY BE DELEGATED OR ASSIGNED BY THE NURSE |
| | Emergency Dept Technician | Acute Hospital | Varied |
| | Telemetry Technician | Acute Hospital | Varied |
| | Operating Room Technician | Acute Hospital, Outpatient Surgery Centers | Varied |
| | Mental Health Technicians | Acute psychiatric hospitals, residential psych centers, rural psych clinics | Varied |

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| | <i>Certified Nursing Assistants</i> | <i>Long term care, acute hospitals, home health agencies</i> | <i>Are regulated by the NSBN and have a distinct scope of practice as outlined by our model curriculum (available on our website)</i> |
| | Personal assistant | Home health agencies or private duty | NRS 629.091 allows them to perform services for a person with a physical disability |
| | Supportive living arrangement aide | Home health agencies or private duty (independent contractor) | NRS 435.3305-339 allows them to provide supported living arrangement services |
| | Medication Aide | Assisted living settings | Regulated by the BHCQC and are required to take an 8 hr medication course to assist in medication administration to individuals in assisted living settings. |
| | Restorative Aide | Long term care settings | Provide comfort measures (without "touching" patients) for individuals in skilled nursing and long term care settings |
| | Cardiology Technician | Acute Hospital | Perform EKGs |
| | Personal Care Attendant | In client's home | NAC 426.675-770 allows them to provide essential personal care to an individual who is functionally impaired with activities of daily living, e.g. shopping, laundry, cleaning, bathing, dressing, preparing meals, and eating. |
| Nevada State Board of Optometry <i>Response received from: Judi Kennedy, Director</i> | It is common in the practice of optometry to use "techs" to provide clinical support. They would perform such tasks as fitting, ordering, and adjusting glasses, based on the prescription of the optometrist. Additionally, they may perform such tasks as visual field testing, auto refraction, and autokeratometry. None of the tasks enumerated has any invasive component to it. | | |
| State of Nevada Board of Oriental Medicine <i>Response received from: Amy Richards, Executive Director</i> | Our practitioners do not use healthcare professionals that offer support to their services. | | |

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| <p>Nevada State Board of Osteopathic Medicine</p> <p><i>Response received from: Dianna Hegeduis, Esq., Executive Director-Board Counsel</i></p> | <p>Responses provided from two members of the Board of Osteopathic Medicine:</p> <ul style="list-style-type: none"> I mostly work with technicians from the Air Force. They have no degree and went to on the job training. They do anything we want them to do within reason. Most take vital signs and many start IVs, take out sutures, some take out toe nails and some put on splints/casts and the RN mostly gives injections. I do not have a formal job description. In the private sector, I work alone now. Previously, I worked with mostly LPN and RN but there were a few MA. The MA did not give injections but the nurses did. (James Anthony, D.O., J.D.) I tried to review available literature to see if there is a data base to suggest the safety of injections in the office setting vs. hospital. The hospitals are mandated to have all injectables be administered by a registered nurse. The medical offices are not mandated as far as I can tell and have used RN and medical assistants (licensed and not). There are no conclusive studies to suggest that medical ' assistants ' have any different complication rates. All studies implicate errors in dosage due to illegible writing as the most common reason for error. No recurring pattern showed any difference in hospital vs. clinic error patterns. <p>The major cause for concern is the practice of administering dangerous medications without ' direct ' supervision. controversy exists on what are dangerous medications (Botox, Facial Fillers,etc) and what constitutes direct supervision...In common injection practices medical assistants administer injections under the immediate supervision of the ordering physician, as such the physician is in direct patient care and accepts all responsibility for any adverse effects..Whereas in the nontraditional setting the lack of proximate supervision places the patient at unexpected risk as the patient assumes appropriate measures have been taken to assure their safety. The patient expects appropriate safeguard to trust their medical care is being monitored by the Medical Board (Scott E. Manthei, DO FOCOO FAAOHNS)</p> |

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| <p>Nevada State Board of Pharmacy</p> <p><i>Response received from:</i> <i>Carolyn J. Cramer</i> <i>General Counsel</i></p> | <p>As we discussed the Nevada Board of Pharmacy licenses pharmacists, pharmacies, providers of medical devices, equipment and gases, and pharmaceutical wholesalers. The Board also registers allopathic and osteopathic physicians, veterinarians, dentists, podiatrists, physician assistants, advance practitioners of nursing, pharmaceutical technicians, and dispensing technicians. All of the above listed professionals are initially and primarily licensed by other practice acts with the exception of pharmaceutical technicians and dispensing technicians who are solely registered by this Board.</p> <p>The Board also oversees the acts of clerks or cashiers who work in pharmacies but who are not license or registered with the Board. In NAC 639.701, the Board has established certain tasks that may be performed by such clerks or cashiers and for which no registration or licensure is required:</p> <ol style="list-style-type: none"> 1. Entering information into the pharmacy's computer other than information contained in a new prescription concerning the prescription drug and the directions for its use. 2. Processing sales, including the operation of a cash register. 3. Stocking shelves. 4. Delivering medication to a patient or to areas of a hospital where patients are cared for. <p>Additionally, this Board is aware of three para-professionals that may deal with prescription drugs who are not licensed or registered with this Board or any other board or commission: (1) medical assistants; (2) radiologic technicians; and (3) nuclear medicine technicians. Radiologic technicians and nuclear medicine technicians are statutorily empowered by NRS 454.213 to possess and administer prescription drugs. Medical assistants do not appear in any Nevada statute. Radiologic technicians who perform mammograms are licensed by the Department of Health. The Board of Pharmacy has not undertaken any rule-making regarding any of these three types of para-professionals. As far as we know, there are no licensing standards, training or qualifications that have been set for these three types of para-professionals, whether by statute or regulation.</p> <p>This Board is also aware that some hospitals designate some people to be emergency room technicians, and we understand that such people may be possessing and administering prescription drugs. We know of no statutory or regulatory authority that authorizes such people to possess or administer prescription drugs. We know of no statutory or regulatory definition of their scope of practice, standards, training, or qualifications. At most, therefore, emergency room technicians appear to be just another group of medical assistants who can have access to drugs without any training or education.</p> |

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| <p>Nevada State Board of Podiatry</p> <p><i>Response received from: Melissa Heyden Executive Director</i></p> | <p>In addition to our podiatrists we license podiatric hygienists, their authorized activities are listed below pursuant to NRS 635.098:</p> <p>NRS 635.098 Podiatry hygienists: Authorized activities; required knowledge.</p> <ol style="list-style-type: none"> Any podiatry hygienist in the employ and under the direction of a podiatric physician may: <ol style="list-style-type: none"> Apply orthopedic padding. Administer to patients by means of physiotherapeutic equipment. Make up surgical packs. Strap and cast for orthopedic appliances. Take and develop X rays. Assist in foot surgery. Administer oral medications. The Board may require that every podiatry hygienist have a general knowledge of sterile techniques, aseptic maintenance of surgery rooms, emergency treatments, podiatric nomenclature and podiatric surgical procedure. (Added to NRS by 1977, 133; A 1985, 495; 1993, 2222) <p><i>Follow up response:</i></p> <p>I am aware that some podiatrists have medical assistants or office assistants employed at their office. Since these employees are not regulated by our Board their individual responsibilities would be given by the podiatrist they are employed by or controlled by the regulations under which they are licensed.</p> |