

**PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R050-99

August 19, 1999

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1-66, NRS 449.037.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 33, inclusive, of this regulation.

Sec. 2. *“Governing body” means the person or group of persons, including a board of trustees, board of directors or other body, in whom the final authority and responsibility is vested for conduct of a hospital.*

Sec. 3. *“Hospital” has the meaning ascribed to it in NRS 449.012.*

Sec. 4. *“Inpatient” means a person who has been formally admitted into a hospital for diagnosis or treatment and who is expected to remain overnight or longer.*

Sec. 5. *“Outpatient” means a person who has been registered or accepted for care in a hospital but who has not been formally admitted as an inpatient, and who does not remain in the hospital for more than 48 hours.*

Sec. 6. *“Patient” means a person who:*

- 1. Is receiving diagnostic, therapeutic or preventive health services; or*
- 2. Is under observation or treatment for an illness or injury, or under care during and after pregnancy.*

Sec. 7. *“Restraint” means the control of the activity of a patient to protect the patient or others from injury by the seclusion of the patient or the use of mechanical devices. The term does not include the control of the activity of a patient by the use of mechanical supports that are used in rehabilitative situations to achieve proper body alignment.*

Sec. 8. 1. *A hospital must be administered in a manner that enables the hospital to use its resources effectively and efficiently to meet the needs of and provide quality care to its patients. The governing body of a hospital shall develop and provide services for the care of its patients based on the identified needs of those patients.*

2. *The scope of services provided by each department, unit or service within a hospital must be defined in writing and must be approved by the administration or the medical staff of the hospital, or both, as appropriate. Each department, unit or service within a hospital shall provide patient care in accordance with its scope of services. The policies and procedures of a hospital and of each department, unit or service within the hospital must, to the extent necessary, be integrated with the policies and procedures of the other departments, units and services within the hospital.*

3. *The governing body of a hospital shall:*

(a) Ensure that the competence of all members of the hospital staff is assessed, maintained, demonstrated and improved;

(b) Provide an orientation process for persons hired to work at the hospital that includes initial job training and information; and

(c) Assess the ability of the members of the hospital staff to fulfill their specified responsibilities.

4. A hospital shall ensure that it is staffed by a sufficient number of personnel, whose qualifications are consistent with their job responsibilities, to provide care to the patients of the hospital.

5. The chief executive officer of a hospital is responsible for operating the hospital in accordance with the authority conferred on him by the governing body.

Sec. 9. *Each hospital shall have in effect a comprehensive program for risk management and shall designate one person to be responsible for the implementation and maintenance of the program for risk management.*

Sec. 10. 1. *To meet the ongoing needs of its patients, a hospital shall:*

(a) Provide a designated area for the preparation, sterilization and storage of sufficient sterile supplies and medical and surgical equipment; and

(b) Dispense the sterile supplies and equipment to all departments, units and services within the hospital.

2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with:

(a) The standards for the control of infection established by the infection control officer of the hospital;

(b) The standards developed by the Occupational Safety and Health Administration for the preparation, sterilization and storage of such supplies and equipment; and

(c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment.

3. If the supplies and equipment are sterilized on the premises of a hospital, the process of sterilization must be supervised by a person who has received specialized training in the

operation of the process of sterilization, including training in methods of testing the process to verify the efficiency of the process of sterilization.

Sec. 11. A hospital shall:

1. Develop and carry out policies and procedures for admitting patients to the appropriate levels of care; and

2. Assure that each patient, or the parent, guardian or other person legally responsible for the patient, receives information about the proposed care of the patient.

Sec. 12. 1. A hospital shall:

(a) Have a process for discharge planning that applies to all inpatients; and

(b) Develop and carry out policies and procedures regarding the process for discharge planning.

2. The process for discharge planning must include the participation of registered nurses, social workers or other personnel qualified, through education or experience, to perform discharge planning.

3. A hospital shall, at the earliest possible stage of hospitalization, identify each patient who is likely to suffer adverse health consequences upon discharge if the patient does not receive adequate discharge planning. The hospital shall provide for an evaluation of the needs related to discharge planning of each patient so identified.

4. An evaluation of the needs of a patient relating to discharge planning must include, without limitation, consideration of:

(a) The needs of the patient for postoperative services and the availability of those services;

(b) The capacity of the patient for self-care; and

(c) The possibility of returning the patient to a previous care setting or making another appropriate placement of the patient after discharge.

5. If the evaluation of a patient relating to discharge planning indicates a need for a discharge plan, a discharge plan must be developed under the supervision of a registered nurse, social worker or other person qualified to perform discharge planning.

6. An evaluation of a patient relating to discharge planning and a discharge plan for the patient may be requested by the patient, a physician, a member of the family of the patient or the guardian of the patient, if any.

7. If a hospital finds that a patient does not need a discharge plan, the attending physician may still request a discharge plan for the patient. If the attending physician makes such a request, the physician shall collaborate as much as necessary with the hospital staff in the development of the discharge plan.

8. Activities related to discharge planning must be conducted in a manner that does not contribute to delays in the discharge of the patient.

9. The evaluation of the needs of a patient relating to discharge planning and the discharge plan for the patient, if any, must be documented in his medical record.

10. The discharge plan must be discussed with the patient or the person acting on behalf of the patient.

11. The patient, members of the family of the patient and any other person involved in caring for the patient must be provided with such information as is necessary to prepare them for the post-hospital care of the patient.

12. If, during the course of a patient's hospitalization, factors arise that may affect the needs of the patient relating to his continuing care or current discharge plan, the needs of the patient must be reassessed and the plan, if any, must be adjusted accordingly.

13. A hospital shall arrange for the initial implementation of the discharge plans of its patients.

14. If identified in a discharge plan, referral of a patient to outpatient services or transfer of the patient to another facility must be accomplished in a manner that meets the identified needs of the patient, including the sharing of necessary medical information about the patient with the receiving service or facility.

Sec. 13. 1. *A hospital shall provide for the general dietary needs of its patients, including the preparation of modified special diets.*

2. Adequate space for the preparation and service of food must be provided. Equipment for the preparation and service of food must be placed to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies.

3. Well-ventilated food storage areas of adequate size must be provided.

4. Adequate space must be maintained to accommodate equipment, personnel and procedures necessary for the proper cleaning and sanitizing of dishes and other utensils.

5. Office or other suitable space must be provided for the dietician and dietetic service supervisor.

6. In providing for the preparation and serving of food, a hospital shall:

(a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto; and

(b) Obtain the necessary permits from the bureau of health protection services of the health division of the department of human resources.

Sec. 14. 1. *A hospital shall maintain an organized dietary service that is staffed by an adequate number of personnel. The hospital shall ensure that personnel are on duty to provide dietary services for at least 12 hours each day and that the personnel are competent to perform their duties as outlined in their job descriptions. The dietary service must be integrated with the other departments, units and services within the hospital.*

2. The dietary service must be under the direction of a registered dietitian or other professional person who is qualified in the field of institutional management or nutritional sciences. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant.

3. A hospital shall have on staff a dietician manager or consultant who shall provide in-service training for all dietetic service personnel and maintain a record of the in-service training provided which includes a description of the subjects covered by the training, the date that the training was given, the duration of the training, and a list of the persons who attended the training.

4. Personnel of the dietary service must:

(a) Be trained in basic techniques of food sanitation;

(b) While working in the dietary service, be clean and wear clean clothing, including a cap or hairnet, or both; and

(c) Be excluded from duty when affected by a skin infection or communicable disease.

5. If an employee of the dietary service has a beard or moustache, or both, which is not closely cropped, the employee shall cover the beard or moustache, or both, while he is on duty.

- Sec. 15. 1.** *A hospital shall carry out a program for the systematic nutritional risk-screening of its patients to detect actual and potential malnutrition at an early stage.*
- 2. A hospital shall ensure that each patient maintains acceptable parameters of nutritional status, including, without limitation, body weight and protein levels, unless the patient's clinical condition demonstrates that the maintenance of those parameters is not possible.*
- 3. A patient who is fed by an enteral feeding system must receive the appropriate treatment and services to prevent complications to the extent possible.*
- 4. Parenteral nutrition support must be used to nourish a patient who meets clinical guidelines that are developed in accordance with nationally recognized standards of practice and approved by the medical staff of the hospital.*
- 5. A patient must receive a therapeutic diet when it is determined that he has a nutritional problem.*
- 6. The director of the dietary service shall develop and carry out policies and procedures for nutritional care and dietetic services. The policies and procedures must be readily available to nursing, dietary and medical staff. The director shall evaluate the policies and procedures for nutritional care and services provided by the dietary service on a regular basis and revise those policies and procedures as necessary.*
- 7. If it is determined that the nutritional status of a patient is at risk, nutritional care for that patient must be:*
- (a) Planned and provided based on an assessment of his nutritional status by a registered dietician or the attending physician, or both; and*
 - (b) Integrated into his plan of care.*

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The response of the patient must be monitored and reassessed as needed.

8. Pertinent dietary information must be included in a patient's transfer records or discharge records, or both, to ensure continuity of nutritional care.

Sec. 16. 1. *A hospital shall store, prepare, distribute and serve food under sanitary conditions.*

2. A hospital shall maintain on its premises at least a 1-week supply of staple foods and at least a 2-day supply of perishable foods. The supplies must be appropriate to meet the requirements of the menu. All food must be of good quality and procured from sources approved or considered satisfactory by federal, state and local authorities. Food that is contained in a container or can that:

(a) Is unlabeled, if the contents of the container or can are not readily identifiable without opening the container or can;

(b) Is rusty, leaking or broken; or

(c) Has dents or swelling,

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is not acceptable and must not be maintained.

3. All kitchens and kitchen areas in a hospital must be kept clean, kept free from litter and rubbish, and protected from rodents, roaches, flies and other insects. The hospital shall take such measures as are necessary for preventive pest control. All utensils, counters, shelves and equipment must be kept clean, maintained in good repair, and free from breaks, corrosions, open seams, cracks and chipped areas. Plastic ware, china and glassware that is unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze must be discarded.

4. After each use, utensils used for eating or drinking or used in the preparation of food or drink must be cleaned and disinfected, or discarded.

5. *Kitchen sinks must not be used for washing hands. Separate facilities for washing hands, which includes soap, running water and individual towels, must be provided.*
6. *Kitchen wastes that are not disposed of by mechanical means must be:*
 - (a) *Kept in containers which:*
 - (1) *Are leak proof;*
 - (2) *Are made of nonabsorbent materials; and*
 - (3) *Can be tightly closed; and*
 - (b) *Disposed of as frequently as necessary to prevent a nuisance or unsightliness.*
7. *Ice which is used in connection with food or drink must be from a sanitary source and must be handled and dispensed in a sanitary manner.*
8. *A person other than personnel of the dietary service may not be in the kitchen area unless the person is required to be there in the performance of his duties.*
9. *Equipment of the type and in the amount necessary for the proper preparation, service and storage of food and for proper dishwashing must be provided and maintained in good working order.*

Sec. 17. 1. *Only members of the hospital staff who are legally authorized to administer medications may do so.*

2. *Security of all medications must be maintained in accordance with applicable state law.*
3. *The quality improvement program established pursuant to section 28 of this regulation must include a system of security to monitor and improve the process of administering medications.*

Sec. 18. 1. *To perform a transfusion of blood safely and efficiently, hospital personnel shall follow the policies and procedures developed by the hospital, with input from the medical staff, for performing a transfusion of blood.*

2. Hospital personnel may administer blood only within the scope of their practice and after they have been trained to administer blood.

Sec. 19. 1. *Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.*

2. The governing body shall ensure that each person's role in providing care to a patient is determined by:

(a) The professional skills, competence and credentials of the person providing care;

(b) The care or rehabilitation to be provided to the patient;

(c) The policies of the hospital; and

(d) The relevant required licensure or certification, regulation, privileges, scope of practice and job description of the person.

Sec. 20. 1. *To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.*

2. Each patient must be reassessed according to hospital policy:

(a) When there is a significant change in his condition;

(b) When there is a significant change in his diagnosis; or

(c) To determine his response to the care that he is receiving.

3. The hospital shall ensure that the hospital staff develop and keep current a plan of care for each inpatient based on the assessed needs of the inpatient.

Sec. 21. A governing body shall develop and carry out policies and procedures that protect and support the rights of patients as set forth in NRS 449.700 to 449.730, inclusive.

Sec. 22. 1. A governing body shall develop and carry out policies and procedures that prevent and prohibit:

(a) Verbal, sexual, physical and mental abuse of patients; and

(b) The involuntary seclusion of a patient without clinical justification for that seclusion.

2. The governing body shall develop and carry out policies and procedures that prevent and prohibit neglect and misappropriation of the personal property of a patient.

3. The governing body shall develop policies and procedures for the identification and investigation of neglect and abuse of patients.

4. The governing body shall develop and carry out organizational policies and procedures that limit the use of physical restraints on patients to only those situations in which the use of physical restraints is appropriate and for which there is adequate clinical justification.

5. The governing body shall ensure that the use of any physical restraints on a patient is initiated only pursuant to a physician's order or protocols approved by the medical staff and the hospital administration.

6. If the use of physical restraints is permitted pursuant to approved protocols, the approved protocols must include:

(a) A thorough assessment of the patient before the use of physical restraints is initiated;

(b) A provision that requires the initiation of the use of the physical restraints by a registered nurse or other authorized person according to hospital policy;

(c) A provision for notifying the physician within 12 hours after the use of the physical restraints is initiated;

(d) A requirement that a verbal or written order of the physician be obtained and entered into the medical record of the patient; and

(e) A requirement that the continued use of physical restraints beyond the first 24 hours be authorized by the physician through the renewal of the original order. The issuance of an order for the continued use of physical restraints on a patient must occur no less often than once each calendar day.

7. Organizational policies and procedures, protocols, physician's orders and the individual needs of a patient must be used to establish the frequency, nature and extent of monitoring of a patient upon whom physical restraints are being used.

8. The hospital shall have a process for quality improvement to identify appropriate opportunities for reducing the use of physical restraints. The process for quality improvement must include areas for measurement and assessment to identify opportunities to reduce the risks associated with the use of physical restraints through the introduction of preventive strategies, innovative alternatives to the use of physical restraints and improvements to the process of using physical restraints.

Sec. 23. 1. *A hospital shall have written policies concerning the qualifications, responsibilities and conditions of employment for each type of hospital personnel, including the licensure and certification of each employee when required by law.*

- 2. The written policies must be reviewed and updated as needed and must be made available to the members of the hospital staff.*
- 3. Personnel policies must provide for:*
 - (a) The orientation of all health personnel to the policies and objectives of the hospital; and*
 - (b) The maintenance of records of current employees which confirm that the personnel policies are being followed.*
- 4. The hospital shall have evidence of a current license or certification on file at the hospital for each person employed by the hospital, or under contract with the hospital, who is required to be licensed or certified by law to perform his job.*
- 5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC.*

Sec. 24. 1. Each hospital shall have at least one labor room, with the need for additional labor rooms to be determined by the amount of use of the labor room.

2. Each hospital shall have at least one properly equipped delivery room, with the need for additional delivery rooms to be determined by the amount of use of the delivery room. The delivery room must have:

- (a) An emergency call system that is operable without the use of hands and an adequate signal system.*
- (b) Emergency sterilizing facilities to support the delivery area.*
- (c) A heated bassinet and warmer for newborns which is readily available.*

(d) A device for easy, positive identification of a newborn before the newborn is removed from the delivery room.

(e) Adequate storage space for sterile supplies and equipment.

(f) Sinks and dispensers which are equipped with foot, knee or elbow controls or an alternative method of control.

3. A hospital shall have a clean utility room with adequate storage for cleaning supplies and other cleaning equipment needed for the delivery and labor rooms.

4. Major cleaning of instruments and other utensils used in the delivery or labor room must take place in a specified cleanup area or holding area for soiled materials.

Sec. 25. 1. *An obstetric department of a hospital shall provide services for labor, delivery, newborn care and recovery care, and shall maintain the areas in which these services are provided in a safe and clean manner.*

2. The obstetric department must be equipped with those items needed to provide obstetrical care and emergency procedures in life threatening situations to a mother or her baby.

Sec. 26. 1. *No person may be transferred or discharged from an obstetric department of a hospital unless:*

(a) The transfer or discharge is appropriate based on a risk assessment of the patient;

(b) A physician determines that the patient is not in active labor; or

(c) A physician determines that the medical needs of the patient exceed the capability of the obstetric department.

2. The criteria for the transfer of a patient must be in writing and included in the manual for policies and procedures of the obstetric department.

3. A patient in the obstetric department may be transferred only to a hospital capable of providing a higher level of obstetrical and neonatal care and for which there are written documents which verify that the receiving hospital agrees to accept emergency patients without regard to their ability to pay.

4. The obstetric department shall establish written protocols for the discharge of patients from the hospital, which include, without limitation:

(a) The provision of instructions to the mother regarding the care and feeding of her newborn;

(b) Plans for the examination of the mother and newborn after discharge;

(c) The provision of instructions to the mother regarding the availability of consultation services by telephone or home visit, as needed or requested by the mother; and

(d) The criteria and conditions under which a patient or newborn should be considered for transfer. Such a determination must be made by a qualified member of the medical staff and the criteria and conditions must be included in the written policies and procedures of clinical practices for the obstetric department. The written policies must be reviewed periodically by a qualified member of the medical staff and a review of all such transfers must be included in the quality improvement program established pursuant to section 28 of this regulation.

Sec. 27. A hospital shall meet the needs relating to respiratory care of its patients in accordance with nationally recognized standards of practice. If the hospital has a unit to provide respiratory care services:

1. The director of the unit must be a doctor of medicine or osteopathy who has the knowledge, experience and capabilities to supervise and administer the respiratory care services properly. The director may serve on a full-time or part-time basis.

2. The hospital shall ensure that there are an adequate number of respiratory therapists, respiratory therapy technicians and other personnel who meet the qualifications, which must be consistent with state law, specified by the medical staff to provide respiratory care services.

3. Personnel qualified to perform specific procedures relating to the provision of respiratory care services and the amount of supervision required for such personnel to carry out specific procedures must be designated in writing.

4. If blood gases or other clinical laboratory tests are performed in the respiratory care unit, the unit must meet the requirements for clinical laboratories with respect to management, adequacy of facilities, proficiency testing and quality control.

5. Respiratory care services must be provided only upon and in accordance with the orders of a doctor of medicine or osteopathy.

6. Diagnostic studies and treatment modalities relating to respiratory care must be recorded in the patient's medical record, including, without limitation:

- (a) The type of diagnostic or therapeutic procedures used;*
- (b) The dates and times of the use of such procedures; and*
- (c) The effects of such procedures, including adverse reactions.*

7. The unit shall have sufficient types and quantities of equipment to provide for the appropriate inhalation of the several gases, aerosols and such other modalities required for the anticipated nature and variety of procedures that will be performed in the unit. Equipment must be calibrated in accordance with the manufacturer's instructions and records of such calibrations must be maintained.

8. The unit shall have sufficient space for:

- (a) The storage of necessary equipment;*

(b) Work areas for:

(1) Cleaning, sterilizing and repairing equipment; and

(2) Performing studies of pulmonary function and blood analyses, if such studies and analyses are performed in the unit; and

(c) Office space for the personnel of the unit.

9. The unit shall establish and carry out procedures for the safe handling and storage of medical gas cylinders. Only certified persons and persons trained by the hospital may transfer gas from one cylinder to another. Such a transfer must be completed in accordance with safety protocols.

Sec. 28. 1. *The governing body of a hospital shall ensure that the hospital has an effective, comprehensive quality improvement program to evaluate the provision of care to its patients.*

2. The quality improvement program must:

(a) Be on-going;

(b) Include a written plan for carrying out the program; and

(c) Provide for the creation of a committee to oversee the program.

3. All services related to patient care, including services furnished by a contractor, must be evaluated by the committee.

4. Nosocomial infections and medication therapy must be evaluated by the committee.

5. All medical and surgical services performed in the hospital must be evaluated by the committee as those services relate to the appropriateness of the diagnosis and treatment.

6. The committee shall initiate an assessment of a service or the provision of care when any statistical analysis detects an undesirable variation in performance.

7. The committee shall take and document appropriate remedial action to address deficiencies found through the quality improvement program. The committee shall document the outcome of any remedial action taken.

8. When the findings of an assessment relate to the performance of an individual licensed practitioner, the medical staff shall determine how such a finding will be used in any peer review, ongoing monitoring and periodic evaluations of the competence of the practitioner. If the findings of the assessment relate to the performance of a person who is not a licensed practitioner, the director of the department, unit or service in which that person works shall determine how the finding will be used in evaluating the competence of the person.

Sec. 29. *1. Except as otherwise provided in this section, newly constructed hospitals and existing hospitals shall comply with the current edition of NFPA 101: Life Safety Code, published by the National Fire Protection Association, which is hereby adopted by reference. A copy of the code may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, or by telephone at (800) 344-3555, for the price of \$42.00 for members of the National Fire Protection Association, or \$46.75 for nonmembers, plus \$5.95 for shipping and handling.*

2. Except as otherwise provided in this section, newly constructed hospitals and existing hospitals shall comply with the current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, published by the American Institute of Architects, which is hereby adopted by reference, except that:

- (a) Renovation Section 1.2 of the introduction to the guidelines does not apply; and*
- (b) The guidelines do not apply to the refurbishing of the hospital where the only changes are being made to the paint or the floor, window or wall coverings.*

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A copy of the guidelines may be obtained from AIA Rizzoli Bookstore, 1735 New York Avenue, N.W., Washington, D.C. 20006, or by telephone at (888) 272-4115, for the price of \$60, plus \$5 for shipping and handling.

3. A hospital shall meet all applicable federal, state and local laws and comply with all applicable life safety, environmental, health, building and fire codes and zoning ordinances. If there are any differences between the state and local codes, the more restrictive standards apply.

4. The bureau shall review building plans for new construction and remodeling of a hospital. A complete copy of the plans, drawn to scale, must be brought to the bureau of licensure and certification of the health division for a plan review pursuant to NAC 449.0165.

5. The bureau shall not approve the licensure of a hospital until all construction has been completed and a survey is conducted at the site. The plan review is only advisory and does not constitute prelicensing approval.

6. Notwithstanding any provision of this section to the contrary, a hospital which was licensed on January 1, 1999, shall be deemed to be in compliance with this section if the use of the physical space in the hospital does not change and the existing construction of the hospital does not have any deficiencies which are likely to cause serious injury, serious harm or impairment to public health and welfare.

Sec. 30. 1. *If a hospital provides intensive care services, the services must be well-organized and provided in accordance with nationally recognized standards of practice.*

2. An intensive care unit must be under the direction of a qualified member of the medical staff.

3. *Written policies and procedures must be developed and maintained by the director of the intensive care unit, in consultation with other appropriate health-care professionals and the administration of the hospital. The administration and medical staff of the hospital must approve procedures to be used by the intensive care unit when approval of such procedures is appropriate.*

4. *The responsibility and the accountability of the intensive care unit to the medical staff and administration must be set forth in writing by the director of the intensive care unit.*

5. *Whenever a patient is present in the intensive care unit, a registered nurse, with training and experience in intensive care nursing, shall supervise the nursing care and nursing management of the intensive care service.*

6. *All licensed nurses working in an intensive care unit must:*

(a) *Have training and experience in intensive care nursing; or*

(b) *Work under the direct supervision of a registered nurse who has training and experience in intensive care nursing.*

7. *The hospital shall establish a system for determining the nursing needs of each patient in the intensive care unit that includes an assessment made by a registered nurse trained in critical care of the patient's needs and the provision of staffing based on that assessment.*

8. *The hospital shall follow the written policies for the plans for nurse staffing, which are dependent upon the acuity level of the patients in the intensive care unit, to ensure that the needs of the patients are met.*

9. *A respiratory therapist or respiratory technician, physical therapist and other supportive personnel must be available depending upon the requirements of the intensive care unit.*

10. The equipment and supplies for the intensive care unit must be adequate to meet the needs of the patients in the intensive care unit.

Sec. 31. *1. If a hospital provides nuclear medicine services, those services must meet the needs of the patients receiving those services in accordance with nationally recognized standards of practice.*

2. The nuclear medicine services must be under the supervision of a doctor of medicine or osteopathy who is qualified in nuclear medicine. The director of the nuclear medicine services is responsible for the medical direction of those services.

3. The qualifications, training, functions and responsibilities of the personnel of the nuclear medicine services must be specified by the administration of the hospital and approved by the medical staff.

4. Radioactive materials used in providing nuclear medicine services must be prepared, labeled, used, transported, stored and disposed of in accordance with nationally recognized standards of practice.

5. In-house preparation of radiopharmaceuticals must be made by, or under the direct supervision of, an appropriately trained registered pharmacist or a doctor of medicine or osteopathy.

6. A radionuclide must be stored, used and disposed of in accordance with the requirements set forth in chapter 459 of NAC.

7. If laboratory tests are performed in the nuclear medicine services, the services must meet the applicable requirements for laboratory services specified in 42 C.F.R. § 482.27.

8. Equipment and supplies used for the nuclear medicine services must be appropriate for the types of nuclear medicine services offered by the hospital and must be maintained for safe and efficient performance. The equipment must be:

(a) Maintained in safe operating condition; and

(b) Inspected, tested and calibrated at least annually by persons who are qualified to do such inspections, tests and calibrations.

Sec. 32. 1. *A hospital shall maintain signed and dated reports of nuclear medicine interpretations, consultations and procedures.*

2. The hospital shall maintain nuclear medicine reports, or copies thereof, for at least 5 years after the date on which the report was made.

3. A practitioner approved by the medical staff to interpret diagnostic procedures must sign and date his interpretation of the tests.

4. The hospital shall maintain records of the receipt and disposition of radiopharmaceuticals.

5. Nuclear medicine services may be ordered only by a practitioner whose scope of licensure and defined staff privileges authorize the practitioner to make such orders.

Sec. 33. 1. *If a hospital provides radiological therapeutic services, the services must meet professionally nationally recognized standards for safety and personnel qualifications.*

2. A radiological therapeutic department must be under the direction of a physician who is:

(a) Certified or eligible for certification in therapeutic radiology by the American Board of Radiology; or

(b) Certified or eligible for certification in radiology by the American Board of Radiology and has 2 years of full-time experience in radiation therapy.

3. Other personnel who may provide radiological therapeutic services, on a full-time, part-time or consultative basis, depending on the activity of the department, include:

(a) A radiological physicist who is certified in radiological physics or in therapeutic radiological physics by the American Board of Radiology;

(b) A dosimetrist, or treatment plan technologist, who is a qualified and experienced radiation therapy technologist and who has at least 1 year of additional clinical training in dosimetry;

(c) A certified therapeutic radiological technologist; and

(d) Appropriate support personnel, including licensed nurses, as required by the patient load.

4. Written policies and procedures must be developed and maintained by the director of the department in consultation with other appropriate health professional persons and the administration of the hospital.

5. Radiation therapy must be given only under the direction of a radiation therapist.

6. All cancer patients accepted for curative radiation must have adequate histological substantiation of diagnosis, unless convincing alternative evidence for diagnosis is presented.

7. Documentation of the initial evaluation and treatment plan of each patient, and dosimetry, clinical, technical and follow-up notes on each patient, must be maintained.

8. Adequate communication must be maintained between the department and the referring physicians, including periodic review of case management, complications and treatment results.

9. *Calibration and operation of equipment for radiation therapy must meet the requirements specified in chapter 459 of NAC.*
10. *Radiation protection for patients and staff must comply with the requirements specified in chapter 459 of NAC.*
11. *Periodic follow-ups of a patient following the completion of his treatment must be coordinated with the physician who referred the patient.*
12. *Equipment and supplies for the radiological therapeutic services must conform to the requirements specified in chapter 459 of NAC.*
13. *The rooms in which radiation therapy machines are used must be of adequate size to permit the easy use of the machines by patients on stretchers. Shielding of those rooms must meet the requirements specified in chapter 459 of NAC.*
14. *Sufficient examination rooms must be available to accommodate all patients receiving the therapeutic services.*

Sec. 34. NAC 449.279 is hereby amended to read as follows:

449.279 As used in NAC 449.279 to ~~449.403,]~~ **449.394**, inclusive, *and sections 2 to 33, inclusive, of this regulation*, unless the context otherwise requires, the words and terms defined in NAC ~~449.282 to 449.304, inclusive,]~~ **449.285 and 449.298**, *and sections 2 to 7, inclusive, of this regulation* have the meanings ascribed to them in those sections.

Sec. 35. NAC 449.285 is hereby amended to read as follows:

449.285 “General hospital” means a ~~[facility staffed and equipped to provide various types of care including, but not limited to, short-term care in acute medical and surgical or obstetrical services.]~~ **hospital that is designated a general hospital pursuant to NRS 449.021.**

Sec. 36. NAC 449.307 is hereby amended to read as follows:

449.307 1. ~~Each license is separate and distinct and is issued to a specific person to operate a hospital at a specific location which is indicated on the license. The~~ A hospital must be operated and conducted in the name designated on the license, with the name of the person responsible for its operation also appearing on the face of the license. The license is not transferable.

2. Each hospital must retain proof that it is adequately covered against liabilities resulting from claims incurred in the course of operation. Liability coverage must be verified ~~in~~ *at the time of* the annual application.

3. ~~Separate~~ *Except as otherwise provided in this subsection, separate* licenses are required for ~~institutions~~ *hospitals* which are maintained on separate premises even though they are under the same management. ~~This does~~ *The provisions of this subsection do* not apply to outpatient departments, clinics or separate buildings on the same grounds.

4. *A separate license is not required for the provision of special services within a hospital. This subsection does not relieve a hospital to which a special service is being added from the requirement of obtaining the approval of the division to amend its license pursuant to NRS 449.087 before providing that service.*

Sec. 37. NAC 449.310 is hereby amended to read as follows:

449.310 1. ~~The health division shall not issue a license to any hospital which does not conform to the state licensing regulations and to the state and local health, fire safety, zoning and building ordinances. In areas considered excessively susceptible to fire damage, additional precautions may be required.~~

~~2. It is the responsibility of the licensee to maintain the hospital in a safe structural condition and free of any structural elements detrimental to life and safety. If the health division~~

~~determines that an evaluation of the structural condition of a hospital or a portion of a hospital is necessary, the licensee, at his expense, may be required to submit to the health division a report by a licensed structural engineer or architect establishing a basis to eliminate or correct structural conditions which may be hazardous to occupants.~~

~~—3. No hospital may] A hospital shall not~~ have more patients than the number of beds for which it is licensed, except in emergencies. ~~[In an emergency, the hospital shall notify the local and state health officers that it has more patients than the number of beds for which it is licensed. Rooms for ambulatory patients must only be used for ambulatory patients except in acute emergencies.~~

~~—4. Each medical facility must submit annual reports to the health division as prescribed by the state health officer on forms provided by the health division.~~

~~—5. The bureau shall inspect each medical facility at least annually and provide copies of all inspection reports to the administrator of the medical facility.~~

~~—6. For those medical facilities that are not] If there is an emergency, the hospital shall notify the bureau.~~

2. *If a hospital is* accredited by the Joint Commission on Accreditation of Healthcare Organizations ~~[, the bureau shall have a physician review the quality of care being rendered. If there is a question of deficiency, the bureau will arrange for the review. The bureau is not required to make an annual medical review of accredited medical facilities, but the bureau will arrange for a medical review if, during the period between surveys, it appears that a situation exists which warrants a medical review. To accomplish this review, medical records must be available upon demand by the health division at any reasonable time.] or the American~~

Osteopathic Association, the bureau is not required to make an annual on-site inspection of the hospital.

Sec. 38. NAC 449.312 is hereby amended to read as follows:

449.312 1. ~~[After October 9, 1969, the health division will inspect all existing facilities and determine the existence of any and all deficiencies in the buildings.~~

~~—2.— The licensee will be notified of the existence of any deficiencies and be required to correct them within a reasonable time.~~

~~—3.— With the exception of major deficiencies, such as those requiring structural alteration of a building or a portion of the building, reasonable time means not more than 1 year.~~

~~—4.— If there are conditions of deficiency and noncompliance for which there may be no logical method of correction within the ability of the licensee, the licensee shall prepare a request for waiver of the specific requirement. The request must indicate the area of noncompliance, the reason for it, the lack of ability to eliminate the deficiency within the reasonable time and the proposed action to be taken.~~

~~—5.— Any condition considered potentially hazardous or detrimental to the public health and welfare may be required to be corrected at once.~~

~~—6.— This section also applies to facilities for long term care, nursing homes and extended care facilities.]~~ *Upon a change in ownership, change of use or change in construction, a hospital shall notify the bureau of the changes and identify all areas of noncompliance with the guidelines specified in section 29 of this regulation before the change in ownership, use or construction may take place.*

2. Upon a change of use or change in construction, a hospital must come into compliance with the guidelines before it may admit patients into the area in which the change is made.

3. The bureau shall notify a hospital in writing of the existence of any deficiencies and the hospital shall correct those deficiencies within a reasonable amount of time. Except for major deficiencies, including deficiencies which require structural alterations of a building or a portion of a building, and except as otherwise provided in this subsection, reasonable time for the purposes of this subsection shall be deemed to be not more than 180 days. Upon written request and just cause shown, the bureau may grant an extension of the time in which a deficiency must be corrected based on extenuating circumstances.

4. If the deficiencies are likely to cause serious injury, serious harm or impairment to public health and welfare, the hospital shall take immediate action to correct the deficiencies or the hospital will not be allowed to continue to operate.

Sec. 39. NAC 449.313 is hereby amended to read as follows:

449.313 1. *A hospital shall have an effective governing body which is legally responsible for the conduct of the hospital.*

2. The governing body of a hospital shall adopt a workable set of bylaws which must ~~be~~ **be** in writing and available to all members . ~~;~~

- ~~—(a) Be~~ **be** in writing and available to all members . ~~;~~
- ~~—(b) Stipulate the basis for the selection of all members including time, duties and requirements;~~
- ~~—(c) Specify who has the responsibilities for the operation and maintenance of the hospital, including an evaluation of hospital practices and the methods for holding all persons responsible;~~
- ~~—(d) Provide for the designation of necessary officers, their terms of office and duties and for the organization of the governing body into essential committees;~~
- ~~—(e) Provide for the frequency of meetings to be held;~~
- ~~—(f) Provide for the appointment of members of the medical staff; and~~

~~—(g) Provide a means for formal approval of the organization, bylaws, rules of the medical staff and departments in the hospital.~~

~~—2. Meetings must be frequent enough for the governing body to carry on the necessary business of the hospital. Minutes must be kept to reflect the pertinent business conducted.~~

~~—3. The governing body shall appoint an executive committee plus such other committees as may be necessary to cover finance, joint conferences, building and maintenance and liaisons with the medical staff.~~

~~—4. The governing body shall appoint members of the medical staff with a formal procedure to determine the method, to include a mechanism for appeals. This written procedure must involve the administrator, the credentials committee of the medical staff and the governing body, and action taken on applications for appointments to the medical staff must be put in writing and retained.~~

~~—5.] *The governing body shall:*~~

(a) Determine, in accordance with state law, which categories of practitioners are eligible for appointment to the medical staff of the hospital;

(b) Appoint members to the medical staff after considering the recommendations of the existing members of the medical staff;

(c) Ensure that the medical staff has bylaws;

(d) Approve the bylaws of the medical staff and any other rules and regulations adopted by the medical staff;

(e) Ensure that the medical staff is accountable to the governing body for the quality of care which the medical staff provides to patients; and

(f) Ensure that the criteria for the selection of members to the medical staff include competence, training, experience and judgment.

3. The governing body shall appoint a qualified ~~[administrator]~~ *chief executive officer* using as its criteria the actual experience, nature and duration of hospital administration and graduate work in hospital administration ~~[.]~~ *of the appointee*. Following his selection, the ~~[administrator]~~ *chief executive officer* is responsible for the management of the hospital ~~[.]~~ *and for* providing liaisons among the governing body, medical staff, nursing staff and other departments ~~[.The administrator]~~, *units and services within the hospital. The chief executive officer* shall keep the governing body fully informed of the conduct of the hospital through regular written reports . ~~[and by attendance at meetings of the governing body. The administrator]~~ *The chief executive officer* must be allowed sufficient freedom from other responsibilities to provide adequate attention to the administration and management of the hospital.

~~[6.—The governing body is responsible for ensuring, by policy, that every patient is under the care of a physician. Patients may be admitted to the hospital only on the recommendation of a physician. The medical staff is responsible for continuous coverage for emergency calls.~~

~~—7.—The governing body is responsible for providing a fully equipped and staffed physical plant.~~

~~—8.—The requirements of this section also apply to facilities for long-term care, nursing homes and extended care facilities.]~~

4. The governing body shall ensure, in accordance with hospital policy, that:

(a) Each patient is under the care of at least one of the following persons:

(1) A doctor of medicine or osteopathy.

(2) A doctor of dental surgery or dental medicine who is licensed to practice dentistry in this state and who is acting within the scope of his license.

(3) A doctor of podiatric medicine, but only with respect to those functions which he is licensed to perform in this state.

(4) A doctor of optometry who is licensed to practice optometry in this state.

(5) A chiropractor who is licensed to provide chiropractic services in this state, but only with respect to the treatment of the spine by means of manual manipulation to correct a subluxation which is demonstrated by x-ray to exist.

(b) A doctor of medicine or osteopathy is on duty or on call at all times.

(c) A doctor of medicine or osteopathy is responsible for the care of each patient with respect to any medical or psychiatric problem that:

(1) Is present when the patient is admitted into the hospital or develops after the patient is admitted; and

(2) Is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine or optometry, or of a chiropractor, as that scope of practice is defined by the bylaws, rules and regulations of the medical staff.

5. To identify potential organ donors, a hospital shall have written protocols that:

(a) Assure that the family of each potential donor knows of its option to donate organs or tissues, or both, or to decline to make such a donation; and

(b) Encourage discretion and sensitivity with respect to the circumstances, views and beliefs of the families of potential donors.

6. A hospital in which organ transplants are performed:

(a) Must be a member of the Organ Procurement and Transplantation Network established and operated in accordance with section 372 of the Public Health Services Act, 42 U.S.C. § 274; and

(b) Shall abide by the rules and regulations of the Organ Procurement and Transplantation Network.

7. A hospital shall have an overall institutional plan which includes an annual operating budget that is prepared according to generally accepted accounting principles. The annual operating budget must include anticipated income and expenses, except that the hospital is not required to identify item-by-item the components of each anticipated income or expense.

8. The governing body is responsible for the services furnished in the hospital, regardless of whether the services are furnished by staff or pursuant to contracts. The hospital shall maintain a list of contracted services which includes the scope and nature of the services provided.

Sec. 40. NAC 449.316 is hereby amended to read as follows:

449.316 1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ~~assured.~~

~~—2.— A telephone must be installed on each floor to accommodate patients.~~

~~—3.— All filters used in air conditioning units must be regularly maintained and cleaned for effective operation.~~

~~—4.— If necessary to protect against flies and other insects, screens of 16 mesh per inch must be provided on all doors and windows. Screen doors must also be of a type and installed as approved by the state fire marshal.~~

~~—5.— Where water for human consumption is from an independent source, it must be subjected to bacteriological analysis by the local health department, health division or a licensed commercial laboratory at least every 3 months. A copy of the most recent laboratory report must be available for inspection.~~

~~—6.— The hospital must provide facilities, supplies and equipment located to provide for the convenience and safety of patients in the diagnostic and therapeutic areas.~~

~~—7.— The provisions of this section also apply to facilities for long term care, nursing homes and extended care facilities.] *ensured.*~~

2. A hospital shall develop and carry out a comprehensive plan for emergency preparedness which:

(a) Addresses internal and external emergencies, both local and widespread; and

(b) Is based on current standards for disaster management and fire safety.

3. A hospital shall ensure that the hospital staff and patients are adequately protected from fire and other disasters. To ensure that it has adequate fire protection, a hospital shall provide for the installation of extinguishers, sprinkling devices, fire barriers and the elimination of fire hazards.

4. The governing body shall analyze identified issues relating to safety management within the environment of care and develop or approve recommendations for addressing those issues. The governing body shall carry out and monitor the effectiveness of the recommendations.

Sec. 41. NAC 449.319 is hereby amended to read as follows:

449.319 1. ~~[Patients must be accommodated only in rooms with the following minimum floor area:~~

~~—(a) At least 100 square feet of floor area in a single room with one bed per room.~~

~~—(b) Eighty square feet of floor area per bed in a room with more than one patient with at least 3 feet between beds.~~

~~—2. Patients in communicable disease facilities must be accommodated in rooms as above specified, except there must be 4 feet between beds. If a solid barrier is provided between beds which is at least 6 feet high and extends the entire length of the bed, this distance may not be required.~~

~~—3. A clean and comfortable bed and mattress must be provided for each patient. Clean bed linen, blankets, pillows, washcloths and towels must be provided.~~

~~—4. Patients must be provided with storage space for clothing, toilet articles and other personal belongings, as well as a bedside table or the equivalent.~~

~~—5. Bedside equipment such as wash basins, mouthwash cups and bedpans must be provided for the use of each patient. Such equipment must be sanitized after each use unless assigned for the exclusive use of each patient.~~

~~—6. The provisions of this section also apply to facilities for long-term care, nursing homes and extended care facilities.]~~ *A hospital shall provide patients access to their belongings as is appropriate based on the needs of the patients and the phase of treatment of the patients.*

2. A hospital shall communicate and enforce a non-smoking policy throughout the hospital.

3. A hospital shall provide a clean and comfortable bed and mattress for each patient. Bed linen, blankets, pillows, washcloths and towels that are clean and in good condition must be

provided to each patient. A hospital shall have such systems as are necessary to ensure that an adequate supply of clean linen is provided to each patient.

4. A hospital shall provide each inpatient with necessary bedside equipment and supplies based on the needs of the inpatient. The necessary equipment and supplies must include, without limitation, a water pitcher and equipment for personal hygiene. The equipment and supplies must be maintained in a sanitary manner.

5. In public areas and in areas in which patient care is provided, a hospital shall:

(a) Provide adequate and comfortable lighting levels;

(b) Provide comfortable and safe temperature levels; and

(c) Maintain comfortable sound levels.

Sec. 42. NAC 449.322 is hereby amended to read as follows:

449.322 1. ~~Each facility must~~ *A hospital shall* establish organized housekeeping services planned, operated and maintained to provide a pleasant, safe and sanitary environment. Adequate personnel, using accepted practices and procedures, shall keep the ~~facility~~ *hospital* free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards. ~~Deodorizers must not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.~~

2. Suitable equipment and supplies must be provided for cleaning all surfaces. The equipment must be maintained in a safe, sanitary condition. Storage areas, attics and cellars must be kept safe and free from accumulations of extraneous materials such as refuse, discarded furniture , and equipment and old newspapers. Combustibles such as cleaning rags and compounds and hazardous substances must be labeled properly and stored in safe places. Paper towels, tissues and ~~other~~ similar supplies must be stored in a manner to prevent their contamination before use.

3. Cleaning must be performed in a manner to minimize the spread of pathogenic organisms. Floors must be cleaned regularly. Polishes on floors must provide a nonslip finish. Throw or scatter rugs must not be used except for nonslip entrance mats.

4. Housekeeping personnel must receive adequate supervision. Continuous in-service training programs must be established for housekeeping personnel.

5. ~~[Hospitals must make provision for the adequate washing and cleaning of linen and washable goods. If the hospital maintains its own laundry, it must be located so that steam, odors, lint and noises do not reach patients.~~

~~—6.— The provisions of this section also apply to facilities for long-term care, nursing homes and extended care facilities.]~~ *A hospital shall develop and carry out standards and systems for the operation of laundry services. Laundry services, whether owned by the hospital or provided pursuant to a contract, must:*

(a) Maintain standards for a safe work environment for employees;

(b) Address issues relating to the control of infections; and

(c) Be operated in a manner that does not disrupt the patient care provided by the hospital.

6. A hospital shall develop and carry out:

(a) Standards and systems for the storage and handling of clean linen and soiled linen;

and

(b) Written policies relating to the handling, storage, transportation and processing of its linen.

Sec. 43. NAC 449.325 is hereby amended to read as follows:

449.325 1. ~~[Garbage must be stored and disposed of in a manner that will not permit the transmission of a communicable disease, create a nuisance or provide a breeding place for flies~~

~~or rodents. All containers for garbage must be watertight, covered with tight fitting covers and rodent proof.~~

~~—2.— Infected dressings, surgical dressings and other similar materials must be disposed of in an incinerator which will provide complete combustion. Substitute methods of handling waste materials, such as treating refuse to make it safe for handling in the usual manner, packaging the material and transporting it to a landfill operation or joint operation of one incinerator for the use of several institutions, may be permitted if the method is approved by the local health officer having jurisdiction in the area where the hospital is located and if certification is annually submitted to the health division by the local health officer stating that the method is approved and does not jeopardize the public health and safety.~~

~~—3.— The hospital must provide a sanitary environment to avoid sources and transmission of infections. A committee on infections must be formed to assume this responsibility.~~

~~—4.— Procedures for cleaning, disinfecting and sterilizing must be in writing and are subject to approval by the health division.~~

~~—5.— All sterilization of supplies and equipment must be under the supervision of a qualified person whose qualifications must be based on experience and training. Autoclaves and sterilizers must be maintained in peak operating condition at all times. Instructions for operating autoclaves and sterilizers must be visibly posted near the autoclaves. Written directions for preparing supplies for autoclaving and for the operation of autoclaves must be available to personnel and must include the method of packaging, loading, the temperature and pressure to be applied and the period of exposure. Autoclaves must be checked daily to verify that recording thermometers and indicating instruments coincide within two degrees. Records of recording thermometers must be checked for each load to verify that the performance of the autoclave is in accordance with~~

~~established standards of sterilization and must be preserved for 1 year. Autoclaving results must be checked at least monthly by periodic bacteriological tests and records of results must be preserved for at least 1 year.~~

~~—6.— All health facilities must provide for disinfecting contaminated articles or surfaces such as mattresses, linen, thermometers, oxygen tents and anesthesia machines with adequate provisions so as not to reuse such items as disposable syringes. Bedside equipment, such as wash basins, mouthwash cups and bedpans, must be sanitized by one of the following methods:~~

~~—(a) Submersion in boiling water for at least 10 minutes.~~

~~—(b) Autoclaving at 15 pounds pressure, 250 degrees Fahrenheit, for 20 minutes.~~

~~—(c) Gas sterilization.~~

~~—(d) Other methods as approved by the health division upon reasonable proof of effectiveness.~~

~~—7.— All persons employed in hospitals must have a preemployment physical examination or certification of a 3-year health record from a physician and a skin test or chest X-ray for tuberculosis. Thereafter, an annual skin test or chest X-ray for tuberculosis is required. If a positive skin test is found, then a chest X-ray is required.~~

~~—8.— Clinical thermometers must be provided and disinfected before each use.~~

~~—9.— The provisions of this section also apply to facilities for long-term care, nursing homes and extended care facilities.] *A hospital shall:*~~

~~(a) *Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases; and*~~

~~(b) *Develop and carry out an active program for the prevention, control and investigation of infections and communicable diseases.*~~

2. *A hospital shall designate at least one person as an infection control officer, who shall develop and carry out policies governing the control of infections and communicable diseases.*

3. *The infection control officer of a hospital shall:*

(a) *Develop a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel of the hospital; and*

(b) *Maintain a record of incidents within the hospital related to infection and communicable disease.*

4. *The chief executive officer, the medical staff and the chief administrative nurse of a hospital:*

(a) *Shall ensure that the quality improvement program established pursuant to section 28 of this regulation and the training program for the entire hospital address those problems identified by the infection control officer of the hospital; and*

(b) *Are responsible for the implementation of successful corrective plans of action in affected problem areas.*

Sec. 44. NAC 449.331 is hereby amended to read as follows:

449.331 1. ~~[All facilities must provide equipment, supplies and procedures for first aid, to be available at all times. Administrative records of emergency treatment must always be maintained.]~~ *A hospital shall develop and carry out policies and procedures to ensure that emergency services and medical care are provided in accordance with NRS 439B.410 and 42 C.F.R. § 489.24.*

2. All general hospitals not having their own long-term facility ~~[must]~~ *shall* have transfer agreements with ~~[extended or]~~ long-term care facilities. ~~[All extended care, long-term care and psychiatric care facilities must have transfer agreements with general hospitals.]~~ Transfer

agreements between facilities must be in writing and on file at each facility concerned. The agreements must provide for:

- (a) The transfer of patients between facilities whenever the need for transfer is medically determined; and
- (b) The exchange of appropriate medical and administrative information between facilities.

~~[3.— Except in rooms approved by the health division for detention of psychiatric patients, rooms for patients must not be kept locked when occupied.~~

~~—4.— Confinement of patients in locked rooms and other physical restraints may not be used except when necessary to prevent injury to the patient or others and only when alternative measures are not sufficient to accomplish the purpose. Confinement must be pursuant to the signed order of a physician. In a clearcut case of medical emergency, the physician may give such an order by telephone and shall sign the order on his next visit. In applying restraints, careful consideration must be given to the methods by which they can be speedily removed for the safety of the patient.~~

~~—5.— The provisions of this section also apply to facilities for long term care, nursing homes and extended care facilities.]~~

Sec. 45. NAC 449.337 is hereby amended to read as follows:

449.337 1. ~~[There must be an organized dietary department directed by qualified personnel and integrated with other departments of the hospital. A hospital shall provide an area of sufficient size and the equipment necessary for the general dietary needs of the hospital, including the preparation of modified special diets.~~

~~—2.— In each hospital, there must be one or more full-time registered dietitians, or a part-time or consulting dietitian with therapeutic training working at least 8 hours per month or an amount~~

~~of time which is sufficient to provide a food service meeting the standards of the health division.~~

~~A written contract between the hospital and the consultant and the written records of each consultant must be on file in the administrator's office. In the absence of a full-time dietitian, there must be a full-time qualified person responsible for directing the activities of the department and integrating those activities with other departments in the hospital.~~

~~—3.— There must be a systematic record of diets to be correlated with the medical records.~~

~~—4.— The dietary department shall have a manual for dietary procedures containing the objectives of the department, the responsibilities of the department and its personnel, personnel policies, policies relating to planning menus, purchasing food, storing food, caring for equipment and descriptions of jobs.~~

~~—5.— The manager of the dietary department shall attend all routine meetings of the heads of departments, help develop the policies of the department and participate in the selection of dietary employees.~~

~~—6.— A dietitian or consultant shall conduct in-service training within the dietary department and participate in in-service training programs of the hospital.~~

~~—7.— There must be personnel on duty for at least 12 hours each day.~~

~~—8.— A hospital which contracts with a food management company shall comply with all applicable regulations of the state board of health.~~

~~—9.— A hospital shall provide sufficient desk space for a dietitian to plan menus and activities relating to the dietary department. Space must be available for the dietitian to provide private counseling or instruction as needed.~~

~~—10.— Acceptable isolation procedures for tray service must be in writing and observed.~~

~~—11.— Dishwashing procedures must be in writing and posted in the dishwashing area.~~

~~—12.—Written health inspections of the dietary department must be on file within the hospital.~~

~~—13.—A notation of compliance must be given by the person in charge to the administrator of the hospital as to recommendations of the health inspector.~~

~~—14.—Menus must be written, planned 1 week in advance, dated, posted, corrected to read as served and filed as served for 6 months. There must not be more than 14 hours between the evening meal and breakfast.~~

~~—15.—The recommended dietary allowance of the Food and Nutrition Board of the National Research Council, National Academy of Sciences must be used as a guide for nutritional adequacy.~~

~~—16.—Therapeutic diets must be ordered in writing by the physician on the patient's chart. Nursing service must order the diet in writing from the dietary department.~~

~~—17.—Raw eggs must not be served. All meats must bear a federal or state inspection stamp.~~

~~—18.—Trays must be labeled with the patient's name and diet order.~~

~~—19.—A diet manual, approved by a registered dietitian employed by the hospital or a consulting dietitian under contract with the hospital, must be available to dietary personnel at all times for reference.~~

~~—20.—If a full-time dietitian is not employed by the hospital, the consultant shall train the manager of the dietary department in the use of the manual.~~

~~—21.—The provisions of this section also apply to facilities for long-term care, nursing homes and extended care facilities.] *A hospital shall provide each patient with a nourishing, palatable, well-balanced diet that meets the daily nutritional and dietary needs of the patient.*~~

2. The menu for a patient must meet the nutritional needs of the patient in accordance with:

(a) Recognized dietary practices; and

(b) The orders of the practitioners responsible for the care of the patient.

3. A hospital shall ensure that not less than three meals are served daily to patients and not more than 15 hours elapse between the evening meal and breakfast served the following day.

4. Nourishment and feeding between meals must be provided as required by diet prescription and must be available to each patient unless otherwise ordered by the physician of the patient.

5. Except as otherwise provided in this subsection, menus must be followed. A meal may vary from the planned menu if the change is noted in writing in the records maintained by the dietary services.

6. A hospital shall ensure that the food and religious preferences of a patient are respected to the extent practicable and that substitute food is available through the use of a selective menu or substitutes from appropriate food groups.

7. A hospital shall ensure that persons who are responsible for therapeutic diets have sufficient knowledge of food values to make appropriate substitutions when necessary.

Sec. 46. NAC 449.340 is hereby amended to read as follows:

449.340 1. A hospital ~~[must]~~ *shall* have a pharmacy directed by a registered pharmacist , *who may be a full-time, part-time or consulting pharmacist*, or a drug room supervised by no less than a currently licensed professional nurse. *If a hospital has an organized pharmaceutical service, the full-time, part-time or consulting pharmacist shall develop, supervise and coordinate all the activities of the service.*

~~2. [Facilities must be provided for the storage, accountability, safeguarding, preparation and dispensing of drugs. Personnel, competent in their respective duties, must be provided in keeping with the size and activity of the department. Records must be kept of the transactions of the pharmacy and correlated with other applicable hospital records. Drugs which are dispensed must meet the standards established by the United States Pharmacopoeia, National Formulary, or New and Nonofficial Drugs. Policies must be established to control the administration of toxic or dangerous drugs, with specific reference to the duration of the order and dosage, by a committee of the medical staff. The committee shall also confer with the pharmacist, if one is employed, in the formulation of other policies.~~

~~—3.— A written agreement must exist with a licensed pharmacist, pharmaceutical advisory committee composed of licensed pharmacists or a staff pharmacist within the facility. In consultation with the medical staff, this person must provide the facility with written policies and procedures concerning the prescribing, procuring, storing, dispensing and administering of all medicines, biologicals, barbiturates, narcotics and other habit-forming medications in compliance with all federal, state or local law.~~

~~—4.— The provisions of this section also apply to long-term care facilities, nursing homes and extended care facilities.] *The pharmacy and area for drug storage must be administered in accordance with all applicable state and federal laws.*~~

3. Except as otherwise provided in this subsection, the medical staff shall develop policies and procedures to minimize errors in the administration of the drugs. The medical staff may designate the organized pharmaceutical service of the hospital to develop the policies and procedures required by this subsection.

4. *The pharmaceutical service of a hospital shall have an adequate number of personnel to ensure quality pharmaceutical services, including emergency services.*

5. *Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws.*

6. *When a pharmacist is not available, drugs and biologicals may be removed from the pharmacy or storage area only by personnel designated by the policies of the medical staff and pharmaceutical service, which must be established in accordance with all applicable state and federal laws, to remove the drug or biological.*

7. *Errors in administering a drug to a patient, adverse reactions by a patient to a drug and incompatibilities between a drug and patient must be immediately reported to the attending physician of the patient and, if appropriate, to the committee that oversees the quality improvement program established pursuant to section 28 of this regulation.*

8. *Abuses and losses of controlled substances must be reported, in accordance with all applicable state and federal laws, to the person responsible for the pharmaceutical service and the chief executive officer of the hospital.*

9. *Information relating to drug interactions, drug therapy, side effects, toxicology, dosage indications for use and routes of administration must be made available to the professional members of the hospital staff.*

10. *A formulary system must be established by the medical staff to assure the provision of quality pharmaceuticals at reasonable costs.*

Sec. 47. NAC 449.343 is hereby amended to read as follows:

449.343 1. ~~[All medication for patients]~~ *Except as otherwise provided in this section, an order for medication or biologicals for a patient must be [ordered]* in writing and signed by the

~~[attending physician, except in emergencies when a verbal order may be given only to a licensed nurse. In such cases, the verbal order must immediately be written down, signed by the accepting nurse and countersigned by the physician within 72 hours. The physician and the charge nurse shall review and reorder each patient's medications at least monthly. Medications not specifically limited as to time or number of doses when ordered must automatically be stopped within a specified period of time in accordance with established written policies. The attending physician must be notified of the stop order policy and contacted promptly for renewal orders to assure continuity of patient care.~~

~~—2.— When the facility has a drug storage area where bulk pharmaceuticals are stored, a regularly licensed consulting pharmacist or pharmaceutical advisory committee is responsible for the control of pharmaceuticals. Controls must include:~~

~~—(a) Records of receipt and disposition;~~

~~—(b) Proper dispensing to appropriate licensed nursing personnel;~~

~~—(c) Proper labeling; and~~

~~—(d) Other controls that ensure compliance with federal, state and local regulations.~~

~~—3.— The facility shall provide for the prompt and convenient requisition of necessary prescription pharmaceuticals and biologicals from community pharmacies.~~

~~—4.— All pharmaceuticals must be properly stored. The pharmacy department, the drug storage area or the prescribed medications for a single patient in a medicine room must be locked.~~

~~Medications must be stored in a well illuminated, locked cabinet or room which is inaccessible to patients and visitors. Poisons and medications for external use must be stored separately from internal medications, locked and made inaccessible to patients.~~

~~—5.— The medications as dispensed from the nursing unit from the drug room must be stored in their original containers and not transferred to another container. Each original container must be legibly marked with a securely attached label. Pharmaceuticals requiring refrigeration must be stored in a refrigerator located in a locked area, a locked refrigerator or a separate locked and secured container within a refrigerator. Medications must not be left unguarded at any time. Narcotics must be stored in a separately locked cabinet requiring two unlockings for access. This can be a locked, securely fastened box within the locked medicine cabinet.~~

~~—6.— Only one person at a given time may be responsible for preparing, administering and recording medications for a patient. Under no circumstances may a licensed nurse administer medications which have been prepared or poured by another person. Only licensed medical or nursing personnel may administer medications. Each medication must be properly recorded in the patient's medical record and signed by the person responsible. An authorized person shall have the key to the medication cabinet on his person at all times.~~

~~—7.— Errors in medication and drug reactions must be immediately reported to the patient's physician, and an entry made in the patient's medical record as well as on an incident report.~~

~~—8.— There must be a narcotic record maintained which lists, on separate sheets for each type and strength of narcotic, the following information:~~

~~—(a) Prescription number;~~

~~—(b) Amount received;~~

~~—(c) Date received;~~

~~—(d) Date and time administered;~~

~~—(e) Dose;~~

~~—(f) Patient's name;~~

~~—(g) Physician's name;~~

~~—(h) Signature of person administering; and~~

~~—(i) Balance remaining.~~

~~A narcotic count must be taken daily at the change of the charge nurse shift and signed by the persons who are responsible.~~

~~—9.] practitioner, or other appropriate professional person authorized by state or federal law to order the medication or biological, who is responsible for the care of the patient.~~

2. When a telephone or verbal order is used to order medications or biologicals, the order must be:

(a) Accepted only by a person who is authorized by the policies and procedures of the medical staff, which must be consistent with state law, to accept such an order; and

(b) Signed or initialed by the prescribing practitioner in accordance with hospital policy.

3. An order for a medication or a biological must include the name of the medication or biological and the dosage, time or frequency of administration and route of administration of the medication or biological.

4. Medication and biologicals that are not specifically prescribed as to time or number of doses must be automatically stopped after a reasonable time that has been predetermined by the medical staff for that medication or biological.

*5. Emergency medications approved by the medical staff or advisory physician must be kept readily available in the **pharmacy or** drug room and in compliance with all federal, state and local laws.*

~~{10. There must be written procedures for proper disposition of medicines and narcotics on the date of expiration of medicine, on discharge or death of patients, and on medicines and~~

~~narcotics no longer in use. Those written procedures must assure full compliance with all existing federal, state and local regulations.~~

~~—11.— A physician’s written authorization is required for the release of prescription medications and narcotics to patients or relatives on discharge.~~

~~—12.— There must be a committee of the medical staff to confer with the pharmacist in the formulation of policies and to:~~

~~—(a) Serve as an advisory group to the medical staff and pharmacist;~~

~~—(b) Develop and review a drug list for use in the hospital;~~

~~—(c) Establish standards concerning use and control of drugs;~~

~~—(d) Evaluate clinical data on new drugs;~~

~~—(e) Make recommendations concerning drugs to be stocked on nursing unit floors; and~~

~~—(f) Prevent unnecessary duplication in stocking drugs.~~

~~—13.— The provisions of this section also apply to long term care facilities, nursing homes and extended care facilities.]~~

Sec. 48. NAC 449.346 is hereby amended to read as follows:

449.346 1. Rehabilitative services are those activities ~~[and facilities]~~ used in restoring, maintaining and improving the physical and mental well-being of a patient. ~~[All facilities must]~~ *A hospital shall* provide *rehabilitative* services consistent with ~~[their]~~ *its* overall role in the treatment of a patient by or under the supervision of persons professionally licensed in this state to render such services.

2. ~~[If physical therapy is offered, it must be given or supervised by a therapist who meets one of the following requirements:~~

~~—(a) Is a graduate of a school of physical therapy approved by the American Physical Therapy Association or the Council on Medical Education and Hospitals of the American Medical Associations; or~~

~~—(b) Is eligible for membership in the American Physical Therapy Association or the American Registry of Physical Therapists.~~

~~—3. If occupational therapy is offered, it must be given or supervised by a therapist meeting one of the following requirements:~~

~~—(a) Is registered by the American Occupational Therapy Association; or~~

~~—(b) Meets the requirements for registration.~~

~~—4. If speech therapy is offered, it must be given or supervised by a therapist meeting one of the following requirements:~~

~~—(a) Has been granted a Certificate of Clinical Competence by the American Speech and Hearing Association; or~~

~~—(b) Has completed the academic and practicum requirements for certification.~~

~~—5. The provisions of this section also apply to facilities for long term care, nursing homes and extended care facilities.]~~

If a hospital provides rehabilitative services, including, without limitation, physical therapy, occupational therapy, audiology or speech pathology, the services must be organized and staffed to ensure the health and safety of the patients. The organization of the services must be appropriate to the scope of the services offered.

3. The director of the rehabilitative services must have the necessary knowledge, experience and capabilities to supervise and administer properly the services provided.

4. Rehabilitative services provided by a hospital in accordance with this section must be provided by persons who meet the qualifications specified by the medical staff.

5. Rehabilitative services must be furnished to each patient in accordance with his written plan of treatment. The services must be provided pursuant to the order of a practitioner who is authorized by the medical staff to order such services, and those orders must be incorporated into the record of the patient.

Sec. 49. NAC 449.349 is hereby amended to read as follows:

449.349 1. ~~[A hospital must have a written procedure for taking care of emergency cases, including effective policies and procedures relating to the members of the staff, functions of the service, and the medical records of the emergency room. All institutions covered by these requirements must arrange for an adequate medical staff.~~

~~—2. The provisions in this section also apply to long term care facilities, nursing homes and extended care facilities.]~~ *A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice.*

2. If a hospital does not have an emergency department on site, the policies and procedures for meeting the emergency needs of patients must be under the direction of a qualified member of the medical staff.

3. If a hospital provides emergency services through an emergency department:

(a) The services must be organized under the direct supervision of a qualified member of the medical staff;

(b) The services must be integrated with the other departments, units and services within the hospital; and

(c) The policies and procedures governing the provision of medical care in the emergency department must be established by and are the continuing responsibility of the medical staff.

4. A hospital shall have sufficient medical and nursing personnel who are qualified in emergency medical care to carry out the written emergency procedures of, and to meet the emergency needs anticipated by, the hospital.

Sec. 50. NAC 449.352 is hereby amended to read as follows:

449.352 1. ~~[Facilities having social services must]~~ *A hospital shall* have effective written policies and procedures ~~[relating to the staff and the functions of the service.~~

~~—2.— All facilities must obtain essential nonmedical information for diagnosis, observation and treatment of the patient which must become a part of the written record of the patient. They must offer counseling to the patient and to those concerned with his well-being and must inform and arrange for services to be available and useful to the patient in the community.~~

~~—3.— Nursing home sections of general hospitals must conduct social and recreational activity programs.~~

~~—4.— If social services are offered, they]~~ *for the provision of social services by the hospital staff.*

2. *Social services* must be given or supervised *in accordance with chapter 641B of NRS* by a professional, *qualified* social worker ~~[who has:~~

~~—(a) A master's degree in social work from a university accredited by the Council on Social Work Education; or~~

~~—(b) Been granted a certificate of professional competence (A.C.S.W.) by the National Association of Social Workers.~~

~~—5.— The provisions of this section also apply to facilities for long-term care, nursing homes and extended care facilities.]~~ *who is appropriately trained and has adequate experience to meet the social and emotional needs of the patients and the families and friends of the patients. If*

the social worker does not have the educational and experiential requirements of a qualified social worker, an on-going plan for consultation between the social worker and a qualified social worker must be developed.

3. A hospital shall provide to each patient access to related social services based on the assessed needs of the patient.

Sec. 51. NAC 449.355 is hereby amended to read as follows:

449.355 ~~{1.—Facilities must assign patients to services within the facility without regard to}~~
A hospital shall not discriminate in the admission of, or the provision of services to, a person on the basis of his race, color, religion ~~{or}~~, national origin ~~{~~

~~—2.—This section also applies to facilities for long term care, nursing homes and extended care facilities.}] , age, gender, disability or ability to pay.~~

Sec. 52. NAC 449.358 is hereby amended to read as follows:

449.358 1. A hospital ~~{must have a}~~ *shall have a well-organized* medical staff ~~{organized and}~~ *that operates in accordance with the bylaws* approved by the governing body. ~~{The staff is responsible to the governing body for the quality of all medical care provided patients and for the ethical and professional practices of its members.~~

~~—2.—Appointments to the staff must be made by the governing body, taking into account recommendations by the active members of the staff.~~

~~—3.—The organization of the staff, including the adoption of written rules for its government, election of officers, delineation of staff privileges, and maintenance of proper quality of all medical care and treatment in the hospital, is the responsibility of the active staff.~~

~~—4.—The credentials committee will review applications and make recommendations for appointments and reappointments to all categories on the staff.~~

~~—5.— There must be a joint conference committee, meeting regularly, composed of members of the medical staff, the governing body and the administrative staff, to create and maintain liaisons and provide proper communications.~~

~~—6.— The active medical staff shall ensure the maintenance of medical records at the required standard of completeness. The staff shall meet each month. All clinical services must be represented in the review.]~~

2. The medical staff must be appointed by the governing body and be composed of:

(a) Doctors of medicine or osteopathy; and

(b) To the extent authorized by state law, other practitioners.

3. The medical staff shall periodically conduct appraisals of its members.

4. The members of the medical staff shall examine the credentials of candidates for membership to the medical staff and make recommendations to the governing body on the appointment of those candidates to the medical staff.

5. The medical staff is accountable to the governing body for the quality of the medical care provided to the patients of the hospital.

6. If the medical staff has an executive committee, a majority of the members of the executive committee must be doctors of medicine or osteopathy.

7. The responsibility for the organization and conduct of the medical staff must be assigned only to a doctor of medicine or osteopathy.

8. The medical staff shall adopt and enforce bylaws to carry out its responsibilities. The bylaws must:

(a) Be approved by the governing body of the hospital.

(b) Include a statement of the duties and privileges for each category of the medical staff, including, without limitation, active status and courtesy privileges.

(c) Describe the organization of the medical staff.

(d) Describe the qualifications that a candidate for membership to the medical staff must have before the medical staff will consider the recommendation of the candidate for membership.

(e) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to persons requesting privileges.

(f) Include a requirement that a physical examination and medical history be done on each patient not more than 7 days before or more than 48 hours after the patient is admitted into the hospital by a member of the medical staff who is a doctor of medicine or osteopathy.

9. The medical staff shall attempt to secure autopsies in all cases in which the death of the patient is unusual or is of legal, medical or educational interest. The medical staff shall:

(a) Specifically define a mechanism for documenting permission to perform an autopsy;

(b) Establish a system for notifying the members of the medical staff and the attending physician when an autopsy is to be performed; and

(c) Ensure that all autopsies performed in the hospital are authorized pursuant to NRS 451.010.

Sec. 53. NAC 449.361 is hereby amended to read as follows:

449.361 1. ~~[A registered professional nurse holding a current license from Nevada must be on duty on a 24-hour basis in realistic ratio to the number of patients and auxiliary personnel. —2.— Licensed practical nurses holding current licenses and nursing aides can be on duty in wards with patients who do not need skilled nursing service, but there must be a supervisor who~~

~~is a registered professional nurse in the facility available at a moment's notice to give skilled nursing care. There must be adequate nursing personnel for the surgical suite, delivery rooms and other services of the hospital in keeping with its size and degree of activity. All nonprofessional nursing personnel must be supervised by a registered professional nurse. There must be auxiliary personnel in sufficient numbers to provide those nursing tasks not requiring the services of a registered professional nurse.~~

~~—3.— Policies concerning personnel and patient care must be clearly defined in writing, including the duties to be assigned to the licensed practical nurse, aides and other personnel by the director of the nursing service or the immediate supervisor of the nursing shift.~~

~~—4.— A constant review through in-service programs and the evaluation of nursing care must be provided and must be consistent with standards of recognized professional associations.~~

~~—5.— Well-established working relationships with other services of the hospital, both administrative and professional, must be continuous.]~~ *A hospital shall have a well-organized plan that provides for 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.*

2. The governing body and the hospital shall ensure that the nursing services provided at the hospital are provided in accordance with all applicable federal and state laws and regulations.

3. The nursing service shall have a sufficient number of licensed registered nurses, licensed practical nurses and other personnel to provide nursing care to all patients as needed. A sufficient number of registered nurses and other members of the nursing staff must be on duty at all times to ensure that proper care is provided to each patient. A person who is not a registered nurse may be assigned to care for a patient, if:

(a) The extent of care provided by the person is consistent with his education and experience and is within his scope of practice; and

(b) The person is supervised by a registered nurse while providing that care.

4. A hospital shall have a system for determining the nursing needs of each patient. The system must include assessments made by a registered nurse of the needs of each patient and the provision of staffing based on those assessments.

5. The plan for providing nursing services must include a plan of administrative authority and a delineation of responsibilities for patient care.

6. A hospital shall ensure that the nursing staff develops and keeps current a plan for nursing care for each inpatient.

7. The nursing services must be under the direct supervision of a chief administrative nurse. The chief administrative nurse must be knowledgeable, skilled and competent in clinical practice and nursing management. The chief administrative nurse shall direct and supervise the nursing services in compliance with chapter 632 of NRS and nationally recognized professional standards for organized nursing services.

8. The chief administrative nurse shall define the policies, procedures and standards relating to the provision of nursing services and shall ensure that the members of the nursing staff carry out those policies, procedures and standards. The policies, procedures and standards must be documented and accessible to each member of the nursing staff in written or electronic form. The chief administrative nurse must approve each element of the policies, procedures and standards before the element may be used or put into effect.

9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders.

Sec. 54. NAC 449.364 is hereby amended to read as follows:

449.364 1. ~~{The obstetric unit of a hospital must include newborn, nursery, labor, delivery and postpartum services. Nursing personnel assigned to care for obstetrical patients and newborn infants must not have other duties which may allow infection to be carried to those services.~~

~~—2.—The obstetric department must be located to prevent through traffic to any other part of the hospital.~~

~~—3.—One labor room must be provided in the general hospital with the need for additional rooms to be determined by utilization. Each labor room must be provided with a toilet and a sink to be located within the patient area. A wardrobe for the patient and a bedside table must be provided in each labor room. The labor delivery corridor must remain a controlled clean area. In smaller hospitals, a labor room may be used as an emergency delivery room when properly equipped and located.~~

~~—4.—Delivery rooms must be provided according to utilization but there must be at least one properly equipped room provided regardless of the size of the hospital.~~

~~—5.—Scrub up facilities must be provided outside each delivery room so that observation of the delivery room is possible. Nurse's call systems operated with a foot or elbow must be in the delivery room and an adequate signal system provided. Adequate devices for oxygen and suction must be available. All electrical equipment and its installation in the delivery room, the area used to store anesthesia and adjacent areas must comply with the National Fire Protection Association Code No. 56. Ceilings and walls must be waterproof and able to withstand repeated scrubbing~~

~~with approved cleaning agents. Emergency sterilizing facilities must be provided to support the delivery area. A heated bassinet or warmer for infants must be provided in each delivery room. A device for easy, positive identification of the infant before removal from the delivery room must be provided. Within each delivery room there must be adequate storage space to handle sterile supplies and equipment. All sinks and dispensers, regardless of type, must be equipped with foot, knee or wrist controls.~~

~~—6.— A clean utility room must be provided with adequate storage for cleaning supplies and other cleaning equipment.~~

~~—7.— Gross cleaning of instruments and other utensils must take place in the cleanup and soiled holding area.~~

~~—8.— Postpartum accommodations must follow essentially those standards used in general facilities. The location of this unit must be confined to the obstetrical area.~~

~~—9.— Maternity patients with infection, fever or conditions or symptoms which may constitute a hazard to other maternity patients must be isolated immediately in a separate room which is properly equipped for isolation.]~~ *If a hospital provides obstetric services through an obstetric department, those services must be well-organized and sufficiently staffed to ensure the health and safety of the patients.*

2. The obstetric department must be under the direction and supervision of a qualified member of the medical staff. The director of the obstetric department is responsible for the quality of medical care provided to patients by the obstetric department and for the review of the professional practices of the medical staff within the obstetric department, including, without limitation:

- (a) The delineation of the privileges accorded to members of the medical staff and members of allied health professional persons in the obstetric department; and*
- (b) The reappraisal and appointment of each such member.*
- 3. A roster of the privileges relating to the provision of obstetric services of each member of the medical staff must be kept in the files of the obstetric department. The roster must specify the privileges awarded to each member.*
- 4. A hospital shall ensure that the obstetric department has adequate staffing and equipment, including, without limitation:*
- (a) A sufficient number of registered nurses, trained in perinatal care of a maternal patient and in newborn care, who are on duty at all times to ensure that proper care is provided to each patient;*
- (b) Appropriate equipment maintained in good working order;*
- (c) Drugs and oxygen necessary to provide obstetric care to a maternal patient and a newborn;*
- (d) Appropriate clinical laboratory services available to provide safe obstetric care according to the needs of the patient and medical staff of the department; and*
- (e) Sufficient personnel on the premises and immediately available for each delivery of a newborn who:*
- (1) Are trained and experienced in performing cardiopulmonary resuscitation on adults and newborns; and*
- (2) Have successfully completed the Neonatal Resuscitation Program endorsed by the American Academy of Pediatrics and the American Heart Association.*
- 5. A hospital shall ensure that the obstetric department has the capability of providing:*

(a) Initial evaluation of the risk-status of each patient needing obstetric services, including the appropriateness of admitting the patient; and

(b) Support of patients in labor.

Sec. 55. NAC 449.367 is hereby amended to read as follows:

449.367 1. *An obstetric department shall have a nursery which is organized under the direction of a qualified member of the medical staff.*

2. Nurseries must be completely equipped for any neonatal emergencies. ~~Nursery facilities for newborns must be close to the postpartum rooms.~~

~~2.]~~ 3. The total number of bassinets in a nursery service must be at least equal to the number of beds for postpartum patients. ~~Each unit within the nursery must not accommodate more than twelve infants. The hospital must provide nurseries of such dimensions that bassinets can be spaced at least 2 feet apart and 6 inches from the wall.~~

~~3.~~ Upon entry to a facility for newborns, there must be a scrub and gown area.

~~4.~~ A clean storage area must be available to support the requirements of the entire nursery. All bulk supplies and miscellaneous cleaning equipment must be housed in this area.

~~5.~~ The walls and floors of the nurseries and accessory rooms must be constructed of a smooth, nonabsorbent, washable material. Ceilings must be washable.

~~6.~~ General room lighting for routine care must be between 20 to 40 foot-candles. During examinations, 100 foot-candles must be provided.

~~7.~~ The air conditioning, heating and ventilation system within the nursery must be on its own air-conditioning system with no recirculated air from other areas of the hospital. Primary air must be obtained from the outside only. Prefiltered air must be conditioned and passed through final filters capable of removing 90 to 99 percent of particles 1 to 5 microns in size. Relative

~~humidity must be approximately 50 percent with a constant temperature of 74 to 76 degrees Fahrenheit. The conditioning system must be capable of providing 12 changes per hour with a slight positive pressure or outward flow of air when doors are opened.~~

~~—8.] 4. A separate storage room must be available to support the requirements of the entire nursery.~~

5. The following ~~[provisions]~~ must be made available for each unit for infants:

(a) A bassinet for each infant with storage space for the infant's supplies, such as diapers, shirts and thermometers . ~~[, in a compartment within the bassinet.]~~

(b) Incubators for infants needing supplemental oxygen, heat or humidity and for all infants with a low birth weight.

(c) A ~~[centrally located wash basin equipped with foot, knee or wrist controls.~~

~~—(d) An accurate scale.~~

~~—(e) Oxygen.~~

~~—(f) Devices which regulate oxygen concentration for each infant receiving oxygen therapy on a grounded electrical outlet, with some on the hospital emergency electrical current.~~

~~—(g) Covered, lined diaper and soiled linen receptacles with controls.~~

~~—9.— Each nursery must have a maximum observation potential, not only from the nurse's station and work area but, in the case of multiple units, from one unit to the next. All observation windows between the nurse's station or workroom and units must be low enough for vantage at the level of a chair.~~

~~—10.— The central nurse's station and charting area must be centrally located to all nursery units when constructed in multiples. The nurse's station and workroom may be located in the same general area. Maximum storage use with work surface must be provided.~~

~~—11.—An examining area must be provided, equipped with a sink for washing hands and adequate areas for clean storage.~~

~~—12.— If a commercially prepared, presterilized and completely disposable system is used, a small area for the preparation of formula is required. It must be located in a clean area within the nursery facility for newborns. Storage space with ample work surfaces and a sink for washing hands must be available. The hospital’s annual birth rate must be used to determine the size of this function. Hospitals desirous of preparing their own formulas by traditional methods may do so in accordance with the following references:~~

~~—(a) “Standards and Recommendation for Hospital Care of Newborn Infants” by American Academy of Pediatrics, Evanston, Illinois.~~

~~—(b) “Procedures and Layout for the Infant Formula Room” by American Hospital Association, Chicago, Illinois.~~

~~—13.—An isolation unit must be provided for those infants who are suspected of developing an infectious condition. Infants born outside the hospital’s delivery room must be admitted to the unit, including infants delivered in the emergency room, an automobile or the home. The location of the unit must be near, but not contiguous with, the regular nurseries with direct viewing between them to afford constant supervision and care.~~

~~—14.] *scale for weighing babies.*~~

(d) Oxygen.

6. If a nursery for premature infants exists, it must be ~~located within the general nursery area, and must be close to the nurse’s station and workroom, providing maximum observation and supervision. Each incubator located in this nursery must have an electrical outlet. Oxygen for~~

~~every two incubators must be provided.]~~ *designed to provide for maximum observation and supervision and must include:*

- (a) An electrical outlet for each incubator located in the nursery; and*
- (b) Oxygen for every incubator.*

Sec. 56. NAC 449.370 is hereby amended to read as follows:

449.370 ~~[In those facilities with a department for outpatients, there must be effective written policies and procedures relating to the staff, the functions of the service and the medical records of outpatients.]~~

- 1. If a hospital provides outpatient services, the services must meet the needs of the patients in accordance with nationally recognized standards of practice.*
- 2. A hospital shall ensure that its outpatient unit is appropriately organized and integrated with inpatient services.*
- 3. A hospital which provides outpatient services shall:*
 - (a) Assign a person to be responsible for the outpatient unit;*
 - (b) Have sufficient numbers of professional and nonprofessional personnel available to provide the outpatient services; and*
 - (c) Ensure that nursing services provided in the outpatient unit are provided under the direction of a registered nurse.*
- 4. Equipment and supplies necessary to meet the anticipated needs of the outpatients must be readily available and in good working order.*
- 5. The outpatient unit shall have a sufficient number of examination and treatment rooms for the outpatient service based on the volume and nature of work performed.*

6. Laboratory, radiology and pharmacy services must be readily available to the outpatient unit.

7. If outpatient surgery is performed in the outpatient unit, the basic facilities that must be available to perform the surgery include, without limitation:

(a) A fully equipped and staffed operating room and post-anesthesia recovery area;

(b) Means of control against hazards of infection, electrical or mechanical fire, and explosion;

(c) Sterile supplies that are readily available to meet the needs of the outpatients; and

(d) Equipment and instrumentation for anesthesia and emergency cardiopulmonary resuscitation.

8. If beds are provided in an outpatient unit, the number of outpatient beds must not be included in the licensed bed capacity of the hospital. Inpatients may not occupy an outpatient bed. An outpatient shall not remain in an outpatient bed for more than 48 consecutive hours.

Sec. 57. NAC 449.373 is hereby amended to read as follows:

449.373 1. Each hospital ~~[must]~~ *shall* maintain or have available adequate laboratory services to meet the needs of its patients and medical staff. Each hospital ~~[must]~~ *shall* ensure that all laboratory services provided to its patients are provided by a medical laboratory licensed pursuant to chapter 652 of NRS.

2. Laboratory services must be available 24 hours a day, 7 days a week, including holidays.

3. ~~[In the case of work performed by an outside laboratory, the original report must be from a licensed laboratory and contained in the medical record. If services are provided by an outside laboratory, the conditions, procedures and availability of work performed must be in writing and available within the hospital.]~~

~~4. Each hospital must provide for the prompt filing of each laboratory report in the appropriate patient's medical record, with immediate notification of the physician requesting the report.]~~ *While a patient is under the care of a hospital, all laboratory testing must be performed:*

(a) In the laboratories of the hospital;

(b) By a reference laboratory that is certified pursuant to 42 U.S.C. § 263a; or

(c) In accordance with NRS 652.217.

4. The director of a laboratory that provides laboratory services to a hospital shall establish procedures to ensure that patients who have been transfused with blood or blood products which have tested positive for the human immunodeficiency virus are promptly notified of that fact.

5. Each laboratory which provides laboratory services to a hospital ~~{must}~~ *shall* provide for the proper receipt and reporting of tissue specimens. All reports of tissue specimens must be signed by a pathologist. The medical staff of the hospital and a pathologist ~~{must}~~ *shall* determine which tissue specimens require a macroscopic (gross) examination and which require both macroscopic and microscopic examinations.

6. If provided in a hospital, pathology services must be under the supervision of a pathologist in a full-time, regular part-time or regular consultative basis and he shall participate in staff, departmental and clinicopathologic conferences.

7. Facilities for the procurement, safekeeping and transfusion of blood and blood products must be provided in each hospital, or readily available, with adequate control and supervision by an authorized physician. The refrigerator for the storage of blood must have an adequate

recording thermograph and temperature alarm system, *must be* regularly inspected and *must be* otherwise safe and adequate to prevent the deterioration of the blood and blood products.

8. If the hospital depends on outside blood banks, there must be an agreement governing the procurement, transfer and availability of blood which is reviewed and approved by the medical staff, administration and governing body. Provision must be made for prompt blood typing, cross-matching and investigation of transfusion reactions. A committee of the medical staff, or its equivalent, shall review all transfusions of blood or blood derivatives, and blood or blood derivative reactions, occurring in the hospital and make recommendations concerning policies governing these practices.

Sec. 58. NAC 449.376 is hereby amended to read as follows:

449.376 1. A hospital ~~[must]~~ *shall* have diagnostic ~~[X-ray]~~ *radiological* facilities available. If therapeutic ~~[X-ray]~~ services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications.

2. The hospital ~~[must]~~ *shall* maintain or have available radiological services according to the needs of the ~~[hospital. A technologist or technicians must be on duty or call at all times. Proper safety precautions, in writing, must be maintained against fires, explosions and electrical and radiation hazards.~~

~~—3.— Hospitals must have a qualified radiologist to interpret all films. The use of X-ray apparatus must be limited to personnel designated as qualified by the radiologist or by an appropriately constituted committee of the medical staff. Signed reports must be filed with the patient's record. Duplicate copies must be kept in the department. Reports of interpretations must be written or dictated and signed by the radiologist. X-ray reports and roentgenographs must be preserved or microfilmed in accordance with the statute of limitations.]~~ *patients.*

3. Radiological services, particularly ionizing radiological procedures, must be conducted in a manner that monitors and controls hazards so that safety is maintained for patients and personnel.

4. Proper safety precautions must be maintained against radiation hazards, including, without limitation:

(a) Adequate shielding for patients, personnel and facilities; and

(b) Appropriate storage, use and disposal of radioactive materials.

5. Equipment used for providing radiological services must be periodically inspected and any hazards identified in the inspection must be promptly corrected.

6. Radiological technicians and other persons who work with radiation must be checked periodically by the use of exposure meters or badge tests for the amount, if any, of radiation exposure.

7. Radiological services must be provided only upon the order of:

(a) A practitioner who has clinical privileges or is authorized by state law to order such services; or

(b) Other practitioners authorized by the medical staff and governing body to order such services.

8. A qualified full-time, part-time or consulting radiologist shall supervise the ionizing radiological services and shall interpret only those radiological tests that are determined by the medical staff to require the specialized knowledge of the radiologist.

9. Only personnel designated as qualified personnel by the medical staff may use radiologic equipment and administer radiological procedures.

10. Records of radiology services provided to patients must be maintained.

11. *A radiologist or other practitioner who performs radiology services shall sign any report of his interpretation.*

12. *A hospital shall maintain the following information for at least 5 years:*

(a) *Copies of reports and printouts of radiology services; and*

(b) *Films, scans and other image records of radiology services that have been provided.*

13. *As used in this section, “radiologist” means a doctor of medicine or osteopathy who is qualified by education and experience in radiology.*

Sec. 59. NAC 449.379 is hereby amended to read as follows:

449.379 1. A *hospital shall maintain a* medical record ~~[must be maintained for every patient admitted to a hospital.~~

~~—2.— Records must be permanent, either printed, typewritten or legibly written. All records must be kept in conformity with recognized standards. Medical histories must be retained for 25 years and may be microfilmed after 3 years if stored on rolls. Emergency room and outpatient records may be microfilmed after 1 year. If unitized jackets or cards are used, microfilming may be done at the time of discharge. Evidence of compliance with these requirements must be demonstrated to the health division.~~

~~—3.— If applicable, records must include the following:~~

~~—(a) Patient’s name.~~

~~—(b) Address at time of admission.~~

~~—(c) Date of birth.~~

~~—(d) Sex.~~

~~—(e) Social security number.~~

~~—(f) Marital status.~~

- ~~—(g) Date of admission.~~
- ~~—(h) Name, address and telephone number of person or agency responsible for patient.~~
- ~~—(i) Name of attending physician.~~
- ~~—(j) If patient is a minor, name and address of parents or guardian.~~
- ~~—(k) Diagnosis upon admission.~~
- ~~—(l) Race.~~
- ~~—(m) Religion.~~
- ~~—(n) State and county of birth.~~
- ~~—(o) Progress notes by physician.~~
- ~~—(p) Chief complaint.~~
- ~~—(q) Consultations.~~
- ~~—(r) Nurse's notes which must conform with statute of limitations.~~
- ~~—(s) Citizenship.~~
- ~~—(t) Orders for medication and treatment.~~
- ~~—(u) Orders for diet.~~
- ~~—(v) History and physical examination.~~
- ~~—(w) Condition and diagnosis of patient at time of discharge.~~
- ~~—(x) Place where discharged.~~
- ~~—(y) Laboratory reports of all tests completed.~~
- ~~—(z) Reports of all X rays completed.~~
- ~~—(aa) Complete surgical record, including anesthesia record, preoperative diagnosis, operative procedure and findings, postoperative diagnosis and tissue diagnosis on all specimens surgically removed.~~

~~—(bb) Complete obstetrical record, including prenatal, labor, delivery and complete newborn record including birth certificate, test results and the general condition of the baby on discharge.~~

~~—(cc) Copy of death certificate.~~

~~—4. Records must contain sufficient information to justify the diagnosis, warrant treatment and vindicate the end results. Only members of the medical and house staff may write or dictate medical histories and physical examinations. Records must be authenticated and signed by a licensed physician.~~

~~—5. Current records as well as those on discharged patients must be completed promptly. Current records must be completed within 24 hours following admission. Records of discharged patients must be completed within 15 days following discharge.]~~ *for each person evaluated or treated in the hospital.*

2. The organization of the medical records service at the hospital must be appropriate to the scope and complexity of the services performed at the hospital. A hospital shall employ adequate personnel to ensure prompt completion, filing and retrieval of the medical records.

3. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. A hospital shall use a system for author identification and record maintenance that ensures the integrity of the authentication of the record and protects the security of all entries to a medical record.

4. Except as otherwise provided in this subsection, medical records must be retained in their original form or in a legally reproduced form for at least 5 years. The medical staff may identify specific entries by physicians that be kept for at least 10 years. The hospital shall have a system for coding and indexing its medical records. The system must allow for the timely

retrieval of information by diagnosis and procedure to support studies evaluating the medical care provided at the hospital.

5. A hospital must have a procedure for ensuring the confidentiality of the medical records of its patients. Information from or copies of medical records may be released only to authorized persons, and the hospital shall ensure that unauthorized persons cannot gain access to or alter the medical records of its patients. Original medical records may be released by the hospital only in accordance with state or federal law, court orders or subpoenas.

6. A medical record must include information:

(a) Demonstrating the justification for the admission and continued hospitalization of a patient;

(b) Supporting the diagnosis of the patient; and

(c) Describing the progress of the patient and his response to the medications and services received during his hospitalization.

7. All entries to a medical record must be legible and complete, and authenticated and dated promptly by the person who is responsible for ordering, providing or evaluating the service provided. In authenticating a medical record, the person shall include his name and discipline. Authentication may include the signature or written initials of the person or a computer entry by the person.

8. All medical records must document the following information, as appropriate:

(a) Evidence that a physical examination, including a history of the health of the patient, was performed on the patient not more than 7 days before or more than 48 hours after his admission into the hospital.

(b) The diagnosis of the patient at the time of admission.

(c) The results of all consultative evaluations of the patient and the appropriate findings by clinical and other staff involved in caring for the patient.

(d) Documentation of any complications suffered by the patient, infections acquired by the patient while in the hospital and unfavorable reactions by the patient to drugs and anesthesia administered to him.

(e) Properly executed informed consent forms for all procedures and treatments specified by the medical staff, or federal or state law, as requiring written patient consent.

(f) All orders of practitioners, nursing notes, reports of treatment, records of medication, radiology and laboratory reports, vital signs and other information necessary to monitor the condition of the patient.

(g) A discharge summary that includes a description of the outcome of the hospitalization, disposition of the case and the provisions for follow-up care that have been provided to the patient.

(h) The final diagnosis of the patient.

9. The medical record of a patient must be completed not later than 30 days after the date on which he is discharged.

Sec. 60. NAC 449.382 is hereby amended to read as follows:

449.382 A hospital ~~[must]~~ *shall* have a medical library to meet the requirements of the facility , with *access to* current periodicals on clinical services which are offered. ~~[It must be located in or adjacent to the hospital and its contents must be well organized, easily accessible and available at all times to the medical and nursing staffs.]~~

Sec. 61. NAC 449.385 is hereby amended to read as follows:

449.385 ~~[Operating rooms must be maintained in hospitals where surgery is performed with at least one major room, but according to need.]~~

1. If a hospital provides surgical services, the services must be well-organized and provided in accordance with nationally recognized standards of practice. If outpatient surgical services are offered, the services must be consistent in quality, in accordance with the complexity of the services, with similar services provided to inpatients.

2. The operating rooms must be supervised by an experienced registered nurse or a doctor of medicine or osteopathy.

3. A licensed practical nurse or a surgical or operating room technician may act as a scrub nurse or scrub technician only under the direct supervision of a registered nurse.

4. Circulating duties in an operating room must be performed by a qualified registered nurse, who shall not perform circulating duties in more than one operating room at a time.

5. Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competency of each practitioner. A hospital shall maintain a roster of practitioners that specifies the surgical privileges accorded to each practitioner.

6. Policies governing surgical care must be designed by the medical staff to assure the achievement and maintenance of high standards of medical practice and patient care.

7. Except in emergency cases and except as otherwise provided in this subsection, a complete history and physical work-up must be completed and placed in a patient's chart before the patient undergoes surgery. A patient may undergo surgery before his complete history or physical work-up is placed in his chart if the complete history or physical work-up has been dictated but not yet recorded and a statement of that fact and an admission note have been placed in the patient's chart by the practitioner who admitted the patient.

8. Except in emergency cases, an informed consent form properly executed by a patient for the surgery must be placed in his chart before the surgery is performed.

9. Each surgical suite must have readily available and in good working condition:

(a) A call system;

(b) A cardiac monitor;

(c) A resuscitator;

(d) A defibrillator;

(e) An aspirator; and

(f) A tracheotomy set.

10. A hospital shall make adequate provision for immediate postoperative care.

11. The operating room register must be complete and up-to-date at all times.

12. Immediately following surgery on a patient, the surgeon shall write or dictate an operative report, which must be included in the medical record of the patient, describing the techniques used, findings and tissues removed or altered. The surgeon shall sign the report.

13. The medical staff shall define which surgeries require the presence of a first assistant. A list of the surgeries that require the presence of a first assistant must be readily available to the surgical staff of the hospital.

14. A registered nurse or operating room technician may serve as a first assistant if:

(a) The medical staff has not otherwise required that the first assistant in a surgery be a physician; and

(b) The medical staff has designated the nurse or technician as having sufficient training to assist in the procedure adequately and properly.

15. A hospital shall establish and carry out policies and procedures relating to the cleaning and sanitation of a surgical suite.

Sec. 62. NAC 449.388 is hereby amended to read as follows:

449.388 ~~[A department of anesthesia in a hospital must have effective policies and procedures regarding staff privileges, the administration of anesthetics, and the maintenance of strict safety controls. In hospitals where there is no department, the department of surgery must assume the responsibility for establishing general policies and supervising the administration of anesthetics.]~~

1. If a hospital furnishes anesthesia services, the services must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

2. The organization of the anesthesia service must be appropriate to the scope of the services offered by the hospital. Anesthesia may only be administered by:

(a) A qualified anesthesiologist;

(b) A doctor of medicine or osteopathy, other than an anesthesiologist;

(c) A dentist, oral surgeon or podiatrist who is legally authorized, under state law, to administer anesthesia; or

(d) A certified registered nurse anesthetist who is under the direction of the operating practitioner or of an anesthesiologist who is immediately available if needed. This paragraph does not affect the requirements for qualification as a certified registered nurse anesthetist as specified in chapter 632 of NRS, and any regulations adopted pursuant thereto.

3. Anesthesia services must be consistent with the needs and resources of the hospital.

Policies on anesthesia procedures must include the delineation of preanesthesia and postanesthesia responsibilities. The policies must ensure that each patient receives:

(a) A preanesthesia evaluation by a person qualified to administer anesthesia, as set forth in subsection 2, that must be performed within 48 hours before surgery.

(b) An intraoperative anesthesia record.

(c) For inpatients, a postanesthesia follow-up report by the person who administered the anesthesia. The follow-up report must be written not later than 48 hours after the surgery.

(d) For outpatients, a postanesthesia evaluation for proper anesthesia recovery, performed in accordance with the policies and procedures approved by the medical staff.

4. If the hospital does not have a department of anesthesia, the department of surgery is responsible for the organization and implementation of the policies and procedures relating to the provision of anesthesia services.

Sec. 63. NAC 449.391 is hereby amended to read as follows:

449.391 *1. If a ~~[dental staff is organized, its organization must be comparable to that of other services or departments. Whether or not the dental service is organized as a department, the following requirements must be met:~~*

—1.] hospital provides dental services, the services must be well-organized and provided in accordance with nationally recognized standards of practice.

2. The dental service must be under the direct supervision of a dentist, who has overall responsibilities for the dental service.

3. Dental hygienists, dental assistants or dental laboratory technicians may be employed by the hospital if the dental hygienist, assistant or laboratory technician works under the direct supervision of a dentist.

4. Members of the dental staff must be currently licensed in this state for the positions to which they are appointed.

~~[2.]~~ 5. Patients admitted for dental services must be admitted by the dentist, either to the department of dentistry or, if there is no department, to an organized clinical service.

~~[3.—A physician who is responsible for the medical care of the patient throughout his stay in the hospital shall be in attendance.~~

~~—4.]~~ 6. *Equipment and supplies necessary to meet the anticipated dental needs of patients must be available.*

7. *Equipment for the sterilization of instruments and supplies must be provided directly in the dental service or through another department, unit or service within the hospital.*

8. *If the dental service offers primary dental care, the dental service must:*

(a) Have adequate space to provide that care; and

(b) Facilities for dental radiography.

9. There must be specific bylaws concerning the dental staff written in combination with the bylaws of the medical staff or as separate dental bylaws.

Sec. 64. NAC 449.394 is hereby amended to read as follows:

449.394 1. ~~[No hospital may provide regular psychiatric services unless the services have been approved by the health division.~~

~~—2. Any~~ A general hospital which has a designated area set aside for use on a continuous basis for the treatment and care of psychiatric patients is deemed to operate a psychiatric service and ~~[must]~~ *shall* comply with the requirements in this section.

~~[3. Psychiatric care may be rendered]~~

2. *A licensed physician may render psychiatric care* in any licensed general hospital on a short term or emergency basis . ~~[by a licensed physician.~~

~~—4. The organization and responsibilities of the medical staff must comply with those pertaining to the professional staff under NAC 449.358.~~

~~—5. The medical or clinical director of the psychiatric hospital, or the chief of the psychiatric service or unit of the general hospital, is responsible for the medical supervision of psychiatric services within the institution.]~~

3. *A hospital shall develop and carry out policies and procedures for the provision of psychiatric treatment and behavioral management services that are consistent with NRS 449.765 to 449.786, inclusive, to ensure that the treatment and services are safely and appropriately used. The hospital shall ensure that the policies and procedures protect the safety and rights of the patient.*

4. *The medical direction of the psychiatric unit and the psychiatric services provided by the hospital must be under the direct supervision of a qualified member of the medical staff.*

5. *All nursing services provided with regard to the provision of psychiatric care must be provided under the direction of a registered nurse.*

6. A consulting medical staff composed of qualified persons in appropriate specialties must be available at all times to the patients in the psychiatric ~~[hospital.~~

~~—7. The consulting staff must be appointed by the governing board upon the recommendations of the medical staff.] unit.~~

Sec. 65. NAC 449.282, 449.288, 449.292, 449.295, 449.301, 449.304, 449.328, 449.334, 449.397, 449.400, 449.403 and 449.998 are hereby repealed.

Sec. 66. 1. Notwithstanding any provision of section 29 of this regulation to the contrary, a hospital shall be deemed to be in compliance with section 29 of this regulation if:

(a) The hospital submitted architectural plans to the bureau of licensure and certification of the health division of the department of human resources on or before February 1, 1999;

(b) The hospital began construction on or before August 1, 1999;

(c) The plans were determined by the bureau of licensure and certification to be in compliance with the provisions of chapter 449 of NAC that were in effect on December 1, 1998; and

(d) The hospital is built in accordance with those provisions and does not have any deficiencies which are likely to cause serious injury, serious harm or impairment to public health and welfare.

2. If there are deficiencies that are likely to cause serious injury, serious harm or impairment to public health and welfare, the hospital shall take immediate action to correct the deficiencies or the hospital will not be allowed to continue to operate.

TEXT OF REPEALED SECTIONS

449.282 “Extended care facility” defined. “Extended care facility” means an institution with an organized medical staff or the equivalent, and with continuous professional nursing service, established to provide comprehensive inpatient care, usually post acute hospital care, of relatively short duration, serving convalescent patients not in an acute episode of illness or in a stable stage of illness and having a variety of medical conditions.

449.288 “Infirmary” defined. “Infirmary” means a segregated unit of a school, home or similar institution established to provide facilities, medical and nursing services for diagnosis, care and treatment of patients requiring care of short duration.

449.292 “Maternity home” defined. “Maternity home” means an institution with one to six beds, receiving maternity patients and providing care before, during or within 10 days after delivery. Any home receiving more than one maternity patient for pay or gain, within a period of 6 months is a maternity home.

449.295 “Nursing home” defined. “Nursing home” means an establishment with a medical staff or the equivalent, with continuous nursing service under professional direction, providing long term inpatient care, not necessarily post hospital care, to patients having a variety of medical conditions requiring service.

449.301 “Psychiatric hospital” defined. “Psychiatric hospital” means any facility or subdivision of a facility primarily intended for the diagnosis, observation, treatment or

rehabilitation of the mentally ill. It is not applicable to those facilities primarily intended for custodial care of persons suffering from progressive mental disorders, such as psychiatric care facilities.

449.304 “Specialized hospital” defined. “Specialized hospital” means a hospital staffed and equipped with specialized diagnostic and therapeutic facilities to provide care in a recognized medical or dental specialty.

449.328 Fire control; plan for disasters.

1. A hospital must ensure adequate fire protection by providing for the installation of necessary extinguishers. Sprinkling devices, fire barriers, the adoption of written fire control plans rehearsed a minimum of 12 times a year and the elimination of fire hazards must be employed. All hospitals must conform to the regulations adopted by the state fire marshal establishing minimum standards for the prevention of fire and for the protection of lives and property against panic associated with fires. All hospitals must secure and maintain a fire safety clearance from the state fire marshal or his designate annually.

2. All institutions must adopt a written disaster and mass casualty program for disasters within the facility, local disasters and widespread disasters. The written program must include administrative procedures, the designated authority, duty assignments for personnel, provisions for the continuation of services, stockpiling, traffic control and the collection and dissemination of information. There must be plans for the evacuation of patients, including the means of egress, methods of handling and transporting patients, and the disposition and care of patients after removal. The plan must be upgraded annually and all personnel instructed as to its contents.

3. The provisions of this section also apply to facilities for long-term care, nursing homes and extended care facilities.

449.334 Gases for medical use. (NRS 449.037)

1. A hospital shall provide for the safe handling and storage of medical gas cylinders or containers. The transfer of gas by hospital personnel from one cylinder or container to another cylinder or container is prohibited, except when approved by the health division for research and investigational purposes.

2. All anesthesia machines and medical gas cylinders, pressure regulators, wall outlets, piping systems and external removable connection hoses used therewith must, by physical design, be so constructed that connections for different gases are not interchangeable.

3. Outlets of all gas regulators, inlets other than yoke-type to anesthesia machines and removable flexible hoses used therewith must, by physical design, be so constructed that connections for different gases are not interchangeable. This requirement includes removable flexible hoses between gas regulators and heads of anesthesia machines. Oxygen and nitrous oxide connections must conform to the standards listed above. No removable adapters may be used in conjunction with anesthesia machines.

4. All medical gas cylinders, medical gas piping systems and equipment used in hospitals in conjunction with anesthesia machines, resuscitators and oxygen therapy apparatus, must, by physical design, be so constructed that connections for different gases are not interchangeable. All adapters which may permit an interchange of medical gases must be eliminated from the hospital.

449.397 Other facilities: Medical staff. Extended care facilities and nursing homes must have either an organized medical staff or an active medical staff which is the equivalent. The decision for the type of staff must be based on whether the facility is caring for postacute hospital patients of relatively short duration or the service provided in the facility is long term

inpatient care, not necessarily posthospital patients who have a variety of medical conditions requiring service.

449.400 Other facilities: Nursing services. An extended care facility must provide 24-hour nursing service with at least one registered professional nurse employed full time and responsible for the total nursing service. There must be a registered professional nurse or licensed practical nurse in charge of nursing activities during each tour of duty who is a graduate of a school of practical nursing which is approved by the state.

449.403 Other facilities: Medical records.

1. In accordance with accepted professional standards, a medical record must be maintained for every patient admitted to an extended care facility or nursing home. The medical record must contain the following:

- (a) Identification of the patient, his address and next of kin.
- (b) Medical notations.
- (c) Physician's orders.
- (d) Physical examination.
- (e) History and progressive notes which must be signed by the attending physician.
- (f) Nursing notations.
- (g) Incident reports.
- (h) Laboratory and X-ray reports.
- (i) Consultation reports.
- (j) Reports of all tests, examinations, medical procedures and services rendered to the patient in the facility by allied health professionals.

2. All records must be kept current and must be completed within 48 hours, if possible. Medical records must be completed within 15 days of discharge or the death of the patient. The records must be filed and retained for a period required by the statute of limitations of Nevada.

3. Suitable storage space must be provided for safe, confidential retention of records. A system of identification and filing for rapid location of records must be provided, and a designated employee must be assigned the responsibility for maintaining completed records.

449.998 Testing for tuberculosis.

1. A facility for skilled nursing or a facility for intermediate care shall test each person for tuberculosis before admission to the facility.

2. A facility for skilled nursing or a facility for intermediate care shall test each patient for tuberculosis once during every 12 months of residence at the facility.

3. If tests indicate that a person has infectious tuberculosis, the person shall undergo medical treatment for the disease and the case must be reported to a health officer immediately.