

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

LCB File No. R181-09

July 24, 2012

(Note: Various provisions have been removed from this regulation for separate consideration;
see LCB File Nos. R203-09 and R170-12)

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

AUTHORITY: §§1 and 2, NRS 441A.120; §§3-22, NRS 449.0302.

A REGULATION relating to medical and other related facilities; revising provisions governing the supervision of employees and other persons who provide services and care at the facilities; revising provisions relating to the policies of ambulatory surgical centers; revising provisions governing the provision of certain services and care at ambulatory surgical centers; and providing other matters properly relating thereto.

Section 1. NAC 441A.375 is hereby amended to read as follows:

441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility, a facility for the dependent or outpatient facility must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

2. A medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility shall maintain surveillance of *persons under contract with the facility or home who provide services to patients or residents and* employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance ~~[of employees]~~ must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the

guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

3. ~~[Before initial employment, a person employed in a]~~ **A** medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility shall ~~[have a:]~~ **not employ a person or contract with a person to provide services to patients or residents unless the person has a:**

(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and

(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.

↪ If the **person or** employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

4. ~~[An]~~ **A person under contract who provides services to patients or residents or an** employee with a documented history of a positive tuberculosis screening test is exempt from

screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.

5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.

6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

7. A medical facility shall maintain surveillance of *persons under contract who provide services to patients or residents and* employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the *person or* employee shall be evaluated for tuberculosis.

8. As used in this section, “outpatient facility” has the meaning ascribed to it in section 7 of LCB File No. R179-09.

Sec. 2. NAC 441A.380 is hereby amended to read as follows:

441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.

2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:

(a) Before admitting a person to the facility or home, determine if the person:

- (1) Has had a cough for more than 3 weeks;
- (2) Has a cough which is productive;
- (3) Has blood in his or her sputum;
- (4) Has a fever which is not associated with a cold, flu or other apparent illness;
- (5) Is experiencing night sweats;
- (6) Is experiencing unexplained weight loss; or
- (7) Has been in close contact with a person who has active tuberculosis.

(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient *or resident* is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient *or resident* is admitted, whichever is sooner.

(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or a designee

thereof or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.

4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that the person has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.

5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he or she has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he or she is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious

unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.

6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.

Sec. 3. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 4, 5 and 6 of this regulation.

Sec. 4. *An ambulatory surgical center shall establish a program for the review of surgical procedures and patient outcomes, including, without limitation, a review of the program for the control and prevention of infections and the rates of infections occurring at the center. The program must require the review to be conducted by a person who does not have a financial interest in the ambulatory surgical center.*

Sec. 5. *If services and care are provided at an ambulatory surgical center by persons who are under contract with the center or who are otherwise not employees of the center, the*

governing body shall establish policies for the provision of services and care by those persons, including, without limitation, policies relating to the supervision of such persons and the coordination of services and care. The policies must ensure that services and care are provided at the ambulatory surgical center in a safe and effective manner.

Sec. 6. *An ambulatory surgical center shall keep a complete and current register of all surgeries performed in an operating room at the center. The register must include, without limitation, for each patient who underwent surgery in an operating room:*

- 1. The name of the patient;*
- 2. The identification number of the patient;*
- 3. The date of the surgery;*
- 4. The name of the surgeon who performed the surgery and each person who was present for the surgery;*
- 5. The total time for performing the surgery;*
- 6. The type of anesthesia provided to the patient;*
- 7. The name of the person administering the anesthesia;*
- 8. The type of surgery that was performed; and*
- 9. The preoperative and postoperative diagnoses of the patient.*

Sec. 7. NAC 449.9743 is hereby amended to read as follows:

449.9743 “Surgery” means the treatment of a human being by a physician using one or more of the following procedures:

1. Cutting into any part of the body using a scalpel, electrocautery or any other means for **[diagnosis]**:
 - (a) The cosmetic enhancement of tissue, organs, tumors or foreign bodies;*

(b) *Diagnosis of tissue, organs, tumors or foreign bodies;* or ~~the~~

(c) *The* removal or repair of ~~diseased or damaged~~ tissue, organs, tumors or foreign bodies.

2. The *open* reduction *and internal fixation* of a *bone* fracture . ~~for the dislocation of a bone, joint or bony structure.~~

3. The repair of a malformation of the body resulting from an injury, a birth defect or another cause, that requires cutting and manipulation or a suture.

4. An instrumentation of the uterine cavity of a woman for diagnostic or therapeutic purposes, including the procedure commonly known as dilation and curettage.

5. Any instrumentation of, or injection of a substance into, the uterine cavity of a woman to terminate a pregnancy.

6. Any procedure to sterilize a human being.

7. An endoscopic procedure.

8. A laproscopic procedure.

Sec. 8. NAC 449.9755 is hereby amended to read as follows:

449.9755 After it receives a properly completed and notarized application, accompanied by the appropriate fee, the Division shall conduct an investigation of the applicant and inspect the *facility of the* proposed *ambulatory surgical* center.

Sec. 9. NAC 449.980 is hereby amended to read as follows:

449.980 The governing body shall ensure that:

1. Each patient of the center is under the care of a physician.

2. Each patient admitted to the center receives a ~~presurgical~~ :

(a) *Physical examination, which must include a medical history of the patient, within 30 days immediately preceding the date of the patient's surgery; and*

(b) Presurgical evaluation conducted by a physician within the 7 days immediately preceding the date of his surgery.

3. A physician is on the premises of the ambulatory surgical center and immediately available at all times when there are patients in the operating rooms or the recovery room of the center. As used in this subsection, “immediately available” means the physician is sufficiently free from other duties to be able to respond rapidly to an emergency.

4. An annual operating budget and a plan for capital expenditures are established.

5. The center is adequately staffed and equipped.

6. There is documentation in the files of the center of:

(a) The qualifications of all persons *employed by or* under contract with the center; and

(b) Whether such persons who work at *or are under contract with* the center and have exposure to patients have been screened for communicable diseases as described in NAC 441A.375.

7. The center establishes and maintains a program for the prevention and control of infections and communicable diseases as required pursuant to section 14 of LCB File No. R096-08.

8. The center adopts, enforces and at least annually reviews written policies and procedures required by NAC 449.971 to 449.996, inclusive, *and sections 4, 5 and 6 of this regulation*, including an organizational chart. These policies and procedures must:

(a) Be approved annually by the governing body.

(b) Provide that a surgical procedure may be performed on a patient only with the consent of the patient or his legal representative, except in an emergency.

(c) Include procedures for the periodic review and amendment, as deemed appropriate, of the scope of the procedures performed at the center.

Sec. 10. NAC 449.9812 is hereby amended to read as follows:

449.9812 1. The administrator of an ambulatory surgical center shall establish a program for quality assurance for the center.

2. The program for quality assurance must include, without limitation:

(a) Periodic reviews of the clinical responsibilities and authority of the members of the staff.

(b) Periodic evaluations of members of the staff that are conducted by their peers.

(c) Procedures for the supervision of the professional and technical activities of the members of the staff.

~~(d) [Periodic evaluations that are conducted to determine whether the clinical and administrative policies of the center are cost effective. The evaluations required by this paragraph must not be limited to the cost effectiveness of the administrative policies of the center.]~~

~~—(e)]~~ Procedures for identifying and correcting any problems or concerns that provide an opportunity for all members of the staff who are health care practitioners to participate in the program for quality assurance.

~~[(f)]~~ (e) Techniques for self-assessment that are required to be used by the members of the staff and provide for an examination of the manner in which care has been, is and will be provided and the quality of the care provided.

~~[(g)]~~ (f) Procedures for identifying and addressing any problems or concerns related to the care provided to patients using the medical records of the center and any other sources of data that may be useful to identify previously unrecognized concerns, and for assessing the frequency,

severity and sources of suspected problems and concerns. The procedures must include, without limitation, procedures for assessing:

- (1) The clinical performances of members of the staff who are health care practitioners;
- (2) The standards used for the maintenance of medical records;
- (3) The procedures used to control the quality of radiological, pathological, laboratory and pharmaceutical services provided by the center;
- (4) The procedures used to control the quality of other professional and technical services provided by the center;
- (5) The care and services provided by the extended recovery unit, if such a unit is operated by the center;
- (6) The procedures used to control infection; and
- (7) The satisfaction of patients who have been treated at the center.

~~(h)~~ (g) The maintenance of a record of all fires and deaths that have occurred at the center and the transfer of all patients from the center to a hospital.

~~(h)~~ (h) Procedures for assessing any actions taken to correct identified problems or concerns and for determining whether the actions taken have achieved or sustained the desired result and, if not, why not.

3. The members of the professional and administrative staffs of the center shall:

- (a) Understand, support and participate in the program for quality assurance; and
- (b) Participate in the resolution of any problems and concerns identified pursuant to the procedures required by subsection 2.

4. The members of the staff who are health care practitioners shall participate in the development and application of the criteria used to evaluate the care provided at the center and

the evaluation of any problems and concerns identified pursuant to the procedures required by subsection 2.

5. Activities conducted pursuant to the program for quality assurance must be reported to the appropriate members of the staff and to the governing body. The administrator of the center shall establish procedures for carrying out any recommendations of the governing body.

6. As used in this section, “health care practitioner” means a person who is licensed or certified to provide health care services in this State, including, without limitation, a physician, dentist, podiatrist, and registered or licensed practical nurse.

Sec. 11. NAC 449.9813 is hereby amended to read as follows:

449.9813 1. The governing body shall establish a committee for quality assurance.

2. The committee must be composed of members of the staff who represent the various clinical and medical services provided by the center.

3. The committee shall ~~carry~~ :

(a) Meet at least once each quarter and maintain minutes of its meetings.

(b) Develop and make available a plan of action for carrying out the program for quality assurance established pursuant to NAC 449.9812.

(c) Carry out the program for quality assurance established pursuant to NAC 449.9812.

Sec. 12. NAC 449.9855 is hereby amended to read as follows:

449.9855 1. An ambulatory surgical center shall have written policies for the personnel employed at the center. These policies must be provided to each employee in the form of a manual and must include provisions concerning hours of work, grievances in connection with termination, vacation, sick leave and leaves of absence.

2. Each employee of the center must:

(a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center.

(b) Within 10 days after the date of his employment, and periodically thereafter, be instructed in the control of infections, the prevention of fires, the safety of the patients, preparation in case of disaster, and the policies and procedures of the center.

3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation:

(a) A job description that:

(1) Includes the duties and responsibilities of, and the qualifications required for, the position held by the employee; and

(2) Is signed by the employee;

(b) Evidence that the employee ~~has obtained~~ :

(1) Holds in good standing any license, certificate or registration ~~is~~ *required for the position held by the employee;* and ~~possesses~~

(2) Possesses the experience and qualifications ~~is~~ required for the position held by the employee;

(c) An annual evaluation of the employee that is signed by the employee and his supervisor; ~~and~~

(d) Such health records as are required by chapter 441A of NAC ~~is~~; *and*

(e) A statement signed by the employee indicating that the employee has read and understands the provisions of NAC 449.971 to 449.997, inclusive, and sections 4, 5 and 6 of this regulation.

Sec. 13. NAC 449.9865 is hereby amended to read as follows:

449.9865 1. The medical staff of an ambulatory surgical center is answerable to the governing body for the quality of medical care provided to patients and for the ethical and professional practices of its members.

2. The governing body, or a person or committee designated by the governing body, shall appoint the members of the medical staff and grant, deny and withdraw the privileges to be accorded members of the medical staff as it deems appropriate. Appointments to the medical staff must be made in writing and must be documented in the records of the center.

3. Each member of the medical staff must be qualified for the position to which he is appointed and the privileges which he is accorded.

4. A roster of the surgical privileges of each member of the medical staff must be kept in the files of the operating room, specifying the privileges accorded him.

5. *A member of the medical staff shall not perform a surgical procedure or provide a treatment for which the member has not been granted privileges.*

6. The governing body shall establish procedures for disciplining a member of the medical staff who fails to comply with the policies and procedures of the center ~~H~~, *including, without limitation, disciplining a member of the medial staff for performing a surgery for which the member has not been granted privilege.*

Sec. 14. NAC 449.989 is hereby amended to read as follows:

449.989 The medical record of each patient must be complete, authenticated, accurate and current, and must include the following information:

1. A complete identification of the patient, including information on his next of kin and on the person or agency legally or financially responsible for him.

2. A statement concerning the admission and diagnosis of the patient.

3. The medical history of the patient.
4. Documentation that the patient has been given a **[presurgical]** :
 - (a) *Physical examination, which must include a medical history of the patient, conducted by a physician within 30 days immediately preceding the date of the patient's surgery; and*
 - (b) *Presurgical* evaluation conducted by a physician within the 7 days immediately preceding the date of the patient's surgery.
5. Evidence of any informed consent given for the care of the patient.
6. Any clinical observations of the patient, such as the notes of a physician, a nurse or any other professional person in attendance. Such an entry must be signed by the person making the entry and include the title of that person.
7. Reports of all studies ordered, including laboratory and radiological examinations.
8. Confirmation of the original diagnosis, or the diagnosis at the time of discharge.
9. A report of any **[operation] surgery** performed on the patient, prepared by the surgeon.
10. A description of the procedure followed in any administration of anesthesia to the patient.
11. A recovery report for the patient.
12. A summary of discharge, including, without limitation, the disposition of the patient and any recommendations and instructions given to the patient.
13. Documentation that a member of the nursing staff interviewed the patient within 72 hours after the patient was discharged from the center to determine the condition of the patient and whether the patient was satisfied with the services provided, and to receive any complaints or problems the patient may have.

Sec. 15. NAC 449.9902 is hereby amended to read as follows:

449.9902 1. An ambulatory surgical center must be equipped with:

(a) A cardiac defibrillator;

(b) A tracheostomy *or cricothyroidotomy* set ; ~~and~~

(c) *A mobile cart which contains the equipment and supplies specified by the medical staff pursuant to subsection 3;*

(d) If the ambulatory surgical center provides services to pediatric patients who are less than 9 years of age, the equipment and supplies specified by the medical staff pursuant to subsection 3 needed to treat a pediatric patient during an emergency;

(e) If general anesthesia is provided at the ambulatory surgical center or if the center offers to patients a triggering agent for malignant hyperthermia, a mobile cart which contains the equipment and supplies specified by the medical staff pursuant to subsection 3 needed to treat a patient with malignant hyperthermia;

(f) In addition to the mobile cart required by paragraph (e), if general anesthesia is provided at the ambulatory surgical center, the equipment and supplies specified by the medical staff pursuant to subsection 3 needed to manage a difficult airway of a patient; and

(g) Such other emergency medical equipment and supplies as are specified by the members of the medical staff ~~and~~ *pursuant to subsection 3.*

2. A person trained ~~in~~ :

(a) *In* the use of emergency equipment ~~and in cardiopulmonary resuscitation~~ ;

(b) *In advanced cardiac life support; and*

(c) If the ambulatory surgical center provides services to pediatric patients less than 9 years of age, in pediatric advanced life support,

↳ must be on the premises of the ambulatory surgical center and immediately available at all times when there is a patient in the center. As used in this subsection, “immediately available” means that the person is sufficiently free from other duties to be able to respond rapidly to an emergency.

3. The medical staff of the ambulatory surgical center shall annually review and prescribe the equipment and supplies which must be available pursuant to subsection 1, including, without limitation, equipment and supplies frequently used in hospitals at the sites of medical and surgical emergencies for life support protocols to potentially save the life of a patient.

Sec. 16. NAC 449.9905 is hereby amended to read as follows:

449.9905 1. A pharmacist ~~[must be on the staff of each ambulatory surgical center or under contract with the center. The pharmacist]~~ *employed by or contracted with an ambulatory surgical center pursuant to NAC 639.4996* is responsible for all matters pertaining to the use of drugs in the *ambulatory surgical* center.

2. Records of all transactions must be in writing and maintained *in accordance with the provisions of state and federal law* so the receipt and disposition of any drug may be readily traced.

3. Drugs requiring refrigeration must be stored in a locked refrigerator or a refrigerator in a locked room.

4. In the absence of a full-time pharmacist, the director of nursing must be designated in writing as responsible for the control of dangerous drugs and controlled substances. Controlled substances as described in chapter 453 of NRS must be stored in a storage area with two locks. If

a box is used, it must be securely fastened and immovable. The keys or combinations to the locks must be accessible only to licensed health care professionals.

5. All drugs must be logged into and checked out of stock only by a licensed health care professional.

6. The ambulatory surgical center shall obtain a license to operate a pharmacy pursuant to chapter 639 of NRS.

Sec. 17. NAC 449.992 is hereby amended to read as follows:

449.992 1. Pathology services must be provided by a staff pathologist or by a pathologist used as a consultant by the ambulatory surgical center. The pathologist must be licensed to practice in this State.

2. All material removed from a patient during surgery must be clearly labeled and examined microscopically as required by a pathologist. In the absence of a staff pathologist, written arrangements must be made to send tissues to a pathologist outside the center.

3. A list of tissues that do not routinely require microscopic examination must be approved by a pathologist and made available to the laboratory and the members of the medical staff.

4. Reports of examinations of tissues must be ~~authenticated~~ *signed, which may include an electronic signature*, by the examining pathologist. The original report must be filed in the medical record of the patient.

Sec. 18. NAC 449.9935 is hereby amended to read as follows:

449.9935 1. The operating and recovery rooms of an ambulatory surgical center must be used exclusively for surgical procedures.

2. Except as otherwise provided in subsection 3, surgical procedures must be conducted in a class A, B or C operating room in accordance with chapter 9 of the *Guidelines for Design and*

Construction of Hospital and Health Care Facilities, adopted by reference pursuant to NAC 449.0105.

3. If an ambulatory surgical center is licensed to perform only endoscopic procedures, such procedures may be conducted in an endoscopy suite in accordance with chapter 9 of the *Guidelines for Design and Construction of Hospital and Health Care Facilities*, adopted by reference pursuant to NAC 449.0105.

4. A registered nurse experienced in surgical procedures shall supervise the operating room.

5. Only a registered nurse may function as the circulating nurse in the operating room.

6. *Each employee of an ambulatory surgical center who provides medical services and care to a patient must be trained to carry out the medical services and care that the employee will provide.*

7. The operating room must be equipped with:

(a) A system for making emergency calls;

(b) Oxygen;

(c) Mechanical ventilatory assistance equipment, including, without limitation, a manual breathing bag and a ventilator;

(d) Cardiac monitoring equipment;

(e) Laryngoscopes and endotracheal *and airway* tubes ~~in~~ *in sizes sufficient to meet the needs of the patients of the ambulatory surgical center;* and

(f) Suction equipment.

~~7.~~ 8. *The recovery room must:*

(a) Meet nationally recognized standards of practice for postanesthesia care, as approved by the governing body and maintain a copy of those standards at the ambulatory surgical center during all hours of operation and in a location which is accessible to the medical staff;

(b) Comply with the guidelines for postanesthesia patient classification and staffing recommendations as published in the Standards of Perianesthesia Nursing Practice 2008-2010, which is adopted by reference by subsection 10;

(c) Be equipped with or have easily accessible a mobile cart which contains the equipment and supplies specified by the medical staff pursuant to subsection 3 of NAC 449.9902 needed to treat a patient with malignant hyperthermia; and

(d) Be equipped with all other equipment and supplies needed to safely care for patients.

9. If the operating team consists of persons who are not physicians, such as a dentist, a podiatrist or a nurse, a physician must be on the premises and immediately available in case of an emergency. As used in this subsection, “immediately available” means the physician is sufficiently free from other duties to be able to respond rapidly to the emergency.

10. *The Standards of Perianesthesia Nursing Practice 2008-2010, published by the American Society of PeriAnesthesia Nurses is hereby adopted by reference. A copy of the Standards of Perianesthesia Nursing Practice 2008-2010 may be obtained at a cost of \$60 for members and \$115 for nonmembers from the American Society of PeriAnesthesia Nurses at 90 Frontage Road, Cherry Hill, New Jersey, 08034-1424, by telephone at (877)737-9696 or on the Internet website <http://www.aspan.org>.*

Sec. 19. NAC 449.9937 is hereby amended to read as follows:

449.9937 1. An ambulatory surgical center may operate an extended recovery unit.

2. An extended recovery unit must:

- (a) Be located in an area of the center that is separate from the other operations of the center;
- (b) Provide audio and visual privacy for each patient in the unit;
- (c) Be supervised by at least one physician who is recommended for the position by the members of the medical staff and approved by the governing body;
- (d) Have at least one physician on the premises or immediately available by telephone at all times when there is a patient in the unit;
- (e) Except as otherwise provided in paragraph (f), have at least one nurse who is trained in advanced cardiac life support on duty for every two patients in the unit;
- (f) Have at least two nurses who are trained in advanced cardiac life support on duty at all times when there is a patient in the unit; and
- (g) Be equipped with:
 - (1) A system for making emergency calls;
 - (2) Oxygen;
 - (3) A cardiac defibrillator;
 - (4) *Cardiac monitoring equipment;*
 - (5) *A mobile cart which contains the equipment and supplies specified by the medical staff pursuant to subsection 3 of NAC 449.9902;*
 - (6) A manual breathing bag;
 - ~~[(5)]~~ (7) Suction equipment; and
 - ~~[(6)]~~ (8) Such other emergency equipment as is needed to provide care to patients in the unit.

3. A patient must be admitted and discharged from an extended recovery unit only upon the order of the physician of record. If a patient is admitted to the unit, the time he or she remains in

the unit for treatment, when added to the time he or she remains in any other area of the ambulatory surgical center for treatment, may not exceed 23 hours and 59 minutes.

4. The center shall adopt policies and procedures for the extended recovery unit that include, without limitation:

- (a) Clinical criteria for determining a patient's eligibility for admission into the unit;
- (b) Clinical criteria for determining a patient's eligibility for being discharged from the unit;
- (c) Procedures for providing emergency services; and
- (d) Procedures for transferring a patient in need of other health care services.

5. An ambulatory surgical center shall provide food to meet the needs of patients in an extended recovery unit. A patient on a special diet must be served food that conforms to the patient's prescribed diet. If the food is prepared by the center, the center shall:

- (a) Comply with the applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; and
- (b) Obtain such permits as are necessary from the Health Division to prepare the food.

Sec. 20. NAC 449.994 is hereby amended to read as follows:

449.994 1. A *physical examination, which must include a medical history of the patient, within 30 days immediately preceding the date of the patient's surgery and a* presurgical evaluation conducted by a physician ~~[and the pertinent past medical history of a patient]~~ *within the 7 days immediately preceding the date of the patient's surgery* must be recorded in the chart of the patient before surgery.

2. A properly executed form of consent to surgery *as set forth in NRS 449.710* must be placed in the medical record of the patient before surgery.

3. A report must be prepared ~~immediately~~ *within 24 hours* after surgery describing the ~~technique~~ *techniques* and findings of the surgery ~~and the tissues removed or altered during the surgery. If a report is dictated, a written report must be signed by the surgeon within 7 days after the surgery.~~

Sec. 21. NAC 449.9945 is hereby amended to read as follows:

449.9945 1. Anesthetics must be administered in the operating room of an ambulatory surgical center by an anesthesiologist, a qualified physician, a dentist or, under the direction of the operating physician and in accordance with the provisions of chapter 632 of NRS and the regulations adopted pursuant thereto, a certified registered nurse anesthetist.

2. Persons designated to administer anesthetics must be qualified to administer anesthetics based on their credentials and must be approved by the governing body.

3. General anesthesia must not be administered to a patient unless a physician has evaluated the patient immediately before surgery to assess and document the risks of administering the anesthesia relative to the surgical procedure to be performed. A patient who receives general anesthesia must be evaluated by a physician after the patient has recovered from the general anesthesia and before he is discharged from the recovery room.

4. *A person who administers anesthetics shall continuously monitor a patient who has received anesthesia and shall not have any other responsibility while the patient is under anesthesia. A person who administers anesthetics shall not leave a patient who is under anesthesia unless relieved by a person authorized to administer anesthetics pursuant to this section who agrees to assume responsibility for the care of the patient.*

5. A record of anesthesia must be completed after surgery, and there must be a follow-up on each patient who has received anesthesia with the findings recorded by the person who administered the anesthesia.

~~5.1~~ 6. As used in this section, “certified registered nurse anesthetist” has the meaning ascribed to it in NRS 632.014.

Sec. 22. NAC 449.996 is hereby amended to read as follows:

449.996 1. *An ambulatory surgical center shall establish written guidelines for transferring patients to a licensed general hospital using an ambulance or air ambulance for emergencies that require medical care which is not provided at the center. The guidelines must be approved by the governing body of the ambulatory surgical center.*

2. Each ambulatory surgical center shall maintain with a licensed general hospital a written agreement concerning the transfer of patients. The agreement must provide for the security of, and the accountability for, the personal effects of the patient.

~~2.1~~ 3. If a patient is transferred, all medical and administrative information relating to the patient must be transferred with him or promptly made available to the licensed center or agency responsible for his continuing care.