

# PROPOSED REGULATION OF THE STATE BOARD OF HEALTH

## LCB File No. R059-16

These regulations are being proposed in accordance with NRS 449.0302.

EXPLANATION - Matter in underlined, *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 1 to 20, inclusive, of this regulation.

**Section 1.** NAC 449.6113 is hereby amended to read as follows:

As used in NAC 449.6113 to 449.61178, inclusive, unless the context otherwise requires:

1. “Licensed Advanced practice registered nurse” means an advanced practice registered nurse who is licensed pursuant to chapter 632 of NRS and who ~~has specialized training~~ *is licensed as a ~~mid~~ nurse* midwife ~~approved~~ *approved* by the State Board of Nursing.

2. “Licensed physician” means a physician licensed pursuant to chapter 630 or 633 of NRS.

3. “Maternal patient” means a woman admitted to an obstetric center in accordance with NAC 449.61134 who has had a normal uncomplicated prenatal course, as determined by adequate prenatal care, and the prospect for a normal, uncomplicated birth, as defined by the criteria established by the American College of Obstetricians and Gynecologists and by reasonable and generally accepted clinical standards for maternal and fetal health.

4. “Obstetric care” means the care which is provided, in accordance with NAC 449.6113 to 449.61178, inclusive, immediately before, during and for not more than 24 hours after delivery to a maternal patient:

(a) Who has completed at least ~~36~~7 weeks of gestation and not more than 42 weeks of gestation; and

(b) Whose condition is reasonably expected to result in a normal and uncomplicated vaginal birth.

5. “Obstetric center” has the meaning ascribed to it in NRS 449.0155.

**Sec 2.** NAC 449.61134 is hereby amended to read as follows:

A woman may be a maternal patient at an obstetric center if:

1. She has completed at least ~~36~~7 weeks and not more than 42 weeks of gestation;

2. She has no major medical problems;

3. She has no previous history of major uterine wall surgery, cesarean section, or other obstetrical complications which are likely to recur;

4. She has parity of under six unless a justification for a variation is documented by the ~~medical~~ director for the obstetric center;

5. She is not less than 15 years or more than 40 years of age and is not a nullipara, unless the ~~medical~~ director has reviewed the age and parity of the maternal patient and approves the admission of the maternal patient on a case-by-case basis;

6. She has no *clinically* significant signs or symptoms of:

(a) Pregnancy-induced hypertension;

- (b) Polyhydramnios or oligohydramnios;
  - (c) Abruptio placenta;
  - (d) Chorioamnionitis;
  - (e) Multiple gestation;
  - (f) Intrauterine growth retardation;
  - (g) ~~{If there is fetal distress,}~~ *meconium stained* amniotic fluid ~~{which is stained with meconium}~~ *associated with signs of fetal intolerance of labor;*
  - (h) Fetal ~~{distress}~~ intolerance of labor;
  - (i) *Active {S}*substance ~~{abuse}~~ *use disorder;*
  - (j) Placenta previa;
  - (k) Diabetes mellitus; or
  - (l) Anemia;
7. While in active labor, she demonstrates no *clinically* significant signs or symptoms of:
- (a) Intrapartum hemorrhage;
  - (b) Active Herpes Simplex II of the genitals; or
  - (c) Malpresentation of the fetus including breech presentation;
8. She is in labor and progressing normally according to the established protocols of the obstetric center and the ~~{medical}~~ *clinical* staff of the obstetric center;
9. Her membranes were not ruptured more than 24 hours before her admission to the obstetric center;
10. She has no evidence of an infection;
11. Her pregnancy is appropriate for a setting where analgesia is limited; and
12. Her pregnancy is appropriate for a setting where anesthesia is limited to a local infiltration of the perineum or a pudendal block.

**Sec 3.** NAC 449.6114 is hereby amended to read as follows:

1. An obstetric center must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the obstetric center and members of the general public.

2. An obstetric center shall comply with all applicable:

- (a) Federal and state laws;
- (b) Local ordinances, including, without limitation, zoning ordinances;
- (c) Environmental, health and local building codes; and
- (d) Fire and safety codes, including, without limitation, those codes relating to ingress and egress of occupants, placement of smoke alarms, fire extinguishers or sprinkler systems, and fire escape routes,

-> related to the construction and maintenance of the obstetric center. If there is a difference between state and local requirements, the more stringent requirements apply.

3. Except as otherwise provided in subsection 4, before any new construction of an obstetric center or any remodeling of an existing obstetric center is begun, the obstetric center must submit building plans for the new construction or remodeling to the entity designated to review such plans by the Division pursuant to the provisions of NAC 449.0115. The entity's review of those plans is advisory only and does not constitute approval for the licensing of the obstetric center. The Bureau shall not approve an obstetric center for licensure until all construction is completed and a survey is conducted at the site of the obstetric center.

4. An obstetric center is not required to submit plans for remodeling to the entity designated to review such plans by the Division pursuant to the provisions of NAC 449.0115 if the remodeling is limited to refurbishing an area within the obstetric center, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area, and replacing window or wall coverings in the area.

*5. To operate in this State, an obstetric center must maintain current accreditation by a nationally recognized organization approved by the Division. Upon initial licensure, an obstetric center shall, within 6 months after obtaining its license, submit proof to the Division of the accreditation of the obstetric center by such an organization.*

*(a) Before issuing a license to an obstetric center, the Division shall conduct an on-site inspection of the center.*

*(b) If an obstetric center fails to maintain current accreditation or if the accreditation is revoked or is otherwise no longer valid, the center shall immediately cease to operate.*

**Sec 4.** NAC 449.61142 is hereby amended to read as follows:

1. An obstetric center shall provide:

(a) Services for labor, delivery, newborn and recovery care for not more than 24 hours after delivery.

(b) Areas for labor, delivery, newborn and recovery which are in a safe and clean environment in accordance with all applicable local, state and federal laws.

(c) Areas for:

(1) Maintenance and documentation of medical records of each maternal patient by physicians and nurses;

(2) Patient and family education;

(3) Treatment and examination of a maternal patient and newborn baby;

(4) Cleaning and storage of instruments and equipment which are located separately from the other areas of the obstetric center;

(5) Secure storage of drugs; and

(6) Family visitation.

(d) Simple nourishment for the maternal patient by providing:

(1) A separate area for appropriate storage of food which may be provided to the maternal patient by her family; or

(2) Food prepared *or stored* by the obstetric center. If food is prepared *or stored* by the obstetric center, the obstetric center must comply with all applicable local, state and federal laws relating to the preparation *and storage* of food by a medical facility.

~~12.1~~ **3.** An obstetric center must be equipped with those items needed to provide low-risk obstetrical care without general anesthesia and initial emergency procedures for life-threatening events to a maternal patient and newborn baby, including, but not limited to:

(a) Sterile supplies for delivering and caring for a newborn baby;

(b) Equipment for performing pelvic examinations;

(c) Sphygmomanometers and stethoscopes, in adult and infant sizes;

(d) Fetoscopes ~~and~~ *and* Doppler. ~~and electronic fetal monitors~~;

(e) Supplies for measuring ~~sugar~~ *glucose* and protein in urine;

(f) Needles and syringes;

(g) Solutions and supplies for parenteral administration of fluids;

- (h) Emergency drugs and equipment for the resuscitation of an adult and a newborn baby;
- (i) Equipment for suctioning an airway, in appropriate sizes for adults and newborn babies;
- (j) Protective gear for personnel of the obstetric center who may be exposed to body fluids of the maternal patient and the newborn baby;
- (k) Equipment or other approved methods for warming solutions and blankets;
- ~~(l) Oxygen and apparatus for administering oxygen, in appropriate sizes for adults and newborn babies;~~ *and an*
- (m) Automated External Defibrillator.*

**Sec. 5.**

*The director shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. The director shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for:*

- (a) Evacuation routes and procedures that are posted in the center.*
- (b) The assignment of personnel to specific tasks and responsibilities.*
- (c) Instruction on the use of alarm stations and the location of signals.*
- (d) Instruction concerning methods of containing a fire.*
- (e) Procedures for the notification of appropriate persons.*
- (f) The location of equipment for fighting fires.*
- (g) The conduct of fire drills not less frequently than once each quarter for each shift of employees and requirements for a dated, written report and an evaluation of each drill.*
- (h) The maintenance of records showing that all employees have been trained in the execution of the plan at the beginning of their employment and annually thereafter.*
- (i) A rehearsal and a review of the plan at least once each year with a separate rehearsal for other disasters at least once each year. A written report and evaluation of each rehearsal must be on file.*

**Sec. 6.** NAC 449.61144 is hereby amended to read as follows:

An obstetric center must have adequate emergency electrical power:

1. By procuring batteries or an electricity-producing generator with sufficient fuel which is capable of providing power for 2 hours or more to *support*:
  - (a) *Emergency lighting* ~~[All lights]~~ in the obstetric center; and
  - (b) All *clinical* equipment in the obstetric center with the exception of the wall outlets located in a reception or waiting area.
2. By having the source of emergency power serviced on a regular basis and documenting that service in the records of maintenance of the obstetric center.

**Sec. 7.** NAC 449.61146 is hereby amended to read as follows:

1. Each birth room in an obstetric center must:
  - (a) Be maintained in a condition which is adequate and appropriate to provide for the equipment, staff, supplies and any emergency procedures required during the period of labor, delivery and recovery for the physical and emotional care of the maternal patient, any person accompanying the maternal patient for support and the newborn baby;

~~{(b) Have at least 256 square feet with a minimum room dimension of 16 feet;}~~

~~{(c)}~~ (b) Be located so as to provide unimpeded, rapid access to an exit of the building which will accommodate emergency transportation vehicles and equipment; and

~~{(d) Have facilities immediately available to the birth room for the washing of hands.}~~

~~{2. The obstetric center shall provide toilet and bathing facilities for use by a maternal patient, including:~~

~~—(a) A toilet and lavatory maintained in or adjacent to the vicinity of the birth room; and~~

~~—(b) A shower which is clean and in good repair.}~~

3. Hallways and doors which provide entry into, exit from and access within the obstetric center and birth rooms must be of adequate width and configuration to accommodate the maneuvering of a stretcher from an ambulance, a wheelchair and other emergency equipment.

4. The obstetric center must have an adequate supply of hot and cold running water under pressure for human consumption and other purposes relating to the care of the maternal patient and newborn baby.

5. If office-based prenatal ~~for other health~~ care is provided at the obstetric center, the consultation and examining rooms for that care must be separate from the birth rooms.

*6. The State Board of Health hereby adopts by reference Guidelines for Design and Construction of Hospitals and Outpatient Facilities, Specific Requirements for Freestanding Birth Centers, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State. A copy of the guidelines may be obtained from the Facility Guidelines Institute, at the Internet address <http://www.fgiguilines.org/index.php> or by telephone at 1-800-242-2626, for the price of \$200 each for one to ten copies, \$175 each for eleven to twenty copies or \$150 each for twenty-one to fifty copies.*

*7. An obstetric center shall be constructed in accordance with the Guidelines for Design and Construction of Hospitals and Outpatient Facilities adopted by reference in subsection 6.*

**Sec. 8.** NAC 449.61148 is hereby amended to read as follows:

1. Except as otherwise provided in NAC 449.6115, each obstetric center must have a governing body that is chaired by a principal in the organization which is operating the obstetric center or the licensee with legal authority for the operation of the obstetric center.

2. The governing body shall ensure that:

(a) Each maternal patient of the obstetric center receives care from:

(1) A licensed physician *currently practicing in obstetric care* or a licensed advanced practice registered nurse; and

(2) A registered nurse licensed pursuant to chapter 632 of NRS who ~~has 2 years or more of experience in labor and delivery;~~ *the director has deemed clinically competent who is on the premises to provide care at the obstetric center during the time pre and post-delivery care is provided.*

(b) At least one licensed physician or licensed advanced practice registered nurse, who is approved by the ~~medical~~ director of the obstetric center to provide care at the obstetric center, is present at the time of delivery;

~~{(c) At least one registered nurse licensed pursuant to chapter 632 of NRS with 2 years of documented experience in labor and delivery in a general or obstetrical hospital, who is approved by the medical director to provide care at the obstetric center, is on the premises during the time pre and postdelivery care is provided;}~~

~~{(d)}~~ (c) An annual operating budget and a plan for capital expenditures for the obstetric center are established;

~~{(e)}~~ (d) The obstetric center is adequately staffed and equipped;

~~{(f)}~~ (e) There is documentation in the files of the obstetric center of the qualifications of each consultant under contract with and each member of the staff employed by the obstetric center;

~~{(g)}~~ (f) The obstetric center adopts, enforces and annually reviews written policies and procedures, which must be approved by the governing board, relating to the operation of and the provisions of care by the obstetric center;

~~{(h)}~~ (g) The obstetric center's protocols for treatment, assessments for risk status and criteria for the transfer of a maternal patient or a newborn baby are approved by ~~{a licensed physician}~~ *the director* who is:

(1) *A physician* ~~{C}~~ currently certified by the American Board of Obstetrics and Gynecology *or an advanced practice registered nurse certified by the American Midwifery Certification Board*, or an equivalent organization; and

(2) Currently practicing in ~~{the specialty of}~~ obstetric care, including routinely delivering newborn babies and caring for maternal patients;

(i) A licensed physician who is currently certified by the American Board of Obstetrics and Gynecology is readily available as a consultant, in person or by telephone, during all hours of operation of the obstetric center; and

(j) The obstetric center files the appropriate records of births and deaths.

3. The governing body shall establish a policy for authentication that:

(a) Authorizes the use of rubber stamps, except on records documenting the medical care provided to a maternal patient and newborn baby, and prohibits the use of any stamp by any person other than the person whose signature the stamp represents;

(b) Approves a method for identifying the person making an entry in any record or chart; and

(c) Requires that the entry include the professional title of the person making the entry and the date and time that entry is made.

4. The governing body shall appoint a person to administer the obstetric center who is responsible for:

(a) The daily operation of the obstetric center;

(b) Reporting the pertinent activities concerning the obstetric center to the governing body at regular intervals;

(c) Appointing a person responsible for the obstetric center in the absence of the person appointed by the governing board; and

(d) Planning for the services provided by the obstetric center and the operation of the obstetric center.

5. The governing body shall ensure that the obstetric center maintains insurance for:

(a) Nonmedical liability in an amount of \$50,000 or more; and

(b) Medical liability in an amount of \$1,000,000 or more.

6. The governing body shall require each ~~{medical practitioner}~~ *licensed physician or licensed advanced practice registered nurse* who practices in the obstetric center to carry liability insurance in an amount of \$1,000,000 or more.

**Sec. 9.** NAC 449.61152 is hereby amended to read as follows:

1. An obstetric center shall designate a licensed physician who is currently certified by the American Board of Obstetrics and Gynecology, or an equivalent organization, *or a nurse midwife licensed pursuant to Nevada Revised Statutes and Nevada Administrative Code, Chapter 632* and *who is* practicing obstetrics including the delivery of newborn babies and providing care to maternal clients, to serve as the ~~{medical}~~ director of the obstetric center. The ~~{medical}~~ director is responsible for:

(a) The development and implementation of policies related to the care of a maternal patient;

(b) The coordination of ~~{medical}~~ *clinical* care at the obstetric center; and

(c) The development of, the maintenance of and the assurance of compliance with a written plan to provide ~~{medical care in a licensed medical facility that can provide}~~ a higher level of care *in a licensed hospital* to each maternal patient and newborn baby under the care of the obstetric center when the needs of the maternal patient or newborn baby exceed the capability of the obstetric center.

2. The ~~{medical}~~ director is responsible for the quality of ~~{medical}~~ care provided to each maternal patient and newborn baby under the care of the obstetric center and for the review of the ethical and professional practices of the ~~{medical}~~ *clinical* staff, including, but not limited to:

(a) The selection of members of the ~~{medical}~~ *clinical* staff;

(b) The delineation of the privileges accorded by the obstetric center to members of the ~~{medical}~~ *clinical* staff ~~{and members of allied health professions}~~ who provide services at the obstetric center;

(c) The reappraisal and appointment of each member of the staff; and

(d) The procedure to appeal the withdrawal or denial of any privilege of a member of the staff.

3. A roster of the privileges of each member of the ~~{medical}~~ *clinical* staff of the obstetric center must be kept in the files of the obstetric center specifying the privileges awarded to that member.

4. The obstetric center shall maintain and document each agreement to provide consultation services which the obstetric center enters into with a:

(a) Physician certified by the American Board of Obstetrics and Gynecology, or an equivalent organization; or

(b) Physician certified by the American Board of Pediatrics, or an equivalent organization, -> who has admitting privileges in his or her specialty at an appropriate licensed ~~{medical facility}~~ *hospital* that can provide a higher level of care to a maternal patient or newborn baby than the obstetric center can provide *and is readily available by telephone and for emergency services*.

5. Each member of the ~~{medical}~~ *clinical* staff of the obstetric center must agree to abide by the rules of the obstetric center and NAC 449.6113 to 449.61178, inclusive.

**Sec. 10.** NAC 449.61154 is hereby amended to read as follows:

1. An obstetric center shall maintain the records for each maternal patient admitted for care in the obstetric center in accordance with accepted professional practice.

2. Only authorized personnel may have access to medical records of the obstetric center. Information contained in a medical record of a maternal patient must not be released without the written consent of the maternal patient or guardian except:

(a) As required by law; or

(b) As otherwise provided by the agreement on admission.

3. A medical record must be in a format that may be readily and legibly reproduced when needed or requested.

4. A licensee who ceases operation shall notify the Division of the arrangements made for access to and the safe preservation of medical records in the custody of the licensee.

5. Medical records must not be removed from the obstetric center except upon the issuance of an order by a court of competent jurisdiction.

6. A complete copy of the medical record for each maternal patient transferred from the obstetric center must be sent with the maternal patient to the facility receiving that patient.

7. The medical record of a maternal patient discharged from the obstetric center must be completed within 20 days after the date that the maternal patient is discharged from the obstetric center.

8. Each medical record must be protected against loss, destruction and unauthorized use.

9. ~~{The medical record of a maternal patient must be retained for 5 years or more after the date that the maternal patient is discharged from the obstetric center.}~~

**Sec. 11.** NAC 449.61156 is hereby amended to read as follows:

The *patient* medical record ~~{of a maternal patient}~~ which is on file with the obstetric center must be completed, authenticated, accurate and current, and must include:

1. A complete identification of the ~~{maternal}~~ patient including information about the next of kin of the patient and the person or agency legally or financially responsible for the patient.

2. A statement concerning the admission and diagnosis of the ~~{maternal}~~ patient.

3. The medical history of the ~~{maternal}~~ patient.

4. Evidence of informed consent given for the care of the ~~{maternal}~~ patient.

5. Any clinical observation of the ~~{maternal}~~ patient, including, but not limited to, the notes of ~~{a physician, a nurse or any other professional person}~~ *all clinical staff* in attendance.

6. A report of all prescribed tests and examinations.

7. Confirmation of the original diagnosis, or the diagnosis at the time of discharge.

8. A summary of discharge prepared in accordance with the established policy of the obstetric center, and any provisions made for continuing care or follow-up of the ~~{maternal}~~ patient after discharge.

9. If the ~~{maternal}~~ patient has died while under the care of the obstetric center, documentation of the death which must be signed by ~~{the}~~ *a* physician. ~~{of record.}~~

**Sec. 12.** NAC 449.61158 is hereby amended to read as follows:

An obstetric center shall establish a program for the review of the quality of care provided by the obstetric center. The program must include, without limitation:

1. Documentation in the *patient* medical records ~~{of the maternal patient and newborn baby}~~ of the care provided as appropriate to the condition of the ~~{maternal}~~ patient or ~~{newborn baby}~~, and the results or outcome of that care;

2. The time of admission and the time that the ~~{maternal}~~ patient was examined by a licensed physician or a licensed advanced practice registered nurse;

3. A statement which describes the condition of the ~~{maternal}~~ patient at the time that the patient is discharged from the obstetric center;

4. The instructions given to the ~~{maternal}~~ patient upon discharge and documentation of the ~~{maternal}~~ patient's understanding of those instructions;

5. For each ~~{maternal}~~ patient ~~{and newborn baby}~~ who is transferred to another hospital ~~{or medical facility}~~, the reason for the transfer, the method of transfer, the time that the transfer was requested and the time that the ~~{maternal}~~ patient ~~{or newborn baby}~~ was discharged from the obstetric center;

6. Documentation of any incident of unusual occurrence or deviation from the usual standards of practice of patient care, any error in the administration of medications, any intrapartum infection of ~~{either maternal}~~ a patient ~~{or newborn baby}~~, and any morbidity or mortality; and

7. Documentation about the newborn babies delivered at the obstetric center, including, but not limited to:

(a) The number of deliveries;

(b) Any birth weight of less than 2500 grams;

(c) Any Apgar scores of newborn babies delivered at the obstetric center which are less than ~~{6}~~7 after 5 minutes;

(d) Any congenital defect of a newborn baby; and

(e) Any perinatal complication ~~{of a maternal client or newborn baby}~~.

**8. *The Division may request a copy of any of the documentation pursuant to Section 12 upon request.***

**Sec. 13.** NAC 449.6116 is hereby amended to read as follows:

An obstetric center must:

1. Have on the premises at least one registered nurse licensed pursuant to [chapter 632](#) of NRS ~~{with experience in perinatal care of a maternal patient and newborn baby}~~ *who the director has deemed clinically competent to provide care at the obstetric center during the time pre and post-delivery care is provided.*

when a maternal patient is on the premises receiving pre- and postdelivery care;

2. Have at least two attendants present at all times during each delivery, one of whom must be a licensed physician *currently practicing in obstetric care, including routinely delivering newborn babies and caring for maternal patients* or a licensed advanced practice registered nurse *and one of whom must be a clinical staff member approved by the director to serve in this role;*

3. Have the capacity of providing initial evaluation of risk status, appropriateness of admission and support of ~~{maternal}~~ patients in labor;

4. Maintain on-site equipment, drugs, oxygen and appropriately trained and educated personnel needed to provide obstetric care to a maternal patient and newborn baby;

5. Have appropriate clinical laboratory services available for use to provide safe obstetric care according to the needs of the maternal patient and medical staff of the obstetric center; and

6. Have at least two persons who are *currently certified in basic life support and neonatal resuscitation* ~~{trained and experienced in performing cardiopulmonary resuscitation in adults and newborn babies}~~ on the premises and immediately available during each delivery.

**Sec. 14.** NAC 449.61162 is hereby amended to read as follows:

1. A maternal patient or newborn baby ~~{, as appropriate,}~~ may not be transferred from an obstetric center unless the transfer is appropriate based on the risk assessment of the maternal patient or newborn baby and the member of the *clinical* ~~{medical}~~ staff determines that:

(a) The maternal patient is at high risk for a complicated labor or delivery and does not meet the criteria for a low-risk, uncomplicated labor and delivery; or

(b) The medical needs of the maternal patient or newborn baby exceed the capability of the obstetric center to provide the necessary care.

2. A maternal patient or newborn baby ~~if, as appropriate,~~ may not be discharged from the obstetric center unless the discharge is appropriate based on the risk assessment of the maternal patient or newborn baby and a member of the *clinical* ~~medical~~ staff determines that:

(a) If the maternal patient has not given birth, the maternal patient is not in active labor; or

(b) The maternal patient has had a normal low-risk, uncomplicated birth and that further medical problems or complications resulting from the birth are not anticipated.

3. The criteria for the transfer of a maternal patient or newborn baby must be written and included in the manual for the policy and procedure of the obstetric center.

4. If a maternal patient or newborn baby must be transferred, the maternal patient or newborn baby must be transferred to a hospital ~~for other medical facility~~ which is capable of providing a higher level of obstetrical and neonatal care ~~and with which the obstetric center has a written agreement that acknowledges that the hospital or medical facility agrees to accept emergency maternal patients without regard to their ability to pay~~.

**Sec. 15.** NAC 449.61166 is hereby amended to read as follows:

1. ~~{The obstetric center shall establish such policies and procedures as are necessary for the control of infectious agents and disease. The policies and procedures must:~~

~~— (a) Include a method of disposal, cleaning and treatment of equipment, linens, and supplies contaminated with blood or bodily fluids; and~~

~~— (b) Be in conformance with universal precautions established by the Centers for Disease Control and Prevention and with all applicable local, state and federal laws.~~

*An obstetric center must adopt nationally recognized infection control guidelines to be followed by employees of the obstetric center. Acceptable guidelines may include, without limitation, the current version of the Association of perioperative Registered Nurses Guidelines for Perioperative Practice, the Centers for Disease Control and Prevention of the United States Department of Health and Human Services Guidelines for Environmental Infection Control in Health-Care Facilities and the 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings or a combination of guidelines which address the infection control issues of the center. The guidelines adopted pursuant to this section must prescribe procedures including, without limitation:*

*(a) Hand hygiene;*

*(b) The disposal of all waste that constitutes a biohazard, including, without limitation, needles, syringes, medical waste, microbial waste and specimens;*

*(c) The proper use of syringes, needles, vials and lancets; and*

*(d) The proper sterilization and disinfection of all reusable equipment.*

2. *The director shall make a copy of the guidelines adopted by the obstetric center available to all employees.*

3. *Each employee of an obstetric center shall follow the manufacturer's guidelines for the use and maintenance of equipment, devices and supplies. The director shall make the manufacturer's guidelines available to each employee who uses or maintains the equipment, devices and supplies.*

4. *Each employee of an obstetric center who has exposure to patients or patient specimens or participates in the disinfection or sterilization of equipment at the obstetric center must receive training and must be evaluated by a supervisor on the employee's knowledge and skills concerning the infection control guidelines adopted pursuant to subsection 1 within 10 working days after commencing employment and at least once each year thereafter.*

5. *If an obstetric center that has adopted infection control guidelines pursuant to subsection 1 adopts new or additional guidelines, the obstetric center must notify each employee of the obstetric center who has exposure to patients or patient specimens or participates in the disinfection or sterilization of equipment at the laboratory of the change and provide instruction to each such employee concerning the new guidelines within 10 working days after adopting the new guidelines.*

6. *As used in this section, "employee" includes, without limitation, any person providing services pursuant to a contract.*

2. The obstetric center shall establish a program to monitor the health of each employee of the obstetric center. The program must include, but not be limited to:

(a) ~~Annual testing for tuberculosis;~~ *Maintaining a separate personnel file for each employee of the center that must include, without limitation, documentation that the employee has had the tests or obtained the certificates required by NAC 441A.375;* and

(b) Documentation as to whether the employee has had:

(1) Rubella and, if so, when the employee had rubella.

(2) A vaccination for rubella and, if so, when the employee had the vaccination.

~~3.—A copy of the precautions established by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services may be obtained for a cost of \$46, plus shipping and handling, from:~~

~~The National Technical Information Service of the  
Centers for Disease Control and Prevention  
Research Department  
5285 Port Royal Road  
Springfield, Virginia 22161  
Reference No. PB86133022  
(703) 487-4870~~

**Sec. 16.** NAC 449.61168 is hereby amended to read as follows:

1. An obstetric center must maintain or have available adequate laboratory services to meet the needs of its maternal patients, newborn babies and *clinical* ~~medical~~ staff. The obstetric center shall ensure that all laboratory services provided to its maternal patients and newborn babies are provided by a medical laboratory licensed pursuant to chapter 652 of NRS.

2. Laboratory services must be available during all hours of operation of the obstetric center as necessary to meet the needs of the maternal patients, newborn babies and *clinical* ~~medical~~ staff.

3. If work is performed by an outside laboratory, the original report must be from a laboratory licensed pursuant to chapter 652 of NRS and contained in the medical record of the maternal patient. If services are provided by an outside laboratory, the conditions, procedures and availability of work performed must be in writing and available within the obstetric center.

4. Upon the receipt of a laboratory report, an obstetric center shall promptly:
  - (a) File a laboratory report in the appropriate medical record; and
  - (b) Notify the physician or advanced practice registered nurse who requested the report that the report has been received and filed in the medical record of the maternal patient.
5. A report of a tissue specimen must be signed by a pathologist. The *clinical* ~~medical~~ staff of the obstetric center and a pathologist must determine whether a tissue specimen requires a macroscopic examination, or a macroscopic and microscopic examination.
6. If a maternal patient needs blood or blood products, the maternal patient must be transferred to a licensed hospital which has the capability of providing *the appropriate level of* ~~perinatal~~ services.

**Sec. 17.** NAC 449.6117 is hereby amended to read as follows:

1. An obstetric center shall ensure that drugs and controlled substances are possessed, distributed and administered by members of the *clinical* ~~medical~~ staff in the obstetric center in conformance with all applicable federal, state and local laws.
2. All drugs and controlled substances distributed at an obstetric center must be possessed and distributed by a licensed physician or a licensed advanced practice registered nurse in accordance with his or her registration from the State Board of Pharmacy and the Drug Enforcement Administration of the Department of Justice. The licensed physician or licensed advanced practice registered nurse shall establish and maintain a list of drugs and controlled substances which are available for use by the licensed physician or licensed advanced practice registered nurse for maternal patients and newborn babies in the obstetric center.
3. An obstetric center shall establish a policy to ensure quality control and dispensing of drugs and controlled substances. The obstetric center must have a specific area for storing the drugs and controlled substances which include, without limitation, locked storage for drugs, double-locked storage for controlled substances and locked refrigerated storage. A facility for washing hands must be provided near the area in which the drugs and controlled substances are to be distributed.
4. A drug or controlled substance may not be administered at an obstetric center without an order from a licensed physician or a licensed advanced practice registered nurse. An order for the administration of a drug or controlled substance must be entered into the medical record of the maternal patient and be signed by the physician or advanced practice registered nurse who made the order. The order must include the name of the drug, dosage, time or frequency of administration, and if other than oral, the route of administration.
5. The obstetric center shall provide a separate refrigerator for the storage of drugs and controlled substances. The temperature in the refrigerator must be maintained between 36 degrees Fahrenheit, or 2 degrees Centigrade, and 46 degrees Fahrenheit, or 8 degrees Centigrade. The temperature of the room in which the drugs and controlled substances that are not refrigerated are stored must not exceed 86 degrees Fahrenheit, or 30 degrees Centigrade.

**Sec. 18.** NAC 449.61174 is hereby amended to read as follows:

1. An obstetric center must have a written agreement with at least:
  - (a) One hospital ~~or medical facility licensed to provide high-risk perinatal~~ *which is capable of providing a higher level of obstetrical and neonatal care or has submitted a certified letter to at least one hospital which provides a higher level of obstetrical and neonatal care requesting a written transfer agreement between the hospital and obstetric center. If the hospital refuses to*

*enter into an agreement or does not respond to the certified letter within 30 days, the obstetric center will not be required to have a written transfer agreement; and*

(b) One transportation service which can provide a vehicle with equipment appropriate to the needs of a maternal patient or newborn baby during a transfer for the obstetric center,

-> that assures the expedient transfer of a maternal patient or newborn baby in accordance to established written protocols of the obstetric center when a maternal patient or newborn baby requires care beyond the capability of the obstetric center or a maternal patient is deemed to have a condition or the potential for such a condition that would result in an abnormal or complicated delivery.

*2. The obstetric center must have a policy and procedures in place delineating the availability of the physician pursuant to Subsection 4 of Section 9 or a designee appointed by the physician that meets the same criteria of the physician outlined in Subsection 4 of Section 9, to the licensed hospital pursuant to Section 19.*

*3. The obstetric center must have policies and procedures in place outlining the emergency transport of a patient to a hospital.*

*4. If an obstetric center does not require a physician to be on the premises while they are in labor, the obstetric center shall notify a patient in writing that a physician may not be present on the premises while they are in labor or during the birth of their child.*

*5. If an obstetric center does not have a written transfer agreement with a hospital that provides a higher level of obstetrical and neonatal care, the obstetric center shall notify the patient in writing that a written transfer agreement is not in place.*

~~12.~~ 6. The ~~medical~~ director of the obstetric center shall:

(a) Determine the criteria and conditions under which a maternal patient or newborn baby should be considered for transfer. The criteria and conditions must be included in the written policy and procedures for the obstetric center.

(b) Annually review those criteria and conditions.

~~13.~~ 7. An obstetric center must establish written procedures to determine the level of care and the mode of transportation required to ensure that the maternal patient and newborn baby receive expeditious and safe care appropriate to the needs of the maternal patient or newborn baby during the transfer.

**Sec. 19.** *The center shall be located within a 30 minute normal driving time of a licensed hospital that provides obstetrical care.*

**Sec. 20.** NAC 449.61178 is hereby amended to read as follows:

1. The obstetric center shall take such action as is necessary to inform the maternal patient, both orally and in writing, in language which the maternal patient understands, of the rights of the maternal patient as listed in NRS 449.700, 449.710 and 449.720, risks, alternatives of care and benefits in using the obstetric center.

2. The maternal patient has a right to be fully informed in a language the maternal patient understands about her health status, her medical conditions, the health status of her baby, and the existence of any known complications or risks.

3. A maternal patient may inspect her medical record, or any portion of the record, and, upon request, purchase standard photocopies of the record at a cost not to exceed 60 cents per page.

4. An obstetric center shall provide, within its written policies, a procedure for the registration of complaints by the maternal patient without threat of discrimination or reprisal. A complaint may include, but is not limited to, a grievance concerning the treatment that was received by the maternal patient and a grievance concerning treatment that was not provided.

5. The obstetric center must inform the maternal patient that she has the right to file a complaint relating to the care which the patient receives from the obstetric center with:

- (a) The Division;
- (b) The Board of Medical Examiners; and
- (c) The *Nevada* State Board of Nursing.

6. The obstetric center shall provide the maternal patient with names, addresses and telephone numbers of the agencies listed in subsection 5.