

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

LCB FILE NO. R063-211

**The following document is the initial draft regulation proposed
by the agency submitted on 10/20/2021**

**PROPOSED REGULATIONS OF THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
AMENDMENTS TO NEVADA ADMINISTRATIVE CODE (NAC), CHAPTER 449
Unlicensed Caregiver Training**

Italics, blue: New proposed language

~~[Red]:~~ Removed language

AUTHORITY: Assembly Bill 217 of the 2021 Legislative Session; NRS 449.0302

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth in section 2 to 6, inclusive, of these proposed regulations.

Sec. 2. *“Unlicensed Caregiver” means any person that provides care to residents, patients or clients who:*

- (1) Is not required to be licensed or certified to provide such care pursuant to one of the occupations required to be licensed or certified pursuant to Title 54, Professions, Occupations and Businesses, of Nevada Revised Statutes; and,*
- (2) Does not hold such a license or certificate.*

Sec. 3. *The requirements for training outlined in Section 2 to 6, inclusive of these proposed regulations apply to the following types of facilities:*

- 1) A facility for the dependent as defined in NRS 449.0045;*
- 2) A medical facility as defined in NRS 449.0151 that utilizes unlicensed caregivers to provide care; and*
- 3) A facility licensed pursuant to NRS 449.0303 that utilizes unlicensed caregivers to provide care.*

Sec. 4.

1. An unlicensed caregiver must complete the following trainings on the control of infectious disease from a nationally recognized organization which follows evidence-based standards and includes:

- (a) Hand hygiene;*
- (b) The use of personal protective equipment including use of masks, respirators, eye protection, gowns and gloves;*
- (c) Environmental cleaning and disinfection;*
- (d) The goals of Infection control;*
- (f) A review of how pathogens spread, which at a minimum must include viruses; and*
- (g) The use of source control to keep germs from spreading.*

2. The provider of trainings of courses listed in subsection 1 must issue a certificate of completion or other proof to the unlicensed caregiver that the training was completed.

3. Each unlicensed caregiver must complete the trainings approved by the Division noted in subsection 1 on an annual basis and have documented evidence with a certificate or other proof of completion in the personnel files.

Sec. 5.

The administrator or other person in charge of the facility shall::

(1) Ensure each unlicensed caregiver receives training annually on the control of infectious disease, as outlined in section 4; and

(b) Maintain in the personnel file of each unlicensed caregiver evidence of training as indicated in subsection 4 of section 4.

Sec. 6.

1. The written plan for control of infectious diseases at the facility pursuant to Assembly Bill 217 of the 2021 Legislative Session, subsection 3 (c) of Section 1, must:

(a) Specify the person (e.g., staff, consultant) who is responsible for coordinating the IC program for the facility;

(b) Include infection prevention and control policies and procedures in place that are based on the most current version of a nationally recognized evidence-based infection prevention and control guidelines, such as those of the Centers for Disease Control and Prevention and reflect the scope and complexity of the facility services provided;

(c) Include procedures in place to identify, record and correct infection prevention and control incidents;

(d) Include a process for reviewing infection prevention and control activities performed in the facility;

(f) Include procedures for investigating communicable diseases and reporting communicable diseases in accordance with Nevada Administrative Code, Chapter 441A; and,

(g) Address what the facility will do if in the event of a communicable disease outbreak, including how to handle issues such as staffing shortages, new admissions and readmission, visitation and how to protect residents from the spread of the communicable disease.

2. The written plan for infection control must be updated at a minimum annually and updated in accordance with the most current version of the nationally recognized evidence-based infection prevention and control guidelines pursuant so subsection 1 (b) of section 6.

3. The written plan developed pursuant to this section must be in compliance with subsection 3 (d) of Section 1 of AB 217 of the 2021 legislative session.