

TEMPORARY REGULATION OF THE STATE BOARD OF HEALTH

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the State Health Division will hold public hearing and act on amendments to Nevada Administrative Code (NAC) 445A, 449, and 652. **The hearing is scheduled to begin at 9:00 a.m. on Friday, December 11, 1998, at the Washoe County District Health Department, Ninth and Wells Street, Reno, Nevada.**

HOSPITALS

The proposed amendments are needed to update the current regulations originally adopted in 1969 relating to the licensing of hospitals. The amendments also update the construction standards relating to hospitals.

The proposed regulations affect all services/departments in acute hospitals. Current standards of care for those departments were addressed in the regulations.

The proposed regulations will have little if any effect on the acute hospitals because they were developed by utilizing current standards of care that are defined by the Medicare/Medicaid reimbursement participation standards. All currently licensed hospitals meet these standards at this time because all the hospitals participate in the Medicare/Medicaid reimbursement program.

The proposed regulations will have a beneficial effect on the public/consumer by assuring the public, through the state licensure process, that hospitals are meeting current standards care.

There will be no change in cost to the facilities or to the Bureau of Licensure and Certification (BLC) for the change in the regulations for the licensing of hospitals. The current fee for initial and annual renewal of licenses will cover the cost to BLC.

The proposed regulations state that the facility must be in compliance with Nevada Revised Statutes (NRS) 449.700 – 449.730, NRS 439B.410, NRS 652.217, NRS 632, and Nevada Administrative Code (NAC) 441 A and NAC 459. The duplication was necessary to assure certain statutes that affect the health and safety of residents and visitors to Nevada are being implemented by hospitals licensed by BLC.

The proposed regulations parallel the federal Medicare/Medicaid reimbursement participatory regulations governing acute hospitals (42 Code of Federal Regulations (CFR) Part 482, Subpart A, B, C, and D) in certain sections and 42 CFR 489.24, Clinical Laboratory Improvement Amendment of 1988, Public Health Service Act (42 USC 274) and Life Safety Code, Standard 101.

The regulations are more stringent than the Federal regulations governing hospitals in certain areas: regulations for tuberculosis screening in employees, certain patient care areas, patient rights, and construction standards.

LCB File No. T016-98

TEMPORARY REGULATION OF THE STATE BOARD OF HEALTH

HOSPITALS[**FACILITIES FOR LONG TERM CARE; NURSING HOMES;
EXTENDED CARE FACILITIES**]

EXPLANATION – Underlined material is new; material in [] is to be deleted.

General Provisions

NAC 449.279 Definitions. As used in NAC 449.279 to 449.403, inclusive, unless the context otherwise requires, the words and terms defined in NAC 449.282 to 449.304, inclusive, have the meanings ascribed to them in those sections.

[**NAC 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.]

[Bd. of Health, Health Facilities Reg. Part I part Ch. III, eff. 10-9-69]

“Hospital” defined. “Hospital” has the meaning ascribed to it in NRS 449.012.

[**NAC 449.285 “General hospital” defined.** “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.] “General hospital” defined. “General hospital” has the meaning ascribed to it in NRS 449.021.

[Bd. of Health, Health Facilities Reg. Part I part Ch. III, eff. 10-9-69]

[NAC 449.288 “Infirmery” defined. “Infirmery” 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.]

[Bd. of Health, Health Facilities Reg. Part I part Ch. III, eff. 10-9-69]

[NAC 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.]

[Bd. of Health, Health Facilities Reg. Part I part Ch. III, eff. 10-9-69]

[NAC 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.]

[Bd. of Health, Health Facilities Reg. Part I part Ch. III, eff. 10-9-69]

NAC 449.298 “Outpatient department” defined. “Outpatient department” means that part of a hospital used for the treatment and diagnosis of patients not residing in the hospital.

[Bd. of Health, Health Facilities Reg. Part I part Ch. III, eff. 10-9-69]

[NAC 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.]

[Bd. of Health, Health Facilities Reg. Part I part Ch. III, eff. 10-9-69]

[NAC 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.]

[Bd. of Health, Health Facilities Reg. Part I part Ch. III, eff. 10-9-69]

“Governing body” defined. “Governing body” means the person, persons, board of trustees, directors or other body in whom the final authority and responsibility is vested for conduct of the hospital.

“Patient” defined. “Patient” means a person who is receiving diagnostic, therapeutic or preventive health services or who is under observation or treatment for illness or injury or care during and after pregnancy.

(a) “Inpatient” defined. “Inpatient” means a person who has been formally admitted for diagnosis or treatment and who is expected to remain overnight or longer.

(b) “Outpatient” means a person who has been registered or accepted for care but not formally admitted as an inpatient and who does not remain over 48 hours.

“Restraint” defined. “Restraint” means controlling a patient’s activity in order to protect the patient or others from injury by seclusion or mechanical devices. Mechanical supports used in rehabilitative situations to achieve proper body alignment shall not be included as restraints.

[Licensing, Review and Inspection]

NAC 449.307 Location to which license applies; persons named in license; transferability; liability coverage; restrictions on use of license. (NRS 449.037)

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 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 licenses are required for [institutions] hospitals which are maintained on separate premises even though they are under the same management. This does not apply to outpatient departments, clinics or separate buildings on the same grounds.

4. Except as provided in NRS 449.087, separate licenses are not required for special units within a hospital.

[Bd. of Health, Health Facilities Reg. Part II Ch. II §§ 1-4, eff. 10-9-69; A 8-26-74]—
(NAC A by R044-97, 10-30-97)

NAC 449.310 **[Requirements for issuance and maintenance of license; safety and structural integrity; n]Number of patients; [annual reports;]periodic review. (NRS 449.037)**

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 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.] If this is necessary, the Bureau must be notified.

[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.] 2. For [those medical] facilities that are [not] 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 will not be required to make an annual on site inspection.

[Bd. of Health, Health Facilities Reg. Part II Ch. II §§ 5-9, eff. 10-9-69; A 8-26-74]—
(NAC A by R035-97, 10-30-97)

NAC 449.312 Inspection of buildings; correction of deficiencies; request for waiver from requirements. (NRS 449.037)

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.] Facilities will be considered to be in compliance with Section 21 of these regulations if:

(a) The facility is licensed on January 1, 1999, the use of the physical space does not change, and the existing construction does not have any deficiencies which are likely to cause serious injury, serious harm, or impairment to public health and welfare; or

(b) The facility has submitted architectural plans to the Bureau of Licensure and Certification by February 1, 1999, and begun construction by August 1, 1999. The plans must be determined by BLC to be in compliance with NAC Chapter 449 Construction Standards that

were in effect prior to December 11, 1998. The facility must be built in accordance with those standards and not have any deficiencies which are likely to cause serious injury, serious harm, or impairment to public health and welfare. If there are deficiencies that are likely to cause serious injury, serious harm, or impairment to public health and welfare, the facility must take corrective action before the facility can continue to operate.

2. [The licensee will be notified of the existence of any deficiencies and be required to correct them within a reasonable time.] Upon a change of ownership, change of use or change in construction, a facility must notify the Bureau of the changes and identify all areas of non-compliance with the guidelines before the change in ownership, use, or construction takes place.

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.] Upon a change of use or change in construction the facility must come into compliance with the guidelines before admitting patients to the area.

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.] The licensee will be notified in writing of the existence of any deficiencies and be required to correct them within a reasonable time.

5. [Any condition considered potentially hazardous or detrimental to the public health and welfare may be required to be corrected at once.] With the exception of major deficiencies,

such as those requiring structural alterations of a building or a portion of the building, reasonable time means not more than 180 days.

6. [This section also applies to facilities for long-term care, nursing homes and extended care facilities.] If there are deficiencies that are likely to cause serious injury, serious harm, or impairment to public health and welfare, the facility must take corrective action before the facility can continue to operate.

7. Upon written request and just cause the Bureau may grant exceptions to subsection 5 of this section based on extenuating circumstances.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XVI subsec. F, eff. 10-9-69; A 8-26-74; Ch. II part § XI, eff. 10-9-69]—(Substituted in revision for NAC 449.406)

Administration

NAC 449.313 Governing body; bylaws.

1. The hospital must have an effective governing body legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this section that pertain to the governing body.

2. The governing body of a hospital shall adopt a workable set of bylaws which must:

(a) Be in writing and available to all members;

(b) [Stipulate the basis for the selection of all members including time, duties and requirements]Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff;

(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] Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff;

(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] Assure that the medical staff has bylaws;

(e) [Provide for the frequency of meetings to be held] Approve medical staff bylaws and other medical staff rules and regulations;

(f) [Provide for the appointment of members of the medical staff] Ensure that the medical staff is accountable to the governing body for the quality of care provided to patients; and

(g) [Provide a means for formal approval of the organization, bylaws, rules of the medical staff and departments in the hospital] Ensure the criteria for selection of the members of the medical staff are competence, training, experience, and judgment.

[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.]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. Following his selection, the [administrator] Chief Executive Officer is responsible for the management of the hospital, providing liaisons among the governing body, medical staff, nursing staff and other departments. The [administrator] 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] 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. In accordance with hospital policy, the governing body must ensure that the following requirements are met.

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

(1) a doctor of medicine or osteopathy;

- (2) a doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the State and who is acting within the scope of his or her license;
 - (3) a doctor of podiatric medicine, but only with respect to functions which he or she is legally authorized by the State to perform;
 - (4) a doctor of optometry who is legally authorized to practice optometry by the State;
 - (5) a chiropractor who is licensed by the State or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation 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 on admissions or develops during hospitalization; and
 - (2) is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine or optometry, or a chiropractor, as that scope is defined by the medical staff.

5. To identify potential organ donors, the hospital must have written protocols that:

- (a) Assure that the family of each potential organ donor knows of its option either to donate organs or tissues or to decline to donate;
- (b) Encourage discretion and sensitivity with respect to the circumstances, views and beliefs of the families of potential donors.

6. In the case of a hospital in which organ transplants are performed, the hospital must be a member of the Organ Procurement and Transplantation Network (OPTN) established and operated in accordance with section 372 of the Public Health Service (PHS) Act (42 U.S.C. 274) and abide by its rules.

7. The hospital must have an overall institutional plan that meets the following conditions:

- (a) The plan must include an annual operating budget that is prepared according to generally accepted accounting principles.
- (b) The budget must include anticipated income and expenses. This provision does not require that the budget identify item by item the components of each anticipated income or expense.

8. The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The hospital must maintain a list of contracted services, including the scope and nature of the services provided.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § 1, eff. 10-9-69; A 8-26-74; ch. II § I, eff. 10-9-69]

Section 1. Administration.

1. The hospital must be administered in a manner that enables it to use its resources effectively and efficiently to meet the needs of its patients through quality care. The hospital administration must develop and provide patient care services based on identified patient needs.

2. The scope of services provided by each department must be defined in writing and must be approved by the hospital's administration, medical staff, or both, as appropriate. Each department must provide patient care according to its scope of services.

3. Administration must ensure that the competence of all staff members is assessed, maintained, demonstrated, and improved. An orientation process must provide initial job training and information and assess the staff's ability to fulfill specified responsibilities.

4. The hospital must provide a sufficient number of staff members whose qualifications are consistent with job responsibilities.

5. The Chief Executive Officer, selected by the governing body, must be responsible for operating the hospital according to the authority conferred by the governing body.

[General Operational Requirements]

NAC 449.316 Physical environment[: Buildings; ventilation; water supply; diagnostic and therapeutic areas].

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.] The hospital must develop and implement a comprehensive emergency preparedness plan which addresses internal and external emergencies, both local and widespread, and is based on current standards for disaster management and fire safety. The hospital must ensure that the hospital staff and patients are adequately protected from fire and other disasters.

3. The hospital must ensure adequate fire protection by providing for the installation of extinguishers, sprinkling devices, fire barriers, and elimination of fire hazards.

4. The hospital must analyze identified environment of care safety management issues and develop or approve recommendations for resolving them. These recommendations must be implemented and monitored.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § II part subsec. A & subsec. E, eff. 10-9-69; A 8-26-74; Ch. II part § II, eff. 10-9-69]

Section 2. Risk Management.

1. The hospital must have in effect a comprehensive risk management program with an identified individual responsible for the implementation and maintenance of a risk management program.

NAC 449.319 [Physical e]Environment: Rooms for patients.

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.] The physical environment must provide for patient access to personal belongings as appropriate to the patient's individual needs and phase of treatment.

2. A non-smoking policy must be communicated and enforced throughout the hospital.

3. The hospital must provide a clean and comfortable bed and mattress for each patient.

Clean bed linen, blankets, and pillows, washcloths and towels that are in good condition must

be provided. The hospital must have systems to assure that an adequate supply of linen is provided.

4. Necessary bedside equipment and supplies must be provided for the use of each inpatient. The equipment must be maintained in a sanitary manner.

5. The hospital must provide adequate and comfortable lighting levels, comfortable and safe temperature levels, and maintain comfortable sound levels in patient care and public areas.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § II part subsec. A, eff. 10-9-69; A 8-26-74; Ch. II part § II, eff. 10-9-69]

NAC 449.322 Housekeeping and laundry services.

1. Each facility must 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 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 inservice 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.] The hospital must develop and implement standards and systems for the operation of laundry services. Laundry services, whether owned or under contract, must maintain standards for a safe work environment for employees, address infection control issues, and operate in a manner that does not disrupt patient care.

6. The hospital must develop and implement standards and systems for the storage and handling of clean and soiled linen. There must be written policies and procedures developed and implemented pertaining to the handling, storage, transportation and processing of linen.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § II part subsec. A, eff. 10-9-69; A 8-26-74; Ch. II part § II, eff. 10-9-69]

NAC 449.325 [Sanitary requirements.]Infection control.

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 F., 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.]The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

2. A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases.

3. The infection control officer must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

4. The infection control officer must maintain a record of incidents related to infection and communicable disease.

5. The Chief Executive Officer, the medical staff, and the chief administrative nurse must:

(a) Ensure that the hospital-wide quality improvement program and training program addresses problems identified by the infection control officer.

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

[Bd. of Health, Health Facilities Reg. Part III Ch. I § II part subsec. A & subsec. D, eff. 10-9-69; A 8-26-74; Ch. II part § II, eff. 10-9-69]

Section 3. Central Supply, Biohazardous Waste, and Maintenance.

1. The hospital must provide a designated area for the preparation, sterilization, and storage of sufficient sterile supplies and medical and surgical equipment and dispense the sterile supplies to all services in the hospital to meet the ongoing needs of the patient population.

2. The hospital that provides these services directly must develop systems and standards that are consistent with existing infection control standards, OSHA standards and, as appropriate, manufacturer's guidelines for equipment use and maintenance.

3. If materials are sterilized on the premises, the process of sterilization must be supervised by a person who has received specialized training in the operation of that process, including training in methods of testing to verify the efficiency of the process.

[NAC 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.]

[Bd. of Health, Health Facilities Reg. Part III Ch. I § II subsecs. B & C, eff. 10-9-69; A 8-26-74; Ch. II part § II, eff. 10-9-69]

Section 4. Admissions.

1. The hospital must develop and implement policies and procedures for admitting patients to appropriate levels of care.

2. The hospital must assure that patients, or the responsible person, have received information about their proposed care.

NAC 449.331 [First aid; t]Transfers[agreements; restraint of patients].

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.] The hospital must develop and implement policies and procedures in accordance with NRS 439B.410 and 42 Code of Federal Regulations (CFR) 489.24.

2. All general hospitals not having their own long-term facility must 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.]

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XVI subsecs. A, B & D, eff. 10-9-69; Ch. II part § XI, eff. 10-9-69]

Section 5. Discharge Planning.

1. The hospital must have a discharge planning process that applies to all patients.
2. The hospital must develop and implement policies and procedures regarding the discharge planning process.
3. The discharge planning process must be developed through a process including participation by registered nurses, social workers, or other personnel qualified legally, through education or experience, to perform discharge planning.
4. The hospital must identify, at an early stage of hospitalization, all patients who are likely to suffer adverse health consequences upon discharge if there is not adequate discharge planning.
5. The hospital must provide an evaluation of discharge planning needs for all patients who are identified as at risk under item 4 of this section.
6. Post-hospital service needs, and availability of those services, must be included in the discharge planning evaluation.

7. The patient's capacity for self-care must be included in the discharge planning evaluation.
8. Consideration of possible return to a previous care setting or other appropriate placement of the patient after discharge must be included in the discharge planning evaluation.
9. When the discharge planning evaluation 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.
10. An evaluation of discharge needs and a discharge plan may be requested by the patient, physician, or the patient's family or guardian.
11. In the absence of finding by the hospital that a patient needs a discharge plan, the attending physician may still request a discharge plan. In such a case, the physician collaborates as necessary with hospital staff in development of the discharge plan.
12. Discharge planning activities must be conducted in a manner that does not contribute to delays in discharge.
13. The discharge planning evaluation and discharge plan must be documented in the patient's medical record.
14. The discharge plan must be discussed with the patient or the individual acting on behalf of the patient.
15. The patient, family member, or other persons involved in care of the patient, must be provided information necessary to prepare them for post-hospital care of the patient.
16. If, during the course of hospitalization, factors arise that may affect continuing care needs or the current discharge plan, the patient's needs are reassessed and the plan is adjusted.
17. The hospital arranges for initial implementation of the discharge plan.

18. As identified in the discharge plan, referral to outpatient services or transfer to another facility, are accomplished in a manner that meets identified patient needs, and includes sharing of necessary medical information with the receiving service or facility.

[NAC 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.]

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XVI subsec. C, eff. 10-9-69]—(NAC A by R035-97, 10-30-97)

NAC 449.337 [Dietary department. (NRS 449.037)]Dietetic services.

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.] The hospital must provide each patient with a nourishing, palatable, well-balanced diet that meets the daily nutritional and dietary needs of each patient.

2. Menus must meet the nutritional needs of the patients in accordance with recognized dietary practices and in accordance with orders of the practitioners responsible for the care of the patients.

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

4. Nourishment or between meal feedings must be provided as required by the diet prescription and are available to all patients unless counter-ordered by the physician.

5. Menus must be followed. If any meal served varies from the planned menu, the change must be noted in writing in the records maintained in the dietary department.

6. The hospital must ensure that patient's food and religious preferences are respected as much as possible and substitutes are available through use of a selective menu or substitutes from appropriate food groups.

7. Persons responsible for therapeutic diets must have sufficient knowledge of food values to make appropriate substitutions when necessary.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § V, eff. 10-9-69; Ch. II § V, eff. 10-9-69]—(NAC A by R035-97, 10-30-97)

Section 6. Dietary Facilities.

1. Facilities must provide for the general dietary needs of the patient, including the preparation of modified special diets.

2. Adequate space for the preparation and serving of food must be provided. Equipment 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 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. A hospital must:

(a) Comply with the standards prescribed in Chapter 446 of NAC; and

(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division.

Section 7. Dietetic Services Personnel.

1. The hospital must maintain organized dietary services that are directed and staffed by adequate numbers of personnel and integrated with other departments of the hospital. There

must be personnel on duty for at least twelve hours each day who are competent in their duties as outlined in their job description.

2. There must be a qualified dietitian or other qualified professional in the field of institutional management or nutritional sciences, full time, part-time, or on a consultant basis.

A dietitian manager or consultant must provide in-service training for all dietetic service personnel, and a record of subject areas covered, date and duration of each session and attendance list must be maintained.

3. The hospital must employ sufficient number of support personnel competent to carry out the functions of the dietary service.

4. Dietetic services personnel must be trained in basic food sanitation techniques, must be clean, wear clean clothing, including a cap and/or hair net and be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches, which are not closely cropped and trimmed, must be covered.

Section 8. Care of Patients – Nutritional.

1. The hospital must implement a systematic nutritional risk-screening program for hospitalized patients to detect actual or potential malnutrition at an early stage.

2. A patient maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the patient's clinical condition demonstrates that this is not possible.

3. A patient who is fed by an enteral feeding system must receive the appropriate treatment and services to prevent complications.

4. Parenteral nutrition support must be used to nourish a patient who meets clinical guidelines that are developed in accordance with recognized standards of practice and approved by the medical staff of the facility.

5. A patient must receive a therapeutic diet when there is a nutritional problem.

6. Policies and procedures for nutritional care and dietetic services must be developed and readily available to nursing, dietary and medical staff. The policies and procedures must be evaluated on a regular basis and revised as necessary.

7. When it is determined that the patient's nutritional status is at risk, nutritional care must be planned and provided based on an assessment of the patient's nutritional status by a registered dietitian and/or the attending physician and integrated in the patient's plan of care. Each at risk patient's response to the nutritional care plan must be monitored and reassessed as needed.

8. Pertinent dietary information must be included in the patient's transfer / discharge records to ensure continuity of nutritional care.

Section 9. Dietary Infection Control.

1. The hospital must store, prepare, distribute, and serve food under sanitary conditions.

2. At least one week's supply of staple foods and at least two days supply of perishable foods must be maintained on the premises. 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 in unlabeled, rusty, leaking, broken containers or cans with side seam dents or swells must not be accepted or retained.

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

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

5. Kitchen sinks must not be used for hand washing. Separate hand-washing facilities with soap, running water and individual towels must be provided.

6. Kitchen wastes that are not disposed of by mechanical means must be kept in leak proof, nonabsorbent, tightly closed containers and must be 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. Persons other than dietetic personnel are not allowed in the kitchen area unless required to do so in the performance of their duties.

9. Equipment of the type and in the amount necessary for the proper preparation, serving and storing of food and for proper dishwashing must be provided and maintained in good working order.

NAC 449.340 Pharmaceutical services.

1. A hospital must have a pharmacy directed by a registered pharmacist or a drug room supervised by no less than a currently licensed professional nurse. A full-time, part-time, or consulting pharmacist must be responsible for developing, supervising and coordinating all the activities of the pharmacy 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 or drug storage area must be administered in accordance with all State and Federal laws.

3. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.

4. The pharmaceutical services must have an adequate number of personnel to ensure quality pharmaceutical services, including emergency services.

5. Drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice, consistent with Federal and State law.

6. When a pharmacist is not available, drugs and biologicals must be removed from the pharmacy or storage area only by personnel designated in the policies of the medical staff and pharmaceutical service, in accordance with Federal and State law.

7. Drug administration errors, adverse drug reactions, and incompatibilities must be immediately reported to the attending physician and, if appropriate, to the hospital wide quality improvement program.

8. Abuses and losses of controlled substances must be reported, in accordance with applicable Federal and State laws, to the individual responsible for pharmaceutical service, and to the chief executive officer, as appropriate.

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

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

[Bd. of Health, Health Facilities Reg. Part III Ch. I § VII subsecs. A-C, eff. 10-9-69; Ch. II part § VII, eff. 10-9-69]

NAC 449.343 Medication.

1. All orders for medication [for patients] and biologicals 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.] practitioner, practitioners or other appropriate professionals as determined by Federal and State law responsible for the care of the patient.

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.] When telephone or oral orders are used, they must be:

(a) Accepted only by personnel that are authorized to do so by medical staff policies and procedures, consistent with State law; and

(b) Signed or initialed by the prescribing practitioner according to hospital policy.

3. A verbal order may be accepted only by personnel that are authorized to do so by medical staff policies and procedures, and consistent State law.

4. The medication order must include the name of the drug, dosage, time or frequency of administration, and the route of administration.

5. Drugs and biologicals not specifically prescribed as to time or number of doses must automatically be stopped after a reasonable time that is pre-determined by the medical staff.

[9.]6. Emergency medications approved by the medical staff or advisory physician must be kept readily available in the 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.]

[Bd. of Health, Health Facilities Reg. Part III Ch. I § VII subsecs. D-H, eff. 10-9-69; Ch. II part § VII, eff. 10-9-69]

Section 10. Care of Patients – Medication.

- 1. Only staff authorized by State law may administer medications.
- 2. Security of all medications must be maintained according to State law.
- 3. A system to monitor and improve the medication administration process must be in place.

NAC 449.346 Rehabilitative services.

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 provide services consistent with their 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 the hospital provides rehabilitation, physical therapy,

occupational therapy, audiology, or speech pathology services, the services must be organized and staffed to ensure the health and safety of patients.

3. The organization of the services must be appropriate to the scope of the services offered.

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

5. Physical therapy, occupational therapy, speech therapy, or audiology services, if provided, must be provided by staff who meet the qualifications specified by the medical staff, consistent with State law.

6. Services must be furnished in accordance with a written plan of treatment. Services must be given in accordance with orders of practitioners who are authorized by the medical staff to order the services, and the orders must be incorporated in the patient's record.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XII, eff. 10-9-69; Ch. II § VIII, eff. 10-9-69]

NAC 449.349 Emergency services.

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.] The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice.

2. The policies and procedures for meeting the emergency needs of patients must be under the direction of a qualified member of the medical staff if an emergency department is not on site.

3. If emergency services are provided at the hospital:

(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 other departments of the hospital; and

(c) The policies and procedures governing medical care provided in the emergency services department are established by, and are a continuing responsibility of, the medical staff.

4. There must be sufficient medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XIV, eff. 10-9-69; Ch. II § IX, eff. 10-9-69]

NAC 449.352 Social services.

1. Facilities having social services must 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 must be given or supervised by a professional 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] in accordance with State law.

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

3. The hospital shall provide access to medically related social services according to the assessed needs of the patient.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XV, eff. 10-9-69; Ch. II § X, eff. 10-9-69]

NAC 449.355 Discrimination prohibited.

1. Facilities must [assign patients to services within the facility without regard to] not discriminate in admissions or provision of services on the basis of race, color, religion [or] national origin.] age, gender or disability.

[2. This section also applies to facilities for long-term care, nursing homes and extended care facilities.]

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XVI subsec. E, eff. 10-9-69; Ch. II part § XI, eff. 10-9-69]

[Specialized Operational Requirements]

NAC 449.358 Hospitals: Medical staff.

1. A hospital must have an organized medical staff [organized and] that operates under bylaws approved by the governing body[. The staff] and is responsible [to the governing body] for the quality of [all] medical care provided to patients [and for the ethical and professional practices of its members] by the hospital.

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.] The medical staff must be composed of doctors of medicine or osteopathy and, in accordance with State law, may also be composed of other practitioners appointed by the governing body.

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

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

5. The medical staff must be well organized and accountable to the governing body for the quality of the medical care provided to patients.

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

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

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

(a) Be approved by the governing body.

(b) Include a statement of the duties and privileges of each category of medical staff (e.g., active, courtesy, etc.).

(c) Describe the organization of the medical staff.

(d) Describe the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body.

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

(f) Include a requirement that a physical examination and medical history be done no more than 7 days before or 48 hours after an admission for each patient by a doctor of medicine or osteopathy.

9. The medical staff should attempt to secure autopsies in all cases of unusual deaths and of medical-legal and educational interest. The mechanism for documenting permission to perform an autopsy must be defined. There must be a system for notifying the medical staff, and

specifically the attending practitioner, when an autopsy is being performed. Autopsies must be performed in compliance with NRS 451.010.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § III, eff. 10-9-69]

NAC 449.361 Hospitals: Nursing services.

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 inservice 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.] The hospital must have an organized plan

for nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

2. The provision of nursing service must be in compliance with applicable State statutes and regulations, including the Nevada Nursing Practice Act (NRS 632)

3. The nursing service must have sufficient numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care to all patients as needed.

(a) A sufficient number of members of the nursing staff must be on duty at all times to ensure that proper care is provided to each patient.

(b) A sufficient number of registered nurses must be on duty at all times to ensure the continuous and timely care of any patient.

(c) A person who is not a registered nurse may be assigned to care for a patient to the extent consistent with his education, experience and authorized scope of practice.

4. The hospital shall have a system for determining nursing needs of each individual patient that reflects an assessment, made by a registered nurse, of that patient's requirements and provides for staffing based on those requirements.

5. The hospital must have a well-organized service with a plan of administrative authority and delineation of responsibilities for patient care.

6. The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each inpatient.

7. A Chief Administrative Nurse, who is a registered nurse appointed by the hospital administrator, directs the nursing services. The Chief Administrative Nurse must be knowledgeable, skilled and competent in clinical practice and nursing management. The role

of the Chief Administrative Nurse must be in compliance with the Nevada Nurse Practice Act, chapter 632 and follow professional standards for organized nursing services.

8. All nursing policies, procedures, and standards are defined, documented, implemented and accessible to the nursing staff in written or electronic format. The Chief Administrative Nurse approves each element before it is implemented.

9. To perform a transfusion safely and efficiently, staff follows the hospital's policies and procedures that are developed with input from the medical staff.

10. Personnel administer blood as determined by their scope of practice and after training for this duty.

11. The facility must ensure that patients receive proper treatment and care in accordance with recognized standards of practice and physician's orders.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § IV, eff. 10-9-69]

Section 11. Care of Patients – General.

1. Each patient must receive, and the hospital must provide or arrange for, individualized care, treatment, and rehabilitation that is appropriate to the patient's needs and severity of disease, condition, impairment, or disability based on the patient's assessment.

2. The hospital must ensure that each person's role in providing care is determined by their professional skills, competence and credentials, the care or rehabilitation being provided, hospital policies, and relevant licensure, certification, regulation, privileges, scope of practice, or job description.

Section 12. Assessment of Patient.

1. To provide a patient with the appropriate care at the time it is needed, qualified individuals in a hospital must assess each patient's care needs 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 when there is a significant change in the patient's condition, when there is a significant change in the patient's diagnosis, or in order to determine a patient's response to care.

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

Section 13. Patient Rights.

1. The hospital must develop and implement policies and procedures that protect and support the rights of patients as defined in NRS 449.700 – 449.730.

Section 14. Patient Protection.

1. The hospital must develop and implement policies and procedures that prevent and prohibit verbal, sexual, physical and mental abuse and, involuntary seclusion without clinical justification.

2. The hospital must develop and implement policies and procedures that prevent and prohibit neglect and misappropriation of patient property.

3. The hospital must develop policies and procedures that identify and investigate neglect and abuse.

4. The hospital must develop and implement organizational policies and procedures that limit the use of physical restraints to appropriate and adequate clinically justified situations.

5. Any use of restraint is initiated pursuant to either a physician's order or a protocol approved by the medical staff and hospital administration.

6. If restraint protocols are utilized, the approved protocol must include:

(a) A thorough assessment of the patient prior to restraint use.

(b) Initiation by a registered nurse or other authorized individual according to hospital's restraint policy.

(c) A provision for physician notification within 12 hours of the initiation of restraint.

(d) A verbal (or written) order is obtained and entered into the patient's medical record.

(e) Authorization for continued use beyond the first 24 hours by renewal of the original order or new order no less often than each calendar day.

7. Organization policies and procedures, protocols, physician orders, and individual patient needs are used to establish the frequency, nature and extent of monitoring of a patient in restraints.

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

Section 15. Licensing Requirements – Personnel.

1. A hospital must have written policies concerning the qualifications, responsibilities and conditions of employment for each type of personnel, including licensure or certification when required by law.

2. The written policies must be reviewed and updated as needed and made available to members of the staff.

3. Personnel policies must provide for:

(a) The orientation of all health personnel to the policies and objectives of the hospital;

(b) The maintenance of current employee records, which confirm that personnel policies are followed.

4. All personnel employed by the hospital, or working under contract with the hospital, who are required by law to be licensed or certified will have evidence of a current license or certification on file at the hospital.

5. The hospital must ensure that employee health records contain documented evidence of surveillance and testing of employees for tuberculosis as required in the current NAC 441A that addresses medical facilities.

NAC 449.364 Hospitals: Obstetrical [units] Service Administration/Staffing. Optional Service.

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 the hospital furnishes obstetric services, the services must be well organized and staffed to ensure the health and safety of patients.

2. A qualified member of the medical staff of the department must be responsible for the quality of medical care provided to patients and for the review of the professional practices of the medical staff including, but not limited to:

(a) The delineation of the privileges accorded to members of the medical staff and members of allied health professional; and

(b) The reappraisal and appointment of each member.

3. A roster of the privileges of each member of the medical staff must be kept in the files of the obstetric department specifying the privileges awarded him.

4. The obstetric department must have adequate staffing and equipment. The department must have the following:

(a) Sufficient numbers of registered nurses, trained in perinatal care of the maternal patient and newborn care, on duty at all times to ensure proper care is provided to each patient;

(b) The capability of providing initial evaluation of risk status and appropriateness of admission, and support of patients in labor;

(c) Maintain on site appropriate equipment, drugs, and oxygen needed to provide obstetric care to a maternal patient and newborn;

(d) Appropriate clinical laboratory services available for use in providing safe obstetric care according to the needs of the patient and medical staff of the department; and

(e) Sufficient nursing personnel who are trained and experienced in performing cardiopulmonary resuscitation in adults and newborns on the premises and immediately available during each delivery.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. D pars. 1-8, eff. 10-9-69]

Section 16. Obstetric Services – Labor/Delivery, Post Partum Rooms. Optional Services.

1. One labor room must be provided in the general hospital with the need for additional rooms to be determined by utilization.

2. 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. This room must contain:

(a) Emergency call systems operable without the use of hands, or some alternative method must be in the delivery room and an adequate signal system provided.

(b) Emergency sterilizing facilities must be provided to support the delivery area.

(c) A heated bassinet and warmer for infants must be readily available.

(d) A device for easy, positive identification of the infant before removal from the delivery room must be provided.

(e) Within each delivery room there must be adequate storage space to handle sterile supplies and equipment.

(f) All sinks and dispensers, regardless of type, must be equipped with foot, knee, or elbow control or some alternative method.

(g) A clean utility room must be provided with adequate storage for cleaning supplies and other cleaning equipment.

(h) Gross cleaning of instruments and other utensils must take place in the cleanup and soiled holding area.

Section 17. Obstetric Services – Birth Rooms. Optional Service.

1. The obstetrical department must provide services for labor, delivery, newborn and recovery care, and maintain the areas in a safe and clean manner.

2. The obstetric department must be equipped with those items needed to provide obstetrical care and emergency procedures for life threatening events to mother and baby.

Section 18. Obstetric Services – Discharge and Transfer Policies and Protocols. Optional Service

1. No person shall be transferred or discharged from the obstetric department unless:

(a) The transfer or discharge is appropriate based on a risk assessment.

(b) It is determined that the person is not in active labor.

(c) It is otherwise determined that the medical needs of the patient exceeds the capability of the obstetric department.

2. Criteria for transfer of patients must be written and contained within the policy and procedure manual for the department.

3. Patients must be transferred to a hospital capable of providing a higher level of obstetrical and neonatal care and with which there are written agreements documenting that the facility agrees to accept emergency patients without regard to their ability to pay.

4. The obstetric department must have written protocols for discharge of patients from the hospital, which include at least the following:

(a) Instructions to the mother regarding care and feeding of the newborn;

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

(c) Instructions regarding the availability of consultation service by telephone or home visit as needed or desired by the mother; and

(d) The criteria and conditions under which a patient, mother and newborn should be considered for transfer must be determined by the qualified member of the medical staff and included in the written policies and procedures of clinical practice for that department. Such policies must be reviewed periodically by the qualified member of the medical staff and all transfers from the hospital must be included in formal quality of care review.

NAC 449.367 Hospitals: Nurseries. Optional Service.

1. [Nurseries must be completely equipped for any neonatal emergencies. Nursery facilities for newborns must be close to the postpartum rooms.] The services must be organized under a qualified member of the medical staff.

2. . Nurseries must be completely equipped for any neonatal emergency.

[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.] A separate storage room must be available to support the requirements of the entire nursery.

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 F. 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]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) A[n accurate] scale for weighing babies.

[(e)](d) 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]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:

(a) Each incubator located in this nursery must have an electrical outlet.

(b) Oxygen for every incubator must be provided.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. D pars. 9-13, eff. 10-9-69]

NAC 449.370 Hospitals: [Department for o]Outpatient[s] services. Optional service [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 the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.

2. Outpatient services must be appropriately organized and integrated with inpatient services.

3. The hospitals must:

(a) Assign an individual to be responsible for outpatient services;

(b) Have sufficient professional and nonprofessional personnel available; and

(c) Any nursing services provided must be under the direction of a registered nurse.

4. The equipment and supplies necessary to meet the anticipated needs of the patients must be available.

5. The number of examination and treatment rooms necessary are determined by the volume and nature of work performed.

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

7. If outpatient surgery is performed in the outpatient service area, the basic facilities include:

(a) Equipped and staffed operating room and postanesthesia recovery area.

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

(c) Sterile supplies that are readily available to meet patient need.

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

8. If beds are provided in the outpatient unit, they are not included in the licensed bed capacity. Inpatients are not allowed to occupy an outpatient bed. Outpatients are not allowed to remain over 24 hours in outpatient beds.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XIII, eff. 10-9-69]

NAC 449.373 Hospitals: Laboratories.

1. Each hospital must maintain or have available adequate laboratory services to meet the needs of its patients and medical staff. Each hospital must 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.] While the patient is under the hospital's care, all laboratory testing must be performed in the hospital's laboratories, by reference laboratories certified under the Clinical Laboratory Improvement Amendment of 1988, or in accordance with NRS 652.217.

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.] Provisions must be made for prompt notification of patients transfused with HIV positive blood or blood products.

5. Each laboratory which provides laboratory services to a hospital must 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 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, regularly inspected and 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.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § VIII, eff. 10-9-69]—(NAC A 10-22-93)

NAC 449.376 Hospitals: [Radiology department] Radiological services.

1. A hospital must have diagnostic [X-ray] 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 maintain or have available radiological services according to the needs of the [hospital] patients. [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.]

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

4. Proper safety precautions must be maintained against radiation hazards. This includes adequate shielding for patients, personnel, and facilities. As well as appropriate storage, use, and disposal of radioactive materials.

5. Periodic inspection of equipment must be made and hazards identified must be promptly corrected.

6. Radiation workers must be checked periodically, by the use of exposure meters or badge tests, for amount of radiation exposure.

7. Radiologic services must be provided only on the order of practitioners with clinical privileges or, consistent with State law, or other practitioners authorized by the medical staff and governing body to order the services.

8. A qualified full-time, part-time or consulting radiologist must supervise the ionizing radiology services and must interpret only those radiologic tests that are determined by the medical staff to require a radiologic's specialized knowledge. For purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology.

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

10. Records of radiologic services must be maintained.

11. The radiologist or other practitioner who performs radiology services must sign reports of his or her interpretations.

12. The hospital must maintain the following for at least five years:

(a) Copies of reports and printouts.

(b) Films, scans, and other image records, as appropriate.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § IX, eff. 10-9-69]

Section 19. Respiratory Care Services.

1. The hospital must meet the needs of the patients in accordance with acceptable standards of practice. The following requirements apply if the hospital provides respiratory care service.

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

3. There must be adequate numbers of respiratory therapists, respiratory therapy technicians, and other personnel who meet the qualification specified by the medical staff, consistent with State statutes and regulations including NRS 640B.

4. Personnel qualified to perform specific procedures and the amount of supervision required for personnel to carry out specific procedures must be designated in writing.

5. 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.

6. Services must be provided only on, and in accordance with, the orders of a doctor of medicine or osteopathy.

7. Diagnostic studies and treatment modalities must be recorded in the patient's medical record including the type of diagnostic or therapeutic procedures, the date and times of their occurrence and their effects, including any adverse reactions.

8. There must be sufficient types and quantities of equipment to provide the appropriate inhalation of the several gases, aerosols and such other modalities required for the anticipated nature and variety of procedures. Equipment must be calibrated in accordance with manufacturer's instruction and records of such calibrations shall be kept.

9. There must be sufficient space maintained for storage of necessary equipment, work areas for cleaning, sterilizing and repairing equipment, pulmonary function studies and blood gas analysis, if performed in the unit and office space.

10. Provisions must be made for safe handling and storage of medical gas cylinders. Personnel certified or trained by the hospital may transfer gas from one cylinder to another when completed according to safety protocols.

Section 20. Quality Improvement.

1. The governing body must ensure that there is an effective, hospital-wide quality improvement program to evaluate the provision of patient care.

2. The organized hospital-wide quality improvement program must be ongoing and have a written plan of implementation.

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

4. Nosocomial infections and medication therapy must be evaluated.

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

6. The hospital must initiate assessment when statistical analysis detects undesirable variation in performance.

7. The hospital must take and document appropriate remedial action to address deficiencies found through the quality improvement program.

(a) The hospital must document the outcome of the remedial action.

(b) When assessment findings relate to the performance of an individual licensed practitioner, the medical staff determines their use in peer review, ongoing monitoring and periodic evaluations of the individual's competence.

(c) When assessment findings relate to the performance of an individual who is not a licensed practitioner, the department director determines the use of the findings in evaluating the competence of the individual.

NAC 449.379 Hospitals: Medical records.

1. The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every [patient admitted to a hospital] individual evaluated or treated in the 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.] The organization of the medical record service must be appropriate to the scope and complexity of the services performed. The hospital must employ adequate personnel to ensure prompt completion, filing, and retrieval of records.

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

(a) Medical records must be retained in their original or legally reproduced form for a period of at least 5 years and according to State and Federal law. Physician entries, as determined by the medical staff of the facility, shall be kept for a period of 10 years.

(b) The hospital must have a system of coding and indexing medical records. The system must allow for timely retrieval by diagnosis and procedure, in order to support medical care evaluation studies.

(c) The hospital must have a procedure for ensuring the confidentiality of patient records. Information from, or copies of, records may be released only to authorized individuals, and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records must be released by the hospital only in accordance with Federal or State laws, court orders, or subpoenas.

4. The medical record must contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services.

5. All entries must be legible and complete, and must be authenticated and dated promptly by the person (identified by name and discipline) who is responsible for ordering, providing, or evaluating the service furnished. Authentication may include signatures, written initials or computer entry.

6. All records must document the following, as appropriate:

(a) Evidence of a physical examination, including a health history, performed no more than 7 days prior to admission or within 48 hours after admission.

(b) Admitting diagnosis.

(c) Results of all consultative evaluations of the patient and appropriate findings by clinical and other staff involved in the care of the patient.

(d) Documentation of complications, hospital acquired infections, and unfavorable reactions to drugs and anesthesia.

(e) Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent.

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

(g) Discharge summary with outcome of hospitalization, disposition of case, and provisions for follow-up care.

(h) Final diagnosis with completion of medical records within 30 days following discharge.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § VI, eff. 10-9-69; A 8-26-74]

NAC 449.382 Hospitals: Medical library. A hospital must have a medical library to meet the requirements of the facility with 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.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § X, eff. 10-9-69]

Section 21. Construction Standards.

1. Newly constructed and existing hospitals must be designed and maintained to comply with the current National Fire Protection Association, Life Safety Code, Standard 101. A copy of the code may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$44.50, plus \$4.84 for shipping and handling.

2. Newly constructed and existing hospitals must be designed and maintained to comply with the current edition of "The Guidelines for Design and Construction of Hospital and Healthcare Facilities." A copy of the guidelines may be obtained from AIA Rizzoli Bookstore,

1735 New York Ave., NW, Washington, D.C. 20006, for the price of \$60.00 plus \$6.00 for shipping. The telephone number is (202) 626-7541. These guidelines must be used when planning for sizing, arranging, and equipping of space that is being altered or newly constructed, with the following exception:

(a) Renovation Section 1.2 of the introduction to the guidelines.

(b) Refurbishing (only making changes in paint, floor, window and/or wall coverings.

3. The facility must meet all applicable Federal, State and local laws and must 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 of Licensure and Certification may review building plans for new construction or remodeling. A complete copy of the plans, drawn to scale, may be brought to the Bureau for a plan review pursuant to the provisions of NRS 449.050 and NAC 449.0165.

5. Approval for licensing will not be given by the Bureau until all construction has been completed and a survey is conducted at the site. The plan review does not constitute pre-licensing approval but is advisory only.

NAC 449.385 Hospitals: [Operating rooms] Surgical services. Optional Services.

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

1. If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services

are offered, the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

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

3. Licensed practical nurses and surgical technicians (operating room technicians) may serve as “scrub nurse” or “scrub tech” under the supervision of a registered nurse.

4. Qualified registered nurses must perform circulating duties in the operating room.

5. Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner.

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

7. There must be a complete history and physical work-up in the chart of every patient prior to surgery, except in emergencies. If this has been dictated, but not yet recorded in the patient’s chart, there must be a statement to that effect and an admission note in the chart by the practitioner who admitted the patient.

8. A properly executed informed consent form for the operation must be in the patient’s chart before surgery, except in emergencies.

9. The following equipment must be available to the operating room suites: call system, cardiac monitor, resuscitator, defibrillator, aspirator, and tracheotomy set.

10. There must be adequate provisions for immediate post-operative care.

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

12. An operative report describing techniques, findings, and tissues removed or altered must be written or dictated immediately following surgery and signed by the surgeon.

13. The medical staff define which surgical procedures require a first assistant. This information must be readily available to the hospital's surgical staff.

14. A first assistant may be a registered nurse or operating room technician if he is not otherwise required to be a physician and is designated by the medical staff as having sufficient training to assist properly and adequately in the procedure.

15. Cleaning and sanitation policies and procedures must be established and implemented.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. A, eff. 10-9-69]

NAC 449.388 Hospitals: Department of anesthesia. Optional Services. [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 the hospital furnishes anesthesia services, they 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 anesthesia services must be appropriate to the scope of the services offered. Anesthesia must be administered by only:

(a) A qualified anesthesiologist;

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

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

(d) A certified registered nurse anesthetist (CRNA) who is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed.

3. Anesthesia services must be consistent with needs and resources. Policies on anesthesia procedures must include the delineation of preanesthesia and post anesthesia responsibilities.

The policies must ensure that the following are provided for each patient:

(a) A preanesthesia evaluation by an individual qualified to administer anesthesia under number 2 of this section, performed within 48 hours prior to surgery.

(b) An intraoperative anesthesia record.

(c) With respect to inpatients, a postanesthesia follow-up report by the individual who administers the anesthesia that is written within 48 hours after surgery.

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

4. If there is no department of anesthesia, then the department of surgery must be responsible for the organization, and implementation of policies and procedures.

NAC 449.391 Hospitals: Dental services. Optional Services [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. If the hospital provides dental services, the services must be well organized and provided in accordance with acceptable standards of practice.

2. A dentist has overall responsibility for the dental service.

3. If dental hygienists, dental assistants or dental laboratory technicians are employed, they work under the supervision of the director of the dental service

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 needs of the patient must be available.

7. Equipment for sterilization of instruments and supplies or sterilization must be provided directly or through other departments or services.

8. If offering primary dental care, there is adequate space maintained for the dental service; and there are 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.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. C, eff. 10-9-69]

NAC 449.394 Hospitals: Psychiatric services. Optional Services

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

2.]Any 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 comply with the requirements in this section.

[3]2. A licensed physician may render [P]psychiatric care [may be rendered] 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. The hospital must develop and implement policies and procedures for the psychiatric treatment and behavioral management services it provides to ensure those special treatment procedures are safely and appropriately used. The hospital ensures the policies and procedures are consistent with known practice parameters within the field, and that they protect the patient's safety and rights.

4. A qualified member of the medical staff must be responsible for the medical direction of psychiatric services.

5. All nursing services provided must be 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] unit.

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

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. E, eff. 10-9-69]

[NAC 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.]

[Bd. of Health, Health Facilities Reg. Part III Ch. II § III, eff. 10-9-69]

[NAC 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.]

[Bd. of Health, Health Facilities Reg. Part III Ch. II § IV, eff. 10-9-69]

[NAC 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.]

[Bd. of Health, Health Facilities Reg. Part III Ch. II § VI, eff. 10-9-69]

Section 22. Intensive Care Units. Optional Service

1. If the hospital provides intensive care units, the units must be well organized, and provided in accordance with acceptable standards of practice.

2. Written policies and procedures must be developed and maintained by the person responsible for the service in consultation with other appropriate health professional and administration. The administration and medical staff must approve procedures where such is appropriate.

3. The responsibility and the accountability of the intensive care service to the medical staff and administration must be defined in writing.

4. The services must be organized under the direction of a qualified member of the medical staff.

5. A registered nurse, with training and experience in intensive care nursing, must supervise the nursing care and nursing management of the intensive care unit when a patient is present.

6. All licensed nurses must have training and experience in intensive care nursing, unless working under the direct supervision of a registered nurse with training and experience in intensive care nursing.

7. The hospital shall have a system for determining the nursing needs of each intensive care patient that reflects an assessment, made by a registered nurse trained in critical care, of that patient's requirements and providing for staffing based on those requirements.

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

9. A respiratory therapist/technician, physical therapist and other supportive service staff are available depending upon the requirements of the service.

10. The service equipment and supplies are adequate to meet the needs of the patients.

Section 23. Nuclear Medicine Services.

1. If the hospital provides nuclear medicine services, those services must meet the needs of the patients in accordance with acceptable standards of practice.

2. There must be a physician who is a doctor of medicine or osteopathy qualified in nuclear medicine responsible for medical direction of nuclear medicine services.

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

4. Radioactive materials must be prepared, labeled, used, transported, stored, and disposed of in accordance with acceptable standards of practice.

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

6. The storage, use and disposal of radionuclide must meet requirements specified in the current NAC 459.

7. If laboratory tests are performed in the nuclear medicine service, the service must meet the applicable requirement for laboratory services specified in 42 CFR Sec. 482.27.

8. Equipment and supplies must be appropriate for the types of nuclear medicine services offered 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 qualified personnel.

9. The hospital must maintain signed and dated reports of nuclear medicine interpretations, consultations, and procedures.

(a) The hospital must maintain copies of nuclear medicine reports for at least 5 years.

(b) The practitioner approved by the medical staff to interpret diagnostic procedures must sign and date the interpretation of these tests.

(c) The hospital must maintain records of the receipt and disposition of radiopharmaceuticals.

(d) Nuclear medicine services must be ordered only by a practitioner whose scope of Federal or State licensure and defined staff privileges allow such referrals.

Section 24. Radiological Services - Therapeutic Radiation Therapy.

1. If therapeutic services are provided, they must meet professionally approved standards for safety and personnel qualifications.

2. A physician must be responsible for the service and be certified or eligible for certification in therapeutic radiology by the American Board of Radiology or be certified or eligible for certification in radiology by the American Board of Radiology and have two (2) years of additional full-time experience in radiation therapy.

3. Other personnel that must be available full-time, part-time or on a consultative basis, depending upon the activity of the department, are:

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

(b) A dosimetrist (treatment plan technologist) who is a qualified and experienced radiation therapy technologist with a minimum of one year of additional clinical training in dosimetry.

(c) A certified therapeutic radiological technologist.

(d) Appropriate support personnel including licensed nurses, where patient load requires.

4. Written policies and procedures must be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration.

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

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

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

8. Adequate communication must be maintained with referring physicians, which include periodic review of case management, complications and treatments results.

9. Calibration and operation of radiation therapy equipment must meet the requirements specified in NAC 459.

10. Radiation protection for patients and staff must comply with the requirements specified in NAC 459.

11. Periodic follow-up of patients following completion of treatment is coordinated with the referring physician.

12. Equipment and supplies must conform to the requirements specified in the current NAC 459.

13. The rooms accommodating radiation therapy machines must be of adequate size to permit easy use by stretcher patients. Shielding of the rooms must meet the requirements specified in NAC 459.

14. Sufficient examination rooms must be available to accommodate patient population.

[MISCELLANEOUS PROVISIONS]

[NAC 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.]

(Added to NAC by Bd. of Health, eff. 9-6-88)—(Substituted in revision for NAC 449.995)